

Pediatrics

Final 021



جالی

021 PEDIATRICS FINAL EXAM

#LEJANALDOFAAT



1. A 3 years old child drinks juices frequently has frequent loose stools with no blood what is the most likely diagnosis :

- A) Toddlers diarrhea
- B) lactose intolerance
- C) celiac
- D) IBD

Ans A

2. How to assess anterior uveitis associated with JIA :

- A) slit lamp
- B) visual acuity
- C) fundoscopy
- D) MRI
- E) CT

Ans A

3. 5 days history of fever of unknown origin associated with bilateral knee effusion, arthralgia, intermittent fever with rash that comes only with the fever which of the following is most likely to be the characteristic of the rash

- A) Migratory salmon pink rash on the trunk and proximal limbs
- B) non blanching maculopapillary rash on trunk
- C) vesicles on hands and feet
- D) butterfly rash on face

Ans A

4. Slapped cheek rash with fever and fatigue negative history of measles contact :

- A) Parvovirus B19
- B) Measles
- C) Rubella

Ans A

5. Premature baby 1.5 kg mother with elevated LFTs, hep b serology pending what is the most appropriate :

- A) Give the baby Hep B vaccine immediately + IVIG within 12 hours
- B) wait for serology to be confirmed

- C) wait for the baby weight to reach 2500 g then give HBV + IVIG
 - D) give the HBV only
 - E) give HBV + IVIG after 12 days
- Ans A

6. Live attenuated vaccine:

- A) Varicella
- B) hep a
- C) hep b
- D) tetanus

Ans A

7. Child with respiratory symptoms cough at night + SOB and eczema history in family members, what is the most likely diagnosis

- A) reactive airway disease
- B) bronchitis
- C) pneumonia

Ans A

8. True about growth parameters for a 3 kg child:

- A) Weight becomes 9 kg after 12 months
- B) head circumference increases 12 cm in 6 months
- C) height doubles in 24 months

Ans A

9. The most useful marker to differentiate between bacterial and viral infection:

- A) Procalcitonin
- B) ESR
- C) CRP
- D) WBCs

Ans A

10. Adrenal insufficiency case:

- A) IV hydrocortisone
- B) fludrocortisone
- C) IV fluid

Ans A

11. Patient with thickening of alveolar something on xray O2 90

- A) high-flow nasal oxygen
- B) oral steroids
- C) start LABA

Ans A

12. Bilateral perihilar infiltrates on Xray O2 89

- A) Admit for supportive care
- B) start IV antibiotics
- C) discharge on oral antibiotics

Ans A

13. Croup case (inspiratory stridor....):

- A) single dose oral dexamethasone
- B) salbutamol nebulizer
- C) intubation
- D) antibiotics
- E) Lateral Xray

Ans A

14. Hypoglycemia between meals and low ketones in episodes where is the defect:

- A) Fatty acid oxidation
- B) glycogen storage disease type 1

Ans A

15. After Kasai surgery the child has diarrhea:

- A) replace formula with MCT-rich formula (medium chain triglycerides)
- B) switch to lactose free milk

Ans A

16. Facial twitching after sleeping and focal seizure on EEG:

- A) Rolandic epilepsy
- B) west syndrome

C) juvenile myoclonic epilepsy

Ans A

17. Pure anemia low hemoglobin, retcs 0.3% (normal cbc otherwise):

A) Transient erythroblastopenia of childhood

B) diamond black fan anemia

C) aplastic anemia

D) fanconi anemia

E) ALL

Ans A

18. Delayed cord clamping is directly related to which of the following outcomes :

A) increased iron stores first 6 months

B) decreased phototherapy need,

C) earlier PDA closure

D) decreased sepsis rates

Ans A

19. In a 9-month breastfed baby which growth chart should be used to assess development

A) WHO birth-5 years

B) CDC birth to 2 years

C) local hospital growth chart

D) CDC birth to 5 years growth chart

Ans A

20. How to localize neurogenic disease with muscle atrophy, decreased tone

A) EMG + nerve conduction studies

B) MRI

C) CT,

D) EEG

Ans A

21. Periorbital edema in an otherwise healthy 9 year old child, what is the best next step

- A) urinalysis
- B) serum complement levels

Ans A

22. Administration of Mg sulfate in 32-week fetus in a threatened early delivery due to eclampsia prevents:

- A) cerebral palsy
- B) interventricular hemorrhage

Ans A

23. Brisk reflexes, hypotonia, no muscle atrophy, socially interactive:

- A) CNS disease (ans),
- B) spinal muscular atrophy,
- C) neuromuscular junction disease,
- D) congenital myopathy

Ans A

24. 3 day old baby with decreased feeding and jaundice the reason for the Increased enterohepatic circulation in this baby :

- A) delayed initiation of feeding
- B) breast milk jaundice,
- C) polycythemia

Ans A

25. Recipient antibodies against donor leukocyte antigen what kind of reaction →

- A) febrile transfusion reaction
- B) TRALI,
- C) urticaria
- D) hemolytic transfusion reaction
- E) anaphylactic reaction

Ans A

26. 2-year-old female presents with 2 febrile UTIs in 6 months next best step

- A) VCUG
- B) repeat renal ultrasound,
- C) intravenous pyelography,
- D) no imaging is needed
- E) DMSA during infection

Ans A

27. 3 years old toddler with IDA No response to oral iron after 3 months with abdominal distension, next step →

- A) anti-tissue transglutaminase
- B) continue oral iron for extra two months
- C) upper GI endoscopy
- D) give IV iron

Ans A

28. Epiglottitis case (drooling, fever...)

- A) Secure airway in a controlled setting

29. 1 year old can't sit without back support, socially un interactive and doesn't say any words ,with cerebral palsy:

- A) Global developmental delay
- B) isolated motor developmental delay

Ans A

30. Bilirubin rises from 5 to 9 or sth within 3 hours after 12 hours of age →

- A) hemolysis
- B) physiological jaundice
- C) breast milk jaundice

Ans A

31. Fluid replacement in a 20 kg child within next 24 hours, vomitted 3 times with six episodes of diarrhea moist mucosal membranes but very thirsty

- A) 2500 ml
- B) 1500 ml

Ans A

32. Child with sodium 122, hypokalemia, HCO_3^- 17, pH 7.22, which is correct:

- A) give bicarbonate to fix metabolic acidosis
- B) 0.45 NS + 10% glucose in hyponatremia,
- C) add potassium 3-4 mmol/l,
- D) fluid given as two halves first half in first 6-8 hours and second after 16 or sth

Ans A

33. Normal child with a harsh holosystolic murmur heard best on the lower left sternal border

- A) Small VSD (ans)
- B) large ASD
- C) PDA

Ans A

34. Patient with cardiomegally

- A) VSD

35. Bacterial meningitis:

- A) low glucose, high protein, high neutrophils

36. Mild dehydration, normal capillary refill and dry mucous membranes and he's thirsty,

- A) Oral rehydration therapy
- B) Iv bolus 20ml/kg NS
- C) IC bolus 10ml/kg RL

Ans A

37. Bacterial meningitis with papilledema/increased ICP signs you want to perform a LP what to do first

- A) Neuroimaging before LP
- B) immediate LP
- C) give oral antimicrobials,
- D) give oral osmotherapy then LP,
- E) defer diagnostic evaluation and monitor clinically

Ans A

38. 20 days old child hypotonic with prolonged jaundice Normal FT4, high TSH:

- A) Thyroid dysgenesis,
- B) thyroid dysmorphogenesis,
- C) iodine deficiency,
- D) euthyroid sick syndrome
- E) Autoimmune diseases

Ans B

39. Ataxia telangiectasia child, genetic testing for parents showed risk of 25% in future children pattern of inheritance that explains this percentage:

- A) autosomal recessive
- B) Autosomal dominant
- C) X linked
- D) mitochondrial inheritance

Ans A

40. Duodenal atresia, characteristic facial features, next step:

- A) Karyotype
- B) single gene sequencing
- C) DNA sequence

Ans A

41. The feature for strep pharyngitis:

- A) Petechiae on soft palate
- B) vesicular lesions on posterior pharynx

Ans A

42. Facial pain + purulent nasal discharge →

- A) amoxicillin
- B) intranasal steroids
- C) sinus aspiration

Ans A

43. Hepatomegaly + left atrial dilatation + gallop + pulmonary edema after recent viral infection (2 weeks ago)→

A) viral myocarditis

B) Acute mitral valve stenosis due to rheumatic fever

Ans A

44. Ambiguous genitalia + hypertension XY kerotype →

A) 17-hydroxylase deficiency

B) Beta 11 hydroxylase

Ans A

45. 1-month infant with bloody loose stools on formula →

A) milk protein allergy

B) infantile colic,

C) infectious colitis,

D) anal fissure

Answer A or C

46. Premature baby hypothermia mainly due to

A) ↑ surface area:volume ratio

B) decreased basal metabolic rate

C) increased subq fat

Ans A

47. In the golden hour we put the baby on his mothers chest and warm him mainly to:

A) prevent of hypothermia

48. Retinal hypervascularization in 25-week preterm on oxygen, the single most important risk factor →

A) oxygen therapy

B) prematurity

C) hypoglycemia

Ans A

49. Not a risk factor for UTI:

- A) Circumcised male
 - B) VUR,
 - C) female,
 - D) young age
- Ans A

50. Baby 9 months old exclusively on breast milk Platelets 800k + anemia + high RDW →

- A) iron deficiency anemia
 - B) thalassemia
- Ans A

51. Shock in infant with coarctation happens due to:

- A) spontaneous ductus arteriosus closure
 - B) spontaneous closure of foramen ovale,
 - C) presence of VSD,
 - D) presence of ASD
- Ans A

52. Pneumonia with pneumatoceles in a 3 years old what is the organisms →

- A) Staph aureus
 - B) micoplasma pneumonea
 - C) staph pneumonea
- Ans A

53. Developmental 9 months should be able to :

- A) Pulls to stand
 - B) points to objects he's interested in
- Ans A

54. Constitutional growth delay description→

- A) reassurance
- B) give daily subQ GH,
- C) give GnRH analogue,
- D) give aromatase inhibitors

E) give monthly IM GnRH
Ans A

55. 12-year-old girl with short stature, 5cm/y growth velocity, tanner stage 1 , bone age 12 →

- A) familial short stature
- B) constitutional growth delay
- C) normal development

Ans A

56. Not seen in congenital hypothyroidism:

- A) increased muscle tone
- B) stunted stature,
- C) bradycardia,
- D) wide anterior fontanelle

Ans A

57. Migraine rescue therapy in children:

- A) Acetaminophen
- B) topiramate,
- C) propranolol
- D) Amitriptyline

Ans A

58. A child with previous flu develops a coma, important to ask about in drug history:

- A) aspirin
- B) paracetamol
- C) Ibuprofen

Ans A

59. Hypokalemia + hypomagnesemia + hypophosphatemia after feeding a severely malnourished child best described as →

- A) refeeding syndrome

60. Normal 2 days old child's mother feels her breast milk volume is small, the child is normally growing, What is your response to her

A) it is normal colostrum in first 2 days

B) normal delay in milk production in the first 7 days

C) should add formula

Ans A

Special thanks to

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محمد العدوي

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أحمد دراوشة

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