

PEDIATRICS

Action Not words!

1. A 2-year-old child is having recurrent episodes of pneumonia and needed hospitalization. His weight for age is 70% of expected weight and height is 85% of expected height. You notice purpura on bilateral legs. Work up shows increased faecal fat estimation. Which of the following is the probable cause?

(a) ATP cassette binding protein defect on chromosome 7

b. ATP7B defect on chromosome 13 **WILSON**

c. Deletion of chromosome 22q11.2 **DiGeorge syn**

d. Chloride-Kb channel mutation in loop of Henle
CYSTIC FIBROSIS

Combo

- pneumonia

- wasting

- stunting

- steatorrhea : vit K ↓

2. A 6-year-old child presents with low-grade fever followed by lacy reticular rash on trunk and following lesions on extremities. Labs show mild anaemia but normal platelet count. Which of the following is the possible pathogen leading to this presentation?

a. Coxsackie A HFMD: vesicles

b. Coxsackie B myocarditis

c. Rickettsiae platelets ↓

d. Human parvovirus B19

— Slapped cheek app
— Purple gloves app



mitralis polyarthritis

3. A 10-year-old child presents with fever and joint pain for 5 days. Pain initially started in the right knee and later involved the left ankle while the knee pain improved. Examination shows a swollen, warm ankle joint with marked tenderness. There is no joint deformity. ESR and CRP are elevated. History reveals a sore throat 3 weeks ago. Which is the best drug for management of this patient

- a. Aspirin =
- b. Steroids PERICARDITIS
- c. Injection benzathine penicillin ↖ 10
- d. Lasix with digoxin HF

key words

RF ⇒ sore throat + Joint pain
ESR ↑
CRP +

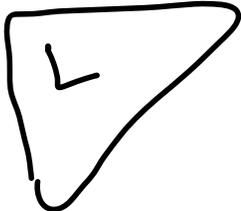


✓
4. A 5-year-old child presents with low-grade fever and a generalized itchy rash. Examination shows lesions in different stages of evolution including macules, papules, vesicles, and crusted lesions distributed mainly over the trunk and face. The child is otherwise stable. Which of the following is the most common complication of this condition?

- a. Reye syndrome *hepatic encephalopathy*
- b. Staph pneumonia
- c. Secondary bacterial infection of skin lesions
- d. Orchitis *MUMPS*

⊙
CHICKEN-POX

FEVER

→ ASPIRIN : 
Reye's

5. You are examining a 2-year-old child with short stature. Examination shows prominent sternum, pot belly, double medial malleolus and bow legs. He was given vitamin D3 6 lac IU in last consultation. Which of the following radiological finding will indicate healing rickets

a. ~~White line of frankel~~

vit C ↓

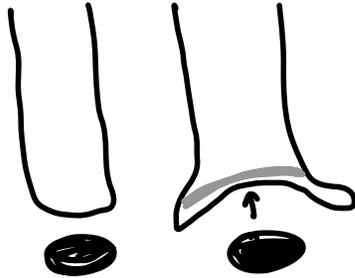
(b) White line of calcification

active RICKETS

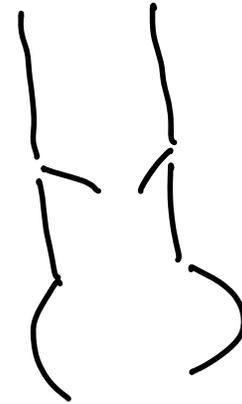
c. Cupping splaying and fraying of distal end of radius

d. Intramembranous calcification between radius and ulna

* FLUOROSIS



Pigeon chest



GENU VARUM

6. A 9-month-old infant presents with chronic diarrhea, irritability, and poor weight gain. Examination reveals periorificial dermatitis around the mouth and **anus**, alopecia, and erythematous crusted lesions over hands and feet. The child was recently weaned from breast milk. Which of the following is the most likely underlying defect?

- a. Defective copper absorption due to ATP7B mutation
- b. Defective intestinal absorption of zinc
- c. Biotinidase deficiency
- d. Essential fatty acid deficiency

diarrhea: villi ##
Rach: mouth + anus
Zinc ↓

✓ ACRODERMATITIS ENTEROHEPATICA

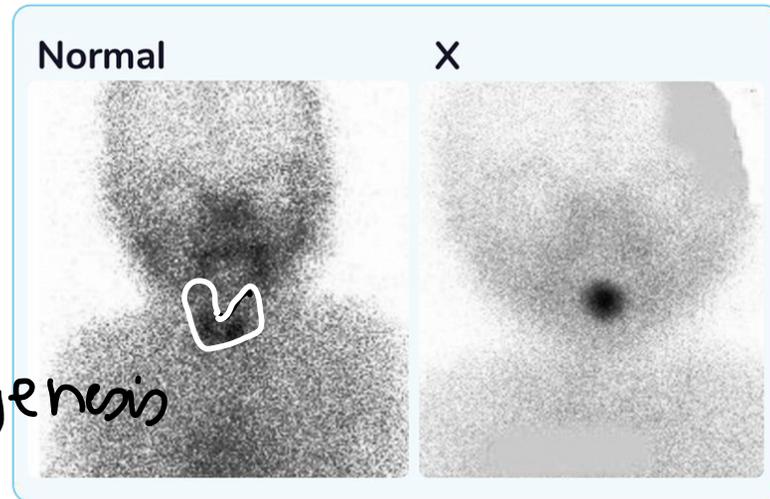
RDA: 10mg : < 6mth age

20mg : > 6mths age

7. A 3-month-old infant is brought with complaints of lethargy and not showing social smile. On examination coarse facies hypotonia, and feeding difficulty. Doctor orders the following investigation. Which of the following is the likely cause of this presentation

- a. Endemic cretinism $I_2 \downarrow$
- b. Thyroid dysgenesis**
- c. Thyroid dyshormonogenesis
- d. TSH receptor mutation

* MCC of $T_4 \downarrow$: Thyroid dysgenesis



RAIU
1-131
1-132

* Nephrotic Range proteinuria

8. A 4-year-old child presents with swelling all over the body. Work up shows *proteinuria > 40 mg /m² / hr with hypoalbuminemia. KFT is normal. C3 levels are normal. USG shows normal size kidneys. What is best treatment for this case?

- (a) Steroids plus spironolactone
- b. Steroids plus hydrochlorothiazide
↳ K↓
- c. Steroids plus ACEI
- d. Steroids plus cyclophosphamide

✓ Minimal change disease
✓ Selective proteinuria

→ Raised ICP

✓
9. Preterm neonate at birth shows shrill cry, vacant stare and bulging anterior fontanelle. Which of the following steps should be first performed in this case?

- a. Lumbar puncture
- b. USG skull**
- c. Loading dose of phenobarbitone
- d. Empirical cefotaxime plus ampicillin

? intra-ventricular hemorrhage

meningitis = FEVER
Temp ↓



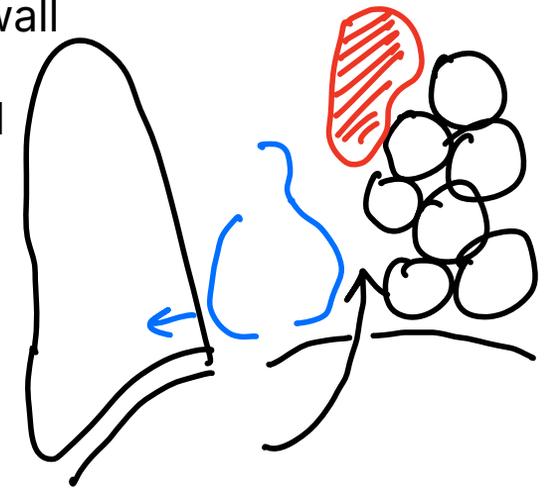
10. Neonate is having respiratory distress on day 1 of life. On examination **scaphoid abdomen** is noted. CXR shows apparent dextrocardia and dilated bowel loops on left side of chest. Which of the following is correct about this presentation?

- a. ✓ Primary pulmonary artery hypertension
- b. Defect between sternal and costal margins of diaphragm
- c. Anteriorly placed herniation of bowel contents into chest wall
- d. Occurs due to premature closure of pleuroperitoneal canal

PERSISTENCE

Rt: Morgagni

C.D.H: Bochdalek
left, posterior



11. A 2-year-old child presents with generalized tonic-clonic seizure lasting 4 minutes. On examination he has temp of 106 F and kernig sign. After the episode, the child remains drowsy and poorly responsive. Which of the following is the most appropriate step in management of this child?

- a. Give IV diazepam
- b. Cold sponging and rectal diazepam
- c. Give IV PCM and IV antibiotics
- d. IV diazepam and IV PCM

meningitis

1. KERNIG

2 BRUDZINKI

3 Nuchal Rigidity

12. A 10-day-old neonate presents with vomiting, dehydration, poor feeding, and weight loss. Examination shows hypotension and **ambiguous genitalia** in a phenotypic female infant. Laboratory findings reveal hyponatremia, hyperkalemia, hypoglycemia, and **elevated 17-hydroxyprogesterone** levels. Which of the following is the most appropriate initial management?

- a. Fludrocortisone alone
- b. Hydrocortisone
- c. Dexamethasone therapy only
- d. Oral spironolactone and fluid restriction

46XX: CAH

21 hydroxylase ↓

→ aldosterone ↓ → Hydrocortisone

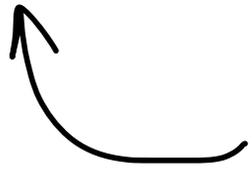
→ cortisol ↓ →

→ DHEA ↑↑

Androstenedione

13. A 15-year-old boy presents with progressive proximal muscle weakness for the last 5 years. He has difficulty rising from the floor and climbing stairs. His younger brother died suddenly at the age of 18 years. On examination, there is early contracture of the elbows and Achilles tendon, and limitation of neck flexion. Serum CK is elevated. ECG shows atrioventricular conduction defect. Which of the following is the most likely diagnosis?

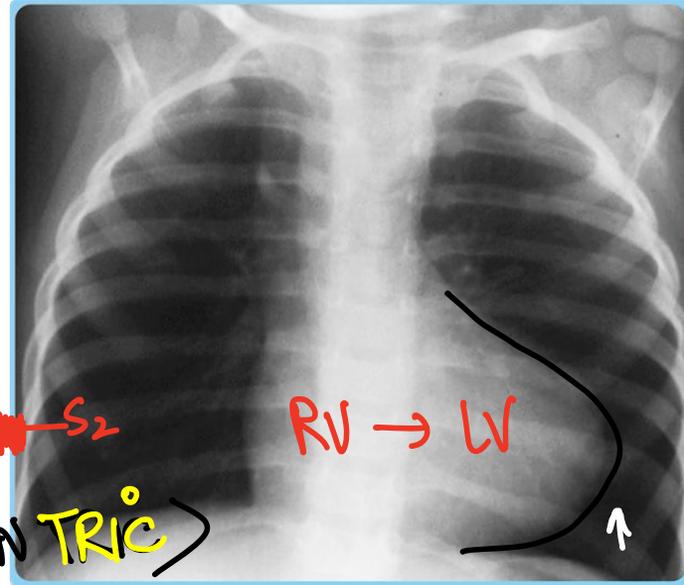
- a. Duchenne muscular dystrophy 5yr, CK MM ↑, >10yr: CHF
 - b. Becker muscular dystrophy >10yr, " , 25yr: CHF
 - c. Limb-girdle muscular dystrophy ~~CHF~~
 - d. Emery-Dreifuss muscular dystrophy
- CONTRACTURED + AV conduction #
 + CPK MM ↑



T.O.F

14. Which of the following features will be seen in this cyanotic child whose CXR is shown below

- a. Normal Cardiothoracic ratio
- b. Pansystolic murmur
- c. Loud S2 *single S2*
- d. L to R shunting



S2 / *Wide fixed split*
ASD
Single: TOF

1. VSD R → L
2. PS: *S1* ~~...~~ *S2*
3. RVH (CONCENTRIC)
4. OVER-RIDING AORTA

CT ratio = 0

? TOF = CENTRAL CYANOSIS: > 7 day + ESM + CXR ↗
 * BOOT shaped
 [COER EN SABOT]

15. A 6-month-old child with weight of 6 kg is brought to PHC in unconscious state. Mother says that he has been having watery loose motions since last night and she has stopped counting after 10 episodes. On examination child is listless, femoral pulses are thready and skin pinch is delayed to 5 seconds. Calculate the initial correction that will be given to this infant?

- a. Ringer lactate 180 ml over 1 hour
- b. Ringer lactate 180 ml over 30 minutes
- c. Ringer lactate 600 ml over 3 hours
- d. Ringer lactate 600 ml over 6 hours

SEVERE dehy^N

- LOC
- Thready pulse
- skin pinch > 3 sec

PLAN C : $30 \times 6 = 180 \text{ ml,}$
1 HR

RL

$70 \times 6 = 420 \text{ ml}$
5 HR

16. Correct intervention for breast feeding jaundice?

- a. Stop breastfeeding and start formula feeds for one week
- b. Increase frequency of breastfeeding**
- c. Use Bili-blanket at home and call daily for follow up
- d. Phototherapy in NICU and take consent for exchange transfusion

β -glucuronidase: $\uparrow\uparrow$
ENTERO Hepatic: $\uparrow\uparrow$
cycling
Vc: \uparrow

Breast Milk Jaundice

Pregnenolone: \ominus UDPGT : \uparrow Vc

Rx: \uparrow g feeding

17. A 4-year-old child is brought unconscious and unresponsive after electrocution to CHC. You start giving CPR to this child. What is the ratio of chest compressions: rescue breaths when you are the only health care provider available on duty?

- a. 3:1
- b. 15:2
- c. 30:2
- d. 2:15

Rescuers	CPR ratio
1	30:2
2	15:2

18. The following blood test should be performed in new born baby at which time frame after birth?

- a. Within 24 hours of life
- b. 24-48 hours of life
- c. > 72 hours of life
- d. > 4 weeks of life



Heel Prick
Test
↓
Congenital
Hypothyroidism

19. During postnatal rounds you notice a swelling on the head of neonate born today early morning to a vaginal delivery aided by ventouse. You reassure the mother about self-resolution of this swelling. Clinical diagnosis is?

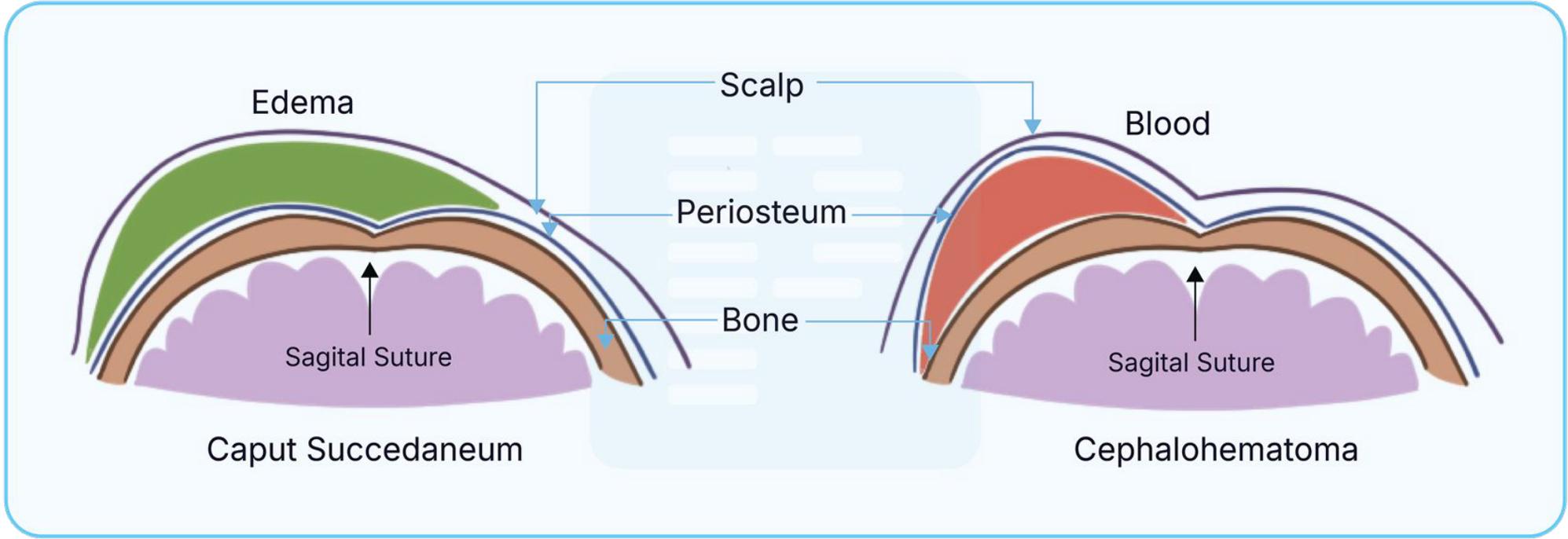
a. Caput succedaneum N.V.D

b. Chignon

~~c.~~ Cephalhematoma FORCEPS

d. Moulding OVER-RIDING SUTURES





20. Which of the following can a three old child perform?

a. Skipping

b. Copies a triangle



c. Hop on one foot

4 yrs

d. Tell name and gender

3 yrs

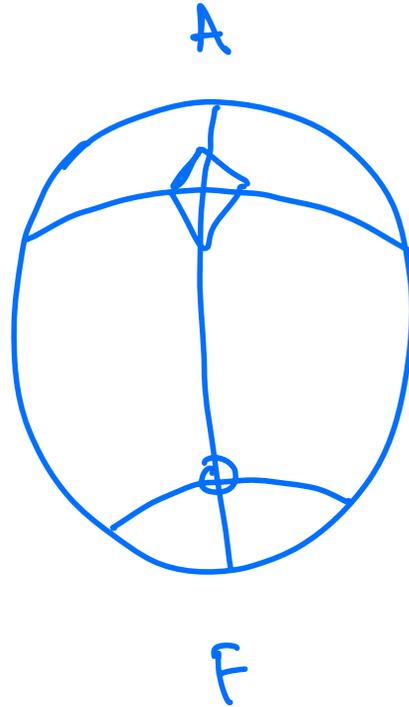
age

21. Which of the following is seen in Down syndrome?

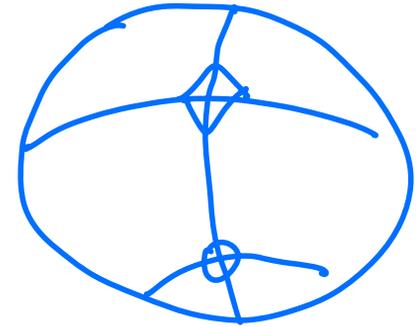
- a. Craniosynostosis
- b. Increased bone age
- c. Progeria
- d. High IQ

accelerated
aging

PREMATURE
CLOSURE
OF
SKULL SUTURES



* Brachycephaly



*

22. A 2 kg term small for gestational age neonate is having icterus on day 1 of life involving palms and soles. Total serum bilirubin is 20 mg/dl, unconjugated Bilirubin 18 mg/dl. Which of the following investigations should be done first to identify the cause?

- a. TORCH
- b. G6PD assay
- c. Apt test for swallowed maternal blood
- d. Maternal and baby group

* pathological J

Rh incompatibility

- MBG : B \ominus
- BBG : B $+$

↓
23. A 6-week-old infant presents with persistent jaundice since birth. Mother notices pale clay-colored stools, and dark urine. On examination, the infant has hepatomegaly. Labs show Total bilirubin: 12 mg/dL, Direct bilirubin: 8.5 mg/dL, AST: mildly elevated, ALT: mildly elevated, ALP: elevated, GGT: markedly elevated, PT: prolonged but corrects with vitamin K. Clinical diagnosis is?

- a. Breast milk jaundice
- b. Neonatal hepatitis
- c. Biliary atresia
- d. Physiological jaundice

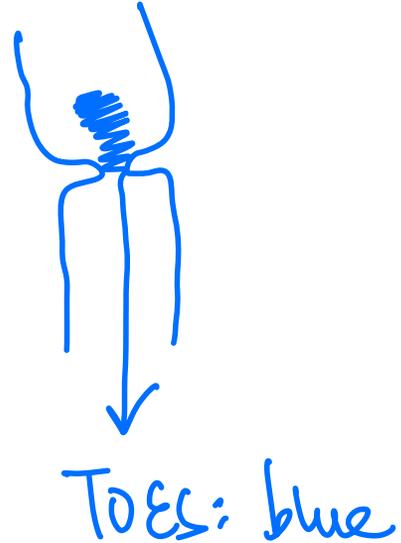
EHBA

OBSTRUCTIVE Jaundice

- * acholic stool
- * Mustard oil color: urine
- * conj. bilirubin ↑

24. Short stature girl is brought to OPD with complaints of dusky blue colour of her toes. On examination she has webbing of neck and low hairline. Nipples are hypoplastic and carrying angle at the elbow is increased. Radio-femoral delay is present. Karyotyping reveals 45XO. Which of the following cardiovascular condition is responsible for this presentation?

- a. Bicuspid aortic valve MC: CVD in 45XO
- b. Coarctation of aorta
- c. Persistent pulmonary artery hypertension
- d. Mitral valve Prolapse





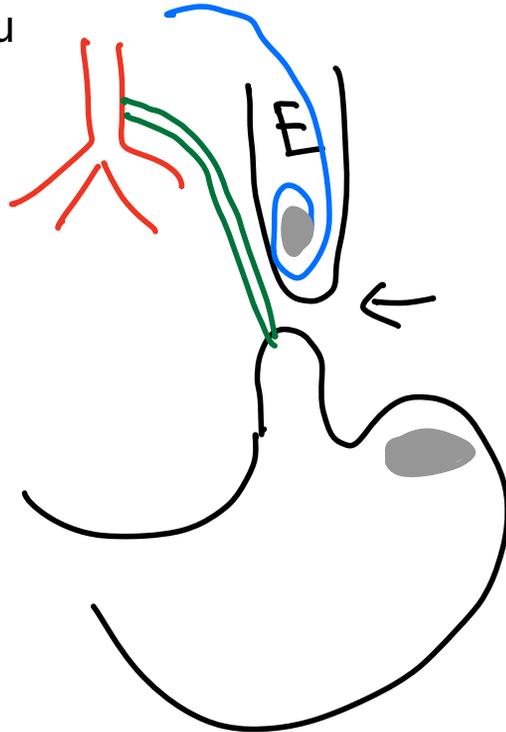
25. A 25-year-old lady on lithium conceived accidentally. Which of the following heart valves in the fetus is likely to be malformed? =

- a. Tricuspid
- b. Pulmonic
- c. Aortic
- d. Mitral

EBSTEIN Anomaly
- Malformed Tricuspid valve
- TS + TR

26. Neonate born at 38 weeks of gestation, on the first few hours of life develops frothing, bubbling and drooling of saliva. Mother says she noticed regurgitation of initial feeds with choking and cyanosis when feeding was done in presence of medical staff. Which of the following investigation should be done next?

- a. CXR with NG tube in situ
- b. Barium swallow
- c. Endoscopy
- d. Barium enema

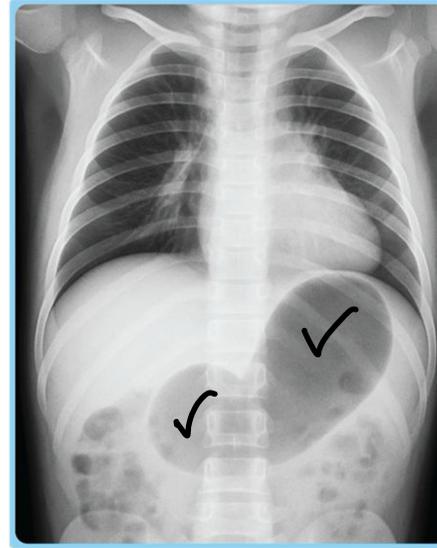


Tracheo esophageal
fistula : IOC : endoscopy

27. Term neonate on day 1 develops bilious vomiting without abdominal distention. X ray Abdomen is shown below. Best intervention is

- a. Wait and watch
- b. Gastrojejunostomy
- c. Duodenojejunostomy
- d. Duodenoduodenostomy

D-D



Double
bubble app
* duodenal
ATRESIA

28. A 38-week neonate is brought with gross abdominal distention on day 3 of life. On enquiry mother says that meconium has not been passed. Digital rectal examination shows empty rectum followed by passage of toothpaste like stool. Which of the following testing should be done to confirm the diagnosis?

- a. Barium enema
- b. Air enema
- c. Rectal suction biopsy
- d. Anorectal manometry

* Hirschsprung disease
Aganglionsis

↓ ↓

29. A 34-week-old preterm girl child delivered at home was started on cow milk feeds by grandmother as mother was admitted due to puerperal sepsis. She develops hematochezia and is brought to hospital with abdominal distention. The clinical diagnosis is?

- a. Volvulus of stomach
- b. Intussusception
- c. Necrotising enterocolitis
- d. IHPS

- Pneumatosis intestinalis
- Bell staging

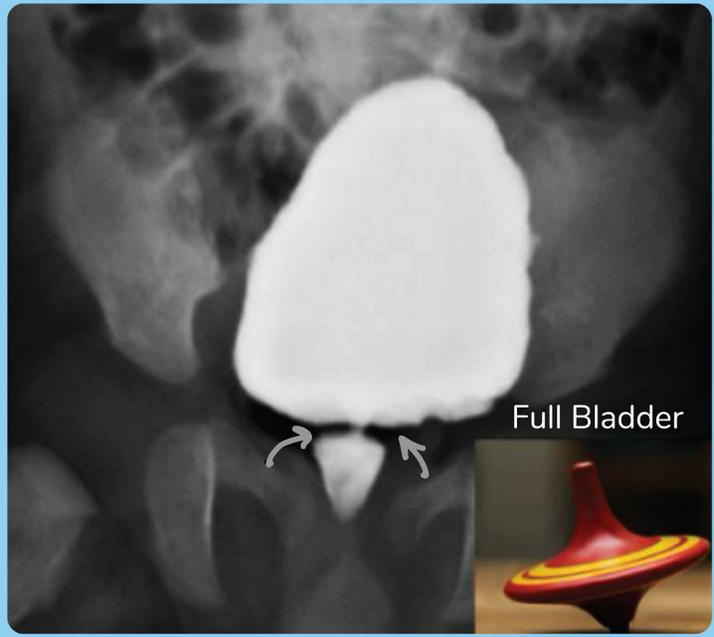


30. A 2-year-old boy is brought for poor urinary stream. On examination external urinary meatus is normal. Per abdomen shows dilated urinary bladder. First differential diagnosis is?



- (a) Posterior urethral valve : MCU
- b. ~~Phimosis~~
- c. Paraphimosis
- d. Hypospadias

1. Meatal stenosis
2. phimosis
3. P.U.V



MCQ |

USG shows keyhole sign

VCUG shows spinning top appearance

- PUV -

31. Which of the following is cause of death in case of measles?

- a. Secondary skin infections VZ
- b. Hecht pneumonia GIANT cell pneumonia ←
- c. SSPE → late neuro complicⁿ: Measles (rare)
- d. Reye syndrome VZ

32. Earliest manifestation of neonatal syphilis is?

- a. Snuffles \dashrightarrow WATERY Nasal d/c  Peg shaped ulcers
- b. Hutchinson teeth \longrightarrow 
- c. Mulberry molars  
- d. Saddle nose

* neonatal syphilis: VDRL: TITRES \uparrow

33. Microcephaly and periventricular calcification is seen in which of the following?

(a) CMV

b. Toxoplasmosis



INTRA CEREBRAL Calcification

c. HSV

d. Syphilis

Microcephaly in CMV = due to global neurodevelopmental arrest + neural loss (primary brain growth failure)

Calcifications are sequelae not the cause of microcephaly.

34. 2-year-old is diagnosed to have an abdominal mass. USG shows mass originating from left suprarenal gland. Testing shows 24-hour urinary VMA levels to be elevated. Clinical diagnosis is?

- a. Wilm tumor
- b. Neuroblastoma
- c. Hepatoblastoma
- d. ARPKD

n-myc : ch 2 #

vanillyl mandelic
acid : ↑

WIZENED OLD MAN app

35 Which of the following is not seen in marasmus?

Calorie deficit ↓

a. Monkey facies ✓

fat loss

b. Baggy pants ✓

c. Pitting oedema

← kwashiorkor : protein ↓

d. Early recovery and less prone to infections

36. Severe acute malnutrition is defined as **MAC** less than?

- a. < 10.5 cm
- b. < 11.5 cm
- c. <12.5 cm
- d. <13.5 cm

37. Ideal temperature of neonatal resuscitation room should be?

a. 36.5 to 37.5 C

b. 32- 35 C

c. 28-32 C

d. 26-28 C

38. Ideal route of drugs administration in neonatal resuscitation is?

- a. Umbilical vein
- b. Umbilical artery
- c. Subclavian vein
- d. Internal jugular vein

Adult: Adr: iv/io
neonate Adr: iv/iv
↙
Umbilical vein

39. Bag and mask ventilation is contraindicated in all except?

a. Meconium aspiration syndrome

b. Diaphragmatic hernia

c. Tracheoesophageal fistula

d. Hypoxic ischemic encephalopathy **BIRTH ASPHYXIA**

Air passes preferentially into stomach via fistula → gastric distension, worsens respiratory compromise in TEF

40. Which of the following is not a neural tube defect?

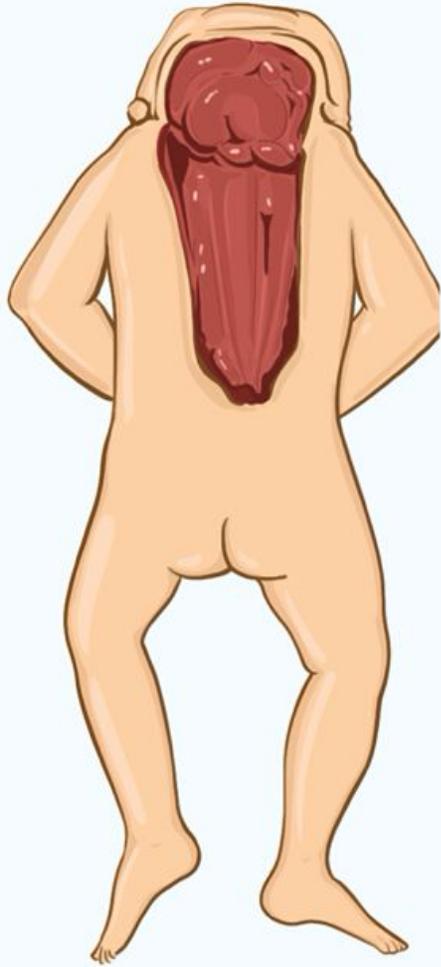
a. Sacral agenesis

b. Sacrococcygeal teratoma

c. Craniorachischisis ✓ anencephaly + myelomeningocele

d. Spina bifida occulta ✓

CRANIORACHISIS



anencephaly



Encephalocele



41. A 12-month-old child is brought with mother reporting difficulty in crawling. You notice that child does commando crawling. He was born a preterm child and has global developmental delay. Diagnosis is

- a. Spastic diplegia
- b. Spastic quadriplegia
- c. Spastic hemiplegia
- d. Atonic cerebral palsy



42. A 8-year-old child is brought in unconscious state. He had been complaining of abdominal epigastric pain since last 2 days with multiple episodes of vomiting. On examination pulse is thready, BP is not recordable. Venous blood gas sample shows pH: 7.3, pCO₂= 30 mm Hg, HCO₃=15 meq/L and RBS is 400 mg/dl. Urine ketostix is 4+. Which of the following is next best step/intervention as per ISPAD guidelines?

D.k.A

- a. Insulin bolus followed by insulin infusion
- b. Normal saline 0.9% over 1 hour followed by insulin infusion
- c. Normal saline 0.9% boluses @20 ml per Kg followed by normal saline 0.9% infusion for 1 hours
CIRCULATORY failure
- d. Perform ABG as VBG is not reliable for diagnosis of metabolic acidosis

43. Which of the following should be given for management of hidden hunger in Indian population?

- a. Iron X 6 mths + vit C
- b. Proteins like eggs and chicken
- c. Carbohydrates with low glycaemic index
- d. Carbohydrates with high glycaemic index

→ MICRO NUTRIENT deficiency

45. Leading cause of delayed closure of anterior fontanelle is?

a. Hypothyroidism

b. Rickets

c. Hypogonadism

d. Kwashiorkor

46. You are examining a 8-month-old infant in well baby clinic. You notice widening of wrist joint with frontal bossing. In work up: X-Ray of wrist joint is shown below, serum calcium is low, serum phosphate is low and SAP is elevated. Which of the following correct about the management?

- a. 6,000 IU of vitamin D3 with supplemental calcium daily for 10 days
- b. 60,000 IU of vitamin D3 with supplemental calcium daily for 10 days
- c. 200,000 IU of vitamin D3 with supplemental calcium daily for 10 days
- d. 600,000 IU of vitamin D3 with supplemental calcium daily for 10 days

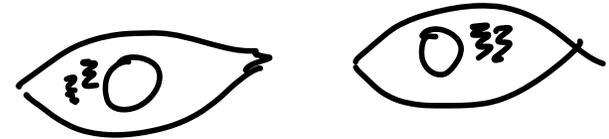
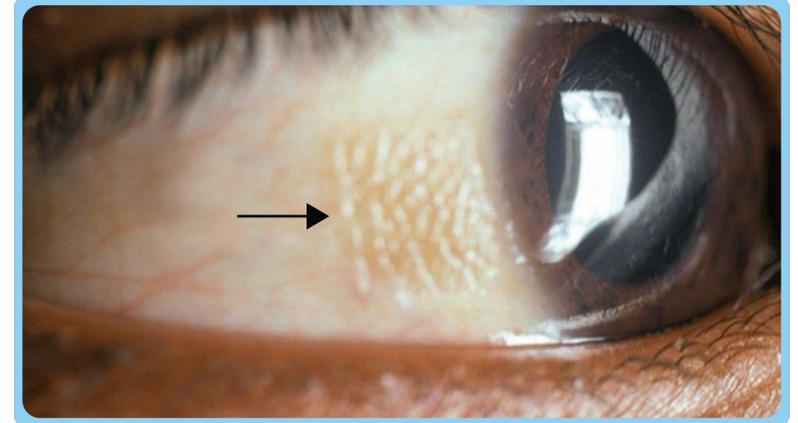
RICKETS



47. A 2-year-old child is brought by mother saying that child cries a lot at night. You notice following eye findings. Which is correct management?

BITOT SPOTS : XLB

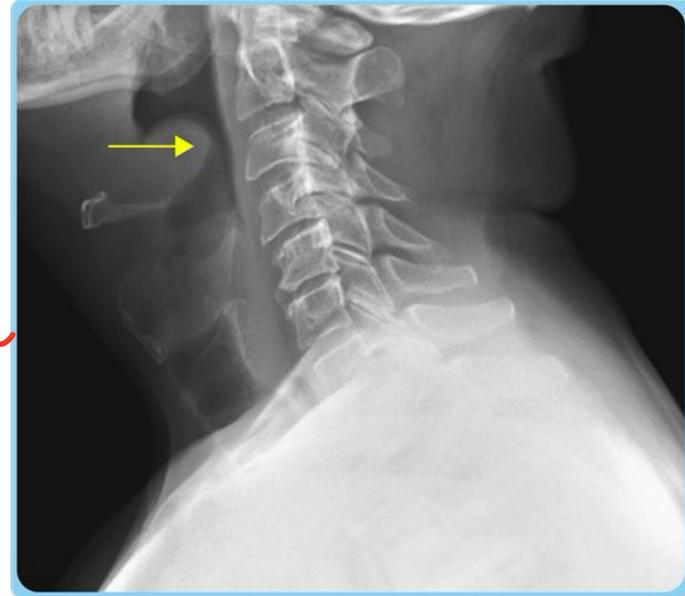
- a. 2 Lac IU oral vitamin A single dose
- b. ~~2 Lac IU of Oral Vitamin A daily every 6 months till the age of 5 years~~ 10
- c. 2 Lac IU of Oral Vitamin A on day 0,1, 14
- d. 2 Lac IU of Oral Vitamin A on day 0, 1,14,28



48. A 3-year-old child presents with high grade fever for 1 day with dysphagia, drooling of saliva and muffled voice. On examination child has adopted sniffing position and stridor is heard. X ray of neck is shown below. Which of the following should not be done in this case?

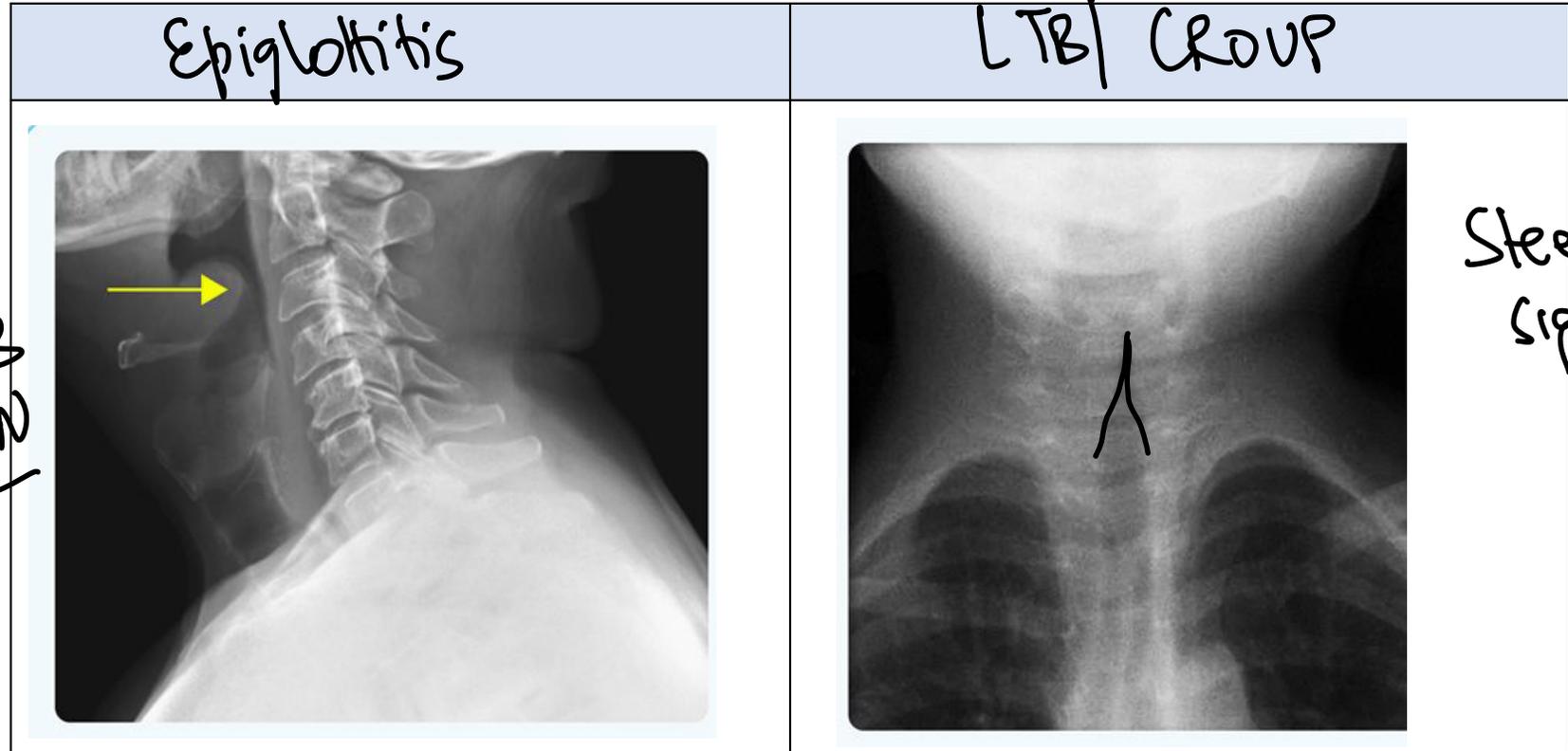
- a. Start oxygen ✓
- b. IV ceftriaxone ✓
- c. Throat examination with indirect laryngoscopy *Trigger laryngospasm*
- d. Avoid sedation ✓

THUMB SIGN



acute epiglottitis
Strep pneumoniae, H. flu

Do not examine the throat with a tongue depressor or indirect laryngoscopy in the emergency/ward setting — this can precipitate complete airway obstruction.



49. Definition of hypoxic ischemic encephalopathy is

- a. Apgar score of > 7 at > 5 min
- b. Apgar score of < 7 at > 5 min
- c. Apgar score of < 5 at > 5 min
- d. Apgar score of > 3 at > 5 min

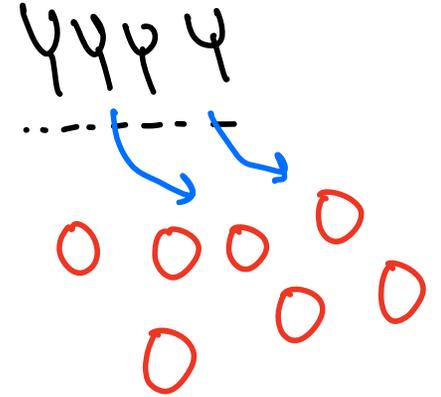
50. Leading cause of immunogenic hydrops fetalis

- a. Alpha thalassemia
- b. Beta thalassemia
- c. Rh incompatibility**
- d. Twin to twin transfusion

=

MBC: B-
BBG: B+

2nd/3rd child



✓
51. Advanced bone age is seen in which of the following?

a. Congenital adrenal hyperplasia

b. Hypothyroidism ↓

c. Hypopituitarism ↓

d. Testicular tumor ↓

Bone age : dependant on

1. T₄

2. GH

3. Testosterone

estrogen

DHEAS

52. A full-term newborn is evaluated at 1 minute of life. The following observations are made:

Heart rate: 120/min 2

Respiratory effort: slow, irregular 1

Muscle tone: some flexion of extremities 1

Reflex irritability: No response 0

Colour: body pink, extremities blue 1

What is the APGAR score of this newborn?

a. 3

b. 5

c. 7

d. 9

Apgar Scoring System

Indicator		0 Points	1 Point	2 Points
A	Activity (muscle tone)	Absent <i>limp</i>	Flexed limbs 	Active <i>Movements</i>
P	Pulse <i>HR: 6 sec</i>	Absent	<100 BPM	> 100 BPM
G	Grimace (reflex irritability)	Floppy <u> </u>	Minimal response to stimulation	Prompt response to stimulation
A	Appearance (skin color)	Blue Pale	Pink body Blue extremities	Pink
R	Respiration	Absent	Slow and irregular	Vigorous cry

53. Child can play vocal tennis and fixate on object on midline at which age in months?

a. 3

b. 4

c. 5

d. 6



54. A 2-year-old child presents with developmental delay, seizures, hypopigmented skin and a mousy odor to urine. Which enzyme deficiency is responsible?

- a. Homogentisate oxidase
- b. Phenylalanine hydroxylase ← P.K.U
- c. Branched chain α -ketoacid dehydrogenase
- d. Tyrosinase

GAUCHER

55. A 6-year-old boy presents with massive splenomegaly, anemia, and bone pain. Bone marrow aspirate shows macrophages with a "crumpled tissue paper" cytoplasm. This condition is most commonly due to mutation in which gene located on which chromosome?

- a. GBA gene on chromosome 1q21
- b. GLA gene on chromosome Xq22
- c. SMPD1 gene on chromosome 11p15
- d. GALC gene on chromosome 14q31

GLA gene → located on **Xq22** → encodes **α-galactosidase A** → defect causes **Fabry disease**
(X-linked)

56. A 6-month-old infant presents with hypoglycemia, hepatomegaly, and lactic acidosis. Which test is diagnostic for confirming Von Gierke disease?

- a. Peripheral blood G6PD assay
- b. Buffy coat G6PD assay
- c. Molecular sequencing
- d. FISH

↓ glucose 6-phosphatase

57. Which of the following is **NOT** a sign of correct attachment of baby to the breast?

- a. Baby's chin touches the breast ✓
- b. Mouth is wide open ✓
- c. Lower lip is turned outward ✓
- d. More areola visible below than above the mouth

58. In boys the first visible sign of puberty is

a. Penile enlargement

b. Testis enlargement

c. Pubic hair

d. Deepening of voice

59. In which neural tube defect, surgical repair is feasible and can increase survival?

- a. Cranioschisis 
- b. Anencephaly
- c. Meningocele
- d. Spina bifida occulta

60. Leading cause of short stature is?

- a. Achondroplasia *JOKER*
- b. Hypopituitarism
- c. Constitutional delay in growth
- d. Caries spine



61. Leading cause of respiratory distress in term baby born by LSCS 1 hour ago is?

- ~~a.~~ Hyaline membrane disease PRE-TERM
- b. TTNB
- c. MAS POST TERM
- d. Congenital diaphragmatic hernia

62. A 2-year-old exclusively breast-fed child is brought to hospital with following chest wall deformities and inability to walk. X ray of extremities is shown. Diagnosis is

- a. PEM
- b. Vitamin D3 deficiency
- c. Vitamin C deficiency
- d. Calcium deficiency



ROSARY BEADS

Knee-X Ray

63. A child presents with fever and following lesions. Likely causative agent is?

- a. Enterovirus ↙ COXSACKIE A
- b. Dengue virus
- c. Coxsackie B virus
- d. Rickettsiae



HFMD
HERPANGINA

Coxsackie A	Coxsackie B
Herpangina	Pleurodynia ("Devil's grip")
Hand-foot-Mouth disease (HFMD)	Myocarditis, Pericarditis
Acute Hemorrhagic Conjunctivitis	Aseptic meningitis, Pancreatitis

64. Child from Kashmir is brought with complaints of fever, headache and rash on entire body including palms and soles. On examination hepatosplenomegaly is present. Weil felix reaction is positive. Diagnosis is?

- a. Measles
- b. Chicken pox
- c. Rickettsia
- d. Scabies

Palms - sole RASH

1. HFMD
2. Rickettsial typh
3. 2° syphilis

- Measles: Rash spreads cephalocaudal, usually spares palms/soles, Koplik spots instead.
- Chickenpox: Vesicular rash in crops, centripetal distribution, not typically palms/ soles
- Scabies: intense itching, burrows not febrile illness with systemic features.

65. Patient with Kawasaki disease is having large coronary artery aneurysms. Which is correct about its management?

- a. Aspirin for 6 weeks
- b. Aspirin plus clopidogrel for 6 weeks
- c. Aspirin plus steroids for 6 weeks
- d. Aspirin life long

Small Aneurysm: size ↓↓↓
: Aspirin 6 weeks

Echocardiogram at diagnosis or later in illness shows coronary artery aneurysms
Consider consultation with a pediatric cardiologist

Small aneurysm
(Z score ≥ 2.5 to < 5)
(Risk level 3)

Medium aneurysm
(Z score ≥ 5 to < 10 , and
absolute dimension < 8 mm)
(Risk level 4)

Large and giant aneurysm
(Z score ≥ 10 , or
absolute dimension ≥ 8 mm)
(Risk level 5)

Additional anti-inflammatory therapy
Repeat echocardiogram every 2-3 d until coronary artery dimensions have stabilized
Consider sedated echocardiogram if < 3 y of age

Z-score 2.5 to < 5

Single antiplatelet
therapy:
low-dose aspirin

Z-score ≥ 5 to < 10

Dual antiplatelet
therapy: Low-dose
aspirin \pm clopidogrel

Z-score ≥ 10

- Dual antiplatelet therapy and anticoagulation
- Consider β -blockade to decrease myocardial oxygen demand
- Consider transfusion if anemic

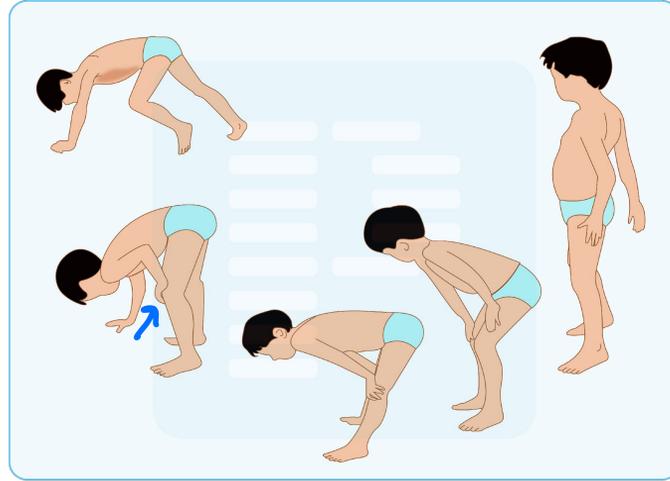
If afebrile > 36 h and stable CAA dimensions x 2 studies or improving CAA

Discharge Home

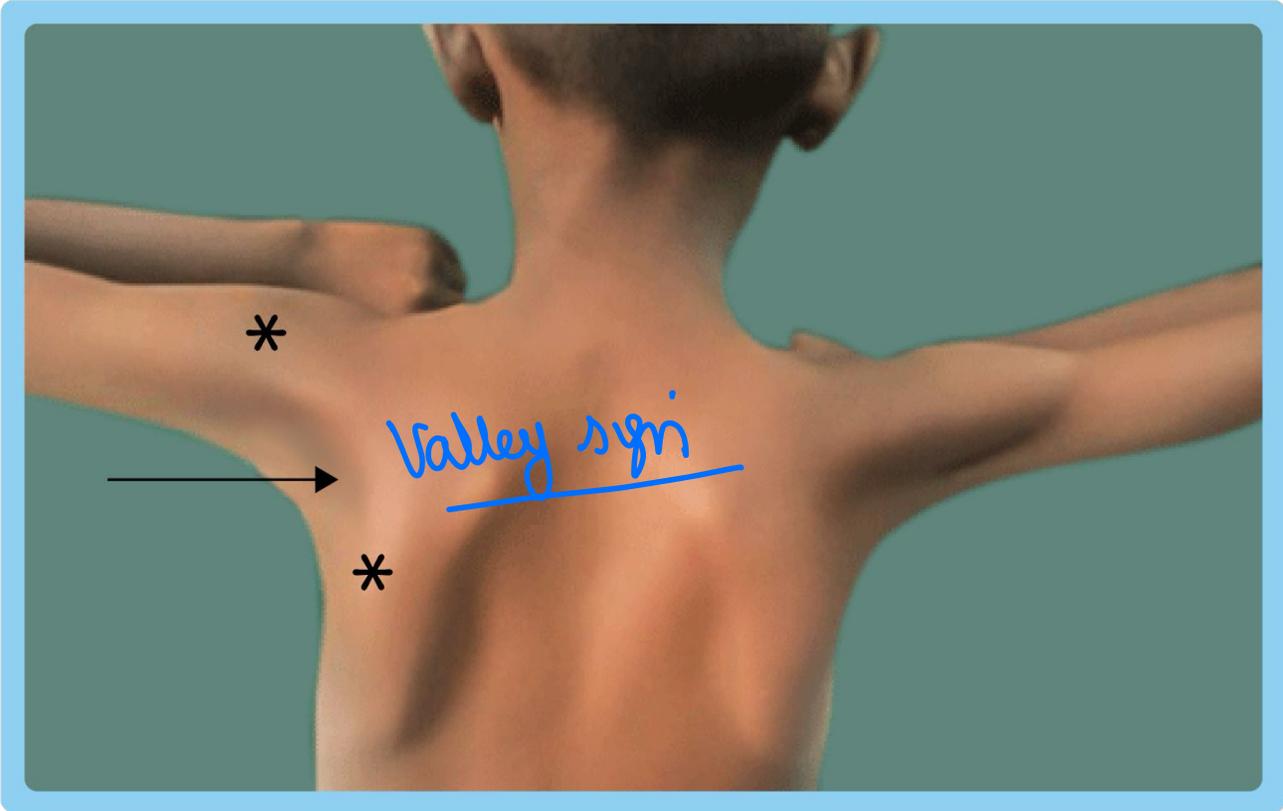
- Cardiology follow up (within 1 wk) In addition, for giant aneurysms*

66. The following clinical sign is seen in?

- a. Xp21 mutation
- b. Channelopathy
- c. Laminopathy
- d. F508 mutation



Gower Sign
DMD
XLR



67. A 10-year-old child was having multiple vomiting episodes after consuming mithai (milk- products) at a school function. He was given injection metoclopramide 10 mg following which he developed the bizarre postures of face like sustained grimacing, eye deviation and grimacing. What should be line of treatment?

- a. Reassure and send home with ORS and domperidone
- b. Admit and give i.m Promethazine
- c. Admit and give IV Ringer lactate
- d. Admit and give IV Hydrocortisone

Acute dystonia

* EPS: dopamine ↓
due To
domperidone
metoclopramide

Classic case of acute dystonia due to metoclopramide (a dopamine antagonist).

Symptoms: sustained grimacing, oculogyric crisis (eye deviation), facial dystonia.

Management: Give an anticholinergic or antihistamine with anticholinergic properties (e.g., promethazine IM, benztropine, diphenhydramine).

68. ✓ Girl child is brought with complaints of loss of purposeful hand movements, hand washing movements and developmental regression. Work up shows MECP2 mutation. Diagnosis is

a. ADHD

b. Rett syndrome → Rx: TRIFINE TIDE

c. OCD

d. Hysteria

69. A 5-year-old child being worked up for weight loss and iron deficiency is found to have scalloped duodenal mucosa. Small intestinal mucosal biopsy shows villous atrophy. Which of the following food items can be given to this child?

- a. Sooji
- b. Oats
- c. Maida
- d. Bajra

Celiac sprue



Quinoa bajra Rice Maize



BROW
Rye

70. A 10-year-old child with progressive pallor is brought to hospital. On examination you notice petechiae around ankles and purpura on buttocks and thighs. Per abdomen examination is normal and no bony tenderness is noted. Work up shows Hb 9 gm%, TLC 8000/cu.mm and platelet count is 30,000/ cu.mm. Bone marrow examination shows normocellular marrow with megakaryocytic hyperplasia. Diagnosis is:

- a. Acute Leukaemia
- b. Immune thrombocytopenia
- c. Henoch Schonlein purpura
- d. Thalassemia trait

→ Hb ↓
Tlc = (n) Uk - 11k
→ platelet : ↓

↓
IgA: vasculitis
* platelet count = normal

71. Leading cancer in children is which of the following?

- a. Acute lymphoblastic leukemia
- b. Medulloblastoma
- c. Neuroblastoma
- d. Wilm's tumor

HMD



72. A 30-week preterm neonate develops tachypnea, nasal flaring, intercostal retractions, and grunting soon after birth. SaO₂ on supplemental oxygen 6L/min is 90%. Chest X-ray shows a diffuse reticulogranular "ground-glass" appearance. Which of the following is the first line management for this condition?

- a. CPAP
- b. INSURE → INTUBATE - SURFACTANT - Rapid extubation: TOC
- c. assist controlled mechanical ventilation
- d. IV betamethasone 6 mg

Brassy ✓

73. A 2-year-old child presents with fever, barking cough, inspiratory stridor, and hoarseness of voice. Symptoms worsen at night. The child is playful but has mild chest retractions. Oxygen saturation is 96% on room air. What is the most appropriate initial management?

L.T.B | Group

- a. Immediate endotracheal intubation
- b. IV ceftriaxone
- c. Nebulized ^{racemic} adrenaline with oral dexamethasone
- d. Steam inhalation alone

night Time bed wetting
→ 2 weeks

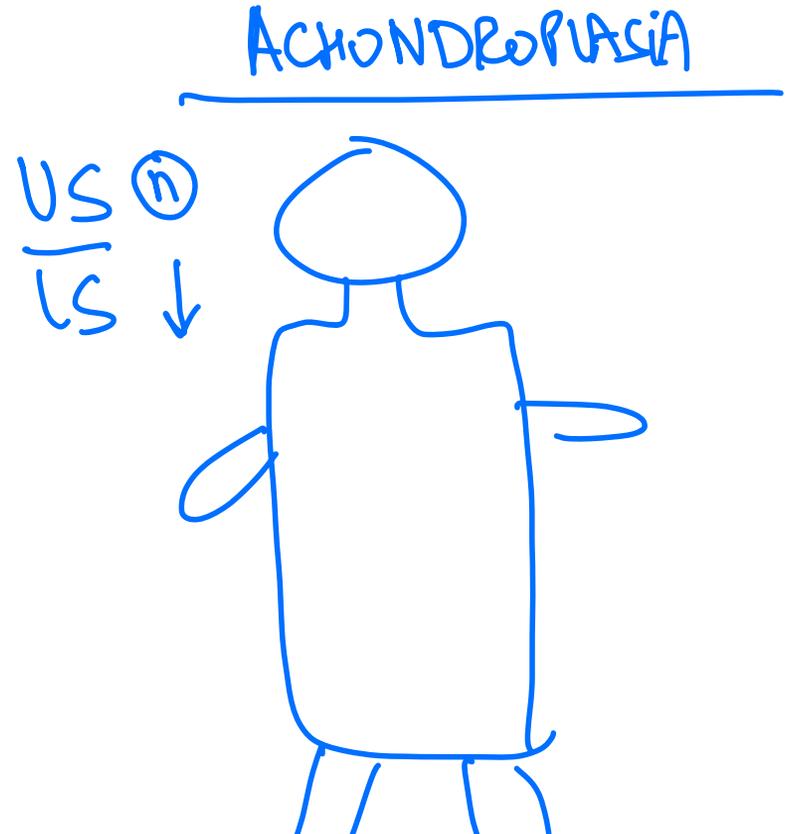
CUT: > 6 YRS: > 6 mths → NOCTURNAL ENURESIS

74. 8-year-old boy is brought to the clinic with complaints of bed-wetting during sleep since early childhood. He has no daytime urinary symptoms, normal growth, and normal physical examination. Urine routine examination is normal. Parents are anxious and want long-term correction without medication. Which of the following is the most appropriate first-line management?

- a. Oral desmopressin therapy
- b. Enuresis alarm therapy
- c. Oxybutynin tablets
- d. Restrict fluids completely after evening

75. A 5-year-old child is brought for evaluation of short stature. Examination shows short limbs with relatively normal trunk length, frontal bossing, and depressed nasal bridge. Intelligence is normal. X-ray shows shortened long bones with metaphyseal flaring. Which of the following is the expected finding regarding upper segment to lower segment (US:LS) ratio in this child?

- a. Decreased US:LS ratio due to short trunk
- b. Increased US:LS ratio due to short limbs
- c. Normal US:LS ratio with proportionate dwarfism
- d. Decreased US:LS ratio due to long limbs





THANK YOU