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The West Bengal University of Health Sciences
MBBS 3rd Professional Part II Examination, March - April 2025
(Old Regulation)

Subject: Paediatrics

Full Marks: 40

Time: 2 hours

Attempt all questions. The figures in the margin indicate full marks in each question.

1. Write briefly the pathogenesis of cerebral oedema in children. How to manage a child with raised intracranial tension? 5+5
2. Write briefly *any two* of the following: 2 x 5
 - a) Limitations for infants of diabetic mother.
 - b) Advantages of exclusive Breast feeding.
 - c) Common causes of pathological jaundice in newborn.
3. Write short notes on *any three* of the following: 3 x 4
 - a) Febrile Convulsion.
 - b) Modified Jones criteria.
 - c) Pneumococcal Vaccine.
 - d) Congenital Hypothyroidism.
4. A 5 year old boy admitted with fever for last 3 days and respiratory distress for one day. On examination, temp 101 degree F, RR is 50/min, chest retraction and nasal flaring present. What is the most probable diagnosis? Outline the management of this case. 2+6

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The West Bengal University of Health Sciences
MBBS 3rd Professional Part-II Examination (New Regulation)
March - April 2025

Subject: Obstetrics & Gynaecology
Paper: I

Full Marks: 100
Time: 3 hours

Attempt all questions. The figures in the margin indicate full marks.

1. a) A 25 year old 2nd gravida came to your ANC at her 36 weeks of gestation. On examination, it is a breech presentation. She had term vaginal delivery in the previous pregnancy and wants vaginal delivery this time also. She said that in internet she has seen some manoeuvre on the abdomen to correct this condition. What is the manoeuvre? Enumerate the contraindications of this manoeuvre. What is the preferred timing of this manoeuvre and why? Detail the manoeuvre procedure. 1+5+3+6
- b) A 38 year old 2nd gravida with post caesarian delivery came to OBGY emergency with complain of pain abdomen. She is at her 38 weeks of gestation. 1+1+5+5+3
- i) Will you admit the patient or send her home with advice after examination?
- ii) What is scar dehiscence?
- iii) How to diagnose scar dehiscence?
- iv) Differentiate between lower segment and upper segment uterine scar.
- v) Enumerate the risk factors for scar rupture.
2. Answer the following:
 - a) Define puerperial sepsis. Enumerate the risk factors of puerperial sepsis. Outline the principles of treatment. 1+4+5
 - b) Define maternal mortality ratio (MMR) and explain how it is calculated. Discuss the major causes of maternal mortality and the strategies to reduce it. 3+3+4
 - c) Write different methods of antepartum assessment of fetal well being. 10
3. Write short notes on the following: 2 x 5
 - a) Succenturiate lobe of placenta
 - b) Preconception counseling
4. Explain the following statements: 5 x 4
 - a) Post partum contraception is a must for maternal health.
 - b) Universal screening of gestational diabetes mellitus should be done in all cases of pregnancy.

- c) Early diagnosis of tubal ectopic decreases the requirement of surgical intervention.
- d) Treatment of subclinical hypothyroidism during pregnancy should be done.
- e) Delayed cord clamping has advantages.

5. Choose the correct option for each of the following:

10x1

a) Vaginal wall become hyperemic and swollen with bluish discoloration during pregnancy. This sign is termed as:

- i) Chadwick's sign ii) Goodell's sign iii) Oslander's sign iv) Hegar's sign

b) In APH, conservative management is known as:

- i) ACT regime ii) EMA-CO regime
- iii) Pritchard regime iv) Johnson-McAfee regime

c) Which one of the following is not a component of Deep Transverse Arrest?

- i) Head is deep into the pelvic cavity
- ii) Sagittal suture is placed in the transverse bispinous diameter
- iii) No descent of head even after $\frac{1}{2}$ - 1 hr following full dilatation
- iv) Membranes intact

d) Pregnancy is contraindicated in which heart disease?

- i) Mitral stenosis ii) Mitral regurgitation iii) Aortic stenosis iv) Eisenmenger's complex

e) Best timing of giving episiotomy where necessary is:

- i) On engagement of presenting part ii) Before crowning
- iii) After crowning iv) Head at '0' station

f) Following biochemical tests are used for screening of early trimester aneuploidy except:

- i) Free beta hcg ii) PAPP-A iii) Oestriol iv) AFP

g) Carbetocin dose for PPH is:

- i) 100 microgram ii) 50 microgram iii) 150 microgram iv) 75 microgram

h) Biophysical score includes all except:

- i) NST ii) Fetal muscle tone
- iii) Amniotic fluid volume iv) Doppler velocimetry of umbilical artery

i) Microcytic hypochromic anemia in pregnancy is found in all of the following cases except:

- i) Hemoglobinopathies ii) Sideroblastic anemia
- iii) Iron deficiency anemia iv) Isolated B12 deficiency anemia

j) The general consensus on administering antenatal corticosteroids is between:

- i) 20-24 weeks ii) 24-34 weeks
- iii) 36-39 weeks iv) 34-36 weeks