

MBBS FINAL PROFESSIONAL
MODEL QUESTIONS FOR ANNUAL 2009
Paediatrics
(Multiple Choice Questions)

- Q.1 A 5 years old boy presents with joint swelling after minor trauma, mother gives history of prolonged bleeding from circumcision site. His platelets count is 170000, PT is 10 seconds and APTT is 60 seconds. What is most likely the diagnosis?**
- a) Idiopathic thrombocytopenic purpura
 - b) Platelets function defect
 - c) Von willibrand disease
 - d) Hemophilia
 - e) Vitamin K deficiency
- Q.2 A 10 years old girl presented with fever and bruises for last 2 weeks. On examination she is pale; however there is no evidence of lymphadenopathy or hepatosplenomegaly. Her Hb is 6g/dl, TLC is 2700 and platelets are 90000. The most appropriate investigation to clinch the diagnosis is:**
- a) Bone marrow aspiration
 - b) Retics count
 - c) Bleeding time
 - d) PT and APTT
 - e) Factor VIII assay
- Q.3 A 5 months child is brought for routine care. During auscultation of heart you find a short systolic murmur at left upper sternal border with soft 2nd heart sound. The most likely diagnosis is?**
- a) Ventricular septal defect
 - b) Atrial septal defect
 - c) Patent ductus arteriosus
 - d) Pulmonary stenosis
 - e) Aortic regurgitation
- Q.4 A 2 years old girl presents with blue discoloration of nails and lips. On examination she is cyanosed and clubbed, heart auscultation reveals a short systolic murmur at left upper sternal border. The most likely diagnosis is?**
- a) VSD
 - b) Tetralogy of fallot
 - c) Tricuspid atresia
 - d) Truncus arteriosus
 - e) Pulmonary stenosis
- Q.5 A 6 months old boy presents with respiratory distress and feeding difficulty. On examination heart rate is 130/min and there is a pansystolic murmur at left lower sternal border. What is the most likely diagnosis?**
- a) Mitral regurgitation
 - b) Mitral valve prolapse
 - c) Ventricular septal defect
 - d) Coarctation of aorta
 - e) Atrial septal defect

- Q.6 A 4 years old boy presents with low grade fever and malaise. Throat examination reveals a grayish white membrane which is tightly adherent and bleeds on an attempt to remove. The most likely diagnosis is:**
- a) Acute Follicular tonsillitis
 - b) Diphtheria
 - c) Herpetic infection
 - d) Infectious mononucleosis
 - e) Oral thrush
- Q.7 A 1-year old boy presents with high grade fever and conjunctivitis for 4 days followed by generalized maculopapular rash. One of his elder siblings had similar complaints 10 days back. The most likely diagnosis is?**
- a) Rubella
 - b) Kawasaki disease
 - c) Scarlet fever
 - d) Drug rash
 - e) Measles
- Q.8 A 5-year old girl presents to ER with fever, convulsions and unconsciousness of one day duration. On examination she is pale, Glasgow coma scale is 8 and there are no signs of meningeal irritation and no focal neurological signs. The most likely diagnosis is:**
- a) Viral encephalitis
 - b) Pyomeningitis
 - c) Tuberculous meningitis
 - d) Cerebral malaria
 - e) Tetanus
- Q.9 A 5-year old boy presents with afebrile generalized tonic-clonic seizure lasting for 5 minutes. Previously he was healthy and had no such problem. On examination there is no abnormality. Your plan of management should be:**
- a) Start anticonvulsant therapy
 - b) Request for an EEG and wait for its report
 - c) Request for an EEG and start anticonvulsant therapy immediately
 - d) Request for EEG and MRI brain
 - e) Request for EEG and CT brain
- Q.10 A 7 year old boy came to OPD with history of difficulty in rising up from sitting position. Examination reveals hypertrophy of calf muscles with trendelenburg gait. The most likely diagnosis is:**
- a) Beckers muscular dystrophy
 - b) Deuchenne muscular dystrophy
 - c) Myotonic muscular dystrophy
 - d) Cerebral palsy
 - e) Myasthenia gravis