

MBBS III (Third) Professional Part-2 Examination 2015-16

Course Code:MBS402 Paper ID:0314135

Paediatrics

Time: 2 Hours 10 Minutes Max Marks: 30

Note: Attempt all questions. Draw proper diagrams to support your answer.

Part 'B'

Define Diabetic ketoacidosis and how will you manage a child with severe DKA.

Approach to a child with short stature. 2 (7)

Part 'C'

3. Write in brief about the following: (4x4=16)

a)

Bed wetting Advantages of breast feeding b)

Hyponatremia

d) Phototherapy

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Roll No.		Student's Name
Student's Signature	Gillo	Invigilator's Signature
Course Code:MBS402	Paediatrics	Paper ID: 0314105

Part 'A'

Time: 20 Minutes Max Marks: 10

Note: 1. Attempt all questions and return this part of the question paper to the invigilator after 20 Minutes.

2. Please tick (√) correct one only. Cutting, overwriting or any other marking are not allowed.

3. For answering please use Ball- pen only.

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Firstranke girlchoiousidered normal at birth but on the second day of age cyanosis is noted. No murmur is heard and there is no respiratory distress. On the third day, cyanosis is more obvious and the respiratory rate is increased. Which of the following is correct concerning this patient:

- Cyanosis is most likely due to a) congenital heart defect
- b) The baby's colour should improve rapidly after giving 100% 02
- The baby's chest x-ray shows a small c) heart. This is against the diagnosis of congenital heart disease
- d) The lack of murmur is against the diagnosis of CHD
- 0.3 Term new born regain birth weight at:
 - 10th day of life a)
 - 14th day of life b)
 - 20th day of life c)
 - d) 28th day of life
- In pediatric shock, which of the following is 0.4 true
 - Hypotension is an early sign of a) hypovolemia
 - The initial crystalloid bolus is 20 b) ml/Kg
 - Normal capillary refill time is < 1 c) second
 - d) The colloid of choice is 4.5% albumin
- Features of pyloric stenosis include:
 - a) Hypochloremic hypokalemic metabolic alkalosis
 - b) Bile-stained vomiting

 - Greater incidence in girls than boys Association with Down's syndrome d)
- In a 6 month old child with meningitis, the 0.6 following organisms should be covered by first line antibiotic therapy:
 - Group B Streptococcus
 - b) Listeria monocytogenes
 - E. Coli c)
 - d) HaemophilusInfluenzae Type B
- Q.14 Earliest valvular lesion in a case of acute rheumatic fever is:
 - a) Mitral regurgitation
 - b) Aortic regurgitation
 - c) Mitral stenosis
 - d) Aortic stenosis
- Q.15 All are characteristic of Fallot'stetralogy except:
 - Infundibular stenosis
 - b) Ventricular septal defect
 - c) Overriding of aorta
 - Left ventricular hypertrophy d)
- Q.16 Reliculocyte count in hemolytic anemia:
 - a) Increase
 - b) Decrease
 - No change
 - d) Initially increase then decrease
- All of the following are decreased in nephrotic syndrome, except: 0.17
 - Serum transferrin
 - b) Serum fibrinogen
 - c) Serum ceruloplasmin
 - d) Serum albumin
- Q.18 A 5 year old child admitted with facial puffiness, pedal edema, blood pressure -190/100 mm Hg and cola coloured urine. His
 - most probable diagnosis is: a) Nephrotic syndrome
 - Renal amyloidosis
 - Renal vein thrombosis
 - d) Acute glomerulonephritis
- Which vitamin deficiency is responsible for neonatal seizure:
 - Pyridoxine
 - b) Vitamin C
 - Thiamine
 - Methylcobalamine d)
- Q.20 Kernig's sign is seen in:
 - Acute bacterial meningitis b) Mental retardation
 - Cerebral palsy c)
 - Empyemathoracis

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d)

100

40

Apgar score:

211

c)

Heart rate a)

120

- b)
- Muscle tone
- Reflex irritability c)
- d) Respiration rate
- P.T.O.
- The milk secreted before and during initial 3-4 days after delivery is called:
 - Preterm milk
 - Transitional milk b)
 - Colostrum c)
 - Fore milk
- Dermal stainingin neonatal hyperbilirubinemia progresses in which distribution:
 - a) Centripetal
 - b) Centrifugal
 - Craniocaudal c)
 - d) No specific pattern
- Acute Flaccid Paralysis Surveillance is 0.11 conducted under which programme:
 - Global Polio Eradication Initiative
 - Revised National Tuberculosis Control Programme
 - Universal Immunization Programme
 - National vector-borne disease control d) programme
- Q.12 Composition of electrolytes in low osmolarORS in mmol/L:
 - Na- 80, K- 15, Cl- 60, glucose-80 a)
 - Na- 75, K- 20, Cl- 65, glucose-75 b) Na- 90, K- 20, Cl- 80, glucose-111 c)
 - d) Na- 90, K- 25, Cl- 60, glucose-90
- Which micronutrient supplementation during acute diarrhoea leads to faster recovery and improved outcome in children:
 - Calcium a)
 - b) Magnesium
 - c)

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Zinc Manganese