

**BOWEN UNIVERSITY, IWO
COLLEGE OF HEALTH SCIENCES
FACULTY OF CLINICAL SCIENCES
MBBS PART III FINAL EXAMINATIONS
PAEDIATRICS PAPER I
9TH NOVEMBER 2020**

TIME ALLOWED: 1HR

INSTRUCTIONS:

1. Answer all Questions
2. Indicate T (for True) and F (for False) against each of the statements below on the answer sheet provided.\
3. Please do not write or make any marks on the question paper which should be returned with the answer sheet.

1. The following murmurs are suggestive of heart disease in a child

- a. Pansystolic murmur
- b. Grade III murmur
- c. Grade II murmur
- d. Still's murmur
- e. Associated with an abnormal 2nd heart sound

2. The following are indications for steroids in the management of tuberculosis

- a. Endobronchial tuberculosis
- b. Millitary tuberculosis
- c. Renal tuberculosis
- d. Pulmonary tuberculosis
- e. Abdominal tuberculosis

3. The anterior fontanelle of a child should have closed

- a. before 6 months
- b. before 9 months
- c. after 24 months
- d. after 36 months
- e. by 6 weeks of life

4. Concerning Vit. D and Calcium metabolism

- a) Deficient calcium absorption leads to secondary hyperparathyroidism
- b) Deficient Vit. D leads to craniotabes in infancy
- c) Treatment of hypocalcaemia requires the use of IV 10% Ca Gluconate /ml/kg to prevent complications
- d) Vit. D deficiency is a common cause of BLOUNT'S Disease
- e) The use of calcium supplement is essential in the management of nutritional rickets

5. Differential diagnosis of a 4-day old term male neonate brought into the neonatal ward on account of bleeding

- a. Haemorrhagic disease of the newborn
 - b. DIC
 - c. severe perinatal asphyxia
 - d. sickle cell disease
 - e. VSD
6. The likely age of a child who feeds self with a spoon, mimics others and walks up the stairs with some assistance
- a. 18 months
 - b. 6 months
 - c. 36 months
 - d. 9 months
 - e. 10 months
7. The following are signs of vit A deficiency:
- a. Conjunctival xerosis
 - b. Bitot's spot
 - c. Night blindness
 - d. b & c only
 - e. Corneal xerosis
8. A five-year- old boy has precocious puberty BP 130/80. Estimation of which of the following will help in diagnosis?
- a. 17 – Hydroxyprogesterone
 - b. 11- Deoxycortisol
 - c. Aldosterone
 - d. Testosterone
 - e. Adrenalin
9. A 9-year-old known female, HbSS presenting to the ER with chest pain, cough, difficulty in breathing, intercostal recessions, SPO2 was 86% in room air. Differential diagnosis includes
- a. Acute chest syndrome
 - b. Lobar pneumonia
 - c. bronchopneumonia
 - d. atrial septal defect
 - e. rheumatic heart disease
10. Concerning the most likely diagnosis of the child in question 9 above, a chest radiograph will likely show
- a. New pulmonary infiltrates
 - b. Cavitations on film
 - c. Enlarged heart
 - d. pneumothorax
 - e. air-fluid levels
11. Which of the following is not true regarding cretinism

- a. Short limbs compared to trunk
 - b. Proportionate shortening
 - c. Short limbs and short stature
 - d. Short mental limbs long stature
 - e. All of the above
12. The following fluids are useful in the correction of hypovolaemic shock
- a. Normal Saline
 - b. Albumin
 - c. Ringers lactate
 - d. 5% dextrose water
 - e. 3% hypertonic saline
13. 4-day-old male Term baby presenting with jaundice noticed on the second day of life. SB 18mg/dl, child sucks well.
- a. Should have single volume EBT immediately
 - b. Should be commenced on phototherapy immediately
 - c. Should have double volume EBT immediately
 - d. A & B are correct
 - e. None of the options is correct
14. The following statements are true about the maintenance fluid for a 2-year-old toddler:
- a. 100mls/kg for the 1st 10kg body weight
 - b. 400mls/m² is total maintenance fluid
 - c. 50mls/kg for the 2nd 10kg body weight
 - d. A & C are correct
 - e. All are true
15. The following are true concerning neonatal hyperbilirubinaemia:
- a. 60-hour-old term baby with SB of 15mg/dl, conjugated fraction 0.9mg/dl should be reassured and allowed home
 - b. 60-hour-old male neonate with SB 6mg/dl should be commenced on phototherapy immediately
 - c. jaundice progresses in a cranio-caudal fashion
 - d. total bilirubin of a child with yellowness of the skin reaching the ankles and wrist is approximately 18mg/dl
 - e. ABO incompatibility is a recognised cause.
16. Concerning neonatal sepsis
- a. Late onset is onset after one week, and is community acquired
 - b. Early onset caused by the organism GBS (Group B Streptococcus)
 - c. Symptoms are variable and non-specific
 - d. Gram negative organisms are recognised causes
 - e. All are correct
17. The most frequent valvular affectation in rheumatic heart disease is
- a. Aortic
 - b. pulmonary
 - c. Mitral
 - d. tricuspid valve

e. all of the above

18. An eight-month-old child presents with 2-day history of diarrhea and vomiting, examination revealed a lethargic child with sunken eyeballs, depressed anterior fontanelle, no tears on crying, fast thready pulses. Your management plan includes

- a. passing a urethral catheter to monitor urine
- b. counselling the mum on home-based fluids and allowing home
- c. giving Intravenous normal saline at 10% deficit plus maintenance
- d. giving 5% dextrose water at 20mls/kg over one hour
- e. giving IVF fluid at 5% deficit plus maintenance over the 1st 8hours then ongoing losses over the remaining 16 hours.

19. A 5-year-old boy with decreased level of consciousness who opens eye to pain, makes some sound and extends his upper limb when his anterior chest is squeezed has a Glasgow Coma score of:

- a. 6
- b. 8
- c. 11
- d. 5
- e. 7

20. Concerning gastrointestinal bleeding in children,

- a. Haematochezia may rarely be due to upper GI bleeding.
- b. Microcytic hypochromic anaemia may be an associated finding
- c. Apt-Downey test may be indicated in a newborn presenting with GI bleeding
- d. Endoscopy is contraindicated in the management
- e. Maternal use of aspirin is not a recognised cause in the newborn.

21. Common causes of acute kidney injury in children:

- a. Glomerulonephritis
- b. Nephrotic syndrome
- c. Haemolytic uraemic syndrome
- d. Obstructive uropathy
- e. Septicaemia

22. Concerning leukaemias

- a. it is commoner than lymphomas in this environment
- b. chronic leukaemia is commoner than acute in children
- c. aplastic anaemia is a differential
- d. recurrent anaemia is an infrequent feature
- e. Hemarthrosis is not a feature in children

23. Concerning hypertension in children,

- a. obesity is a recognised cause
- b. it is an infrequent feature of acute glomerulonephritis
- c. It is a constant feature of nephrotic syndrome
- d. It is defined as average SBP and/or diastolic BP (DBP) that is \geq 85th percentile for gender, age, and height taken on 3 occasions.
- e. urinary tract infections may be a predisposing factor

24. A 6-year-old boy presented with brown-coloured urine following sore throat 1 week earlier. On physical examination, his blood pressure is 136/88 mm Hg, and he has mild swelling of the face and lower extremities. The following, are true
- Patient may have low C3 complement value
 - Urinalysis may be normal
 - Positive antineutrophil cytoplasmic antibody titer
 - About 50% would advance to rapidly progressive glomerulonephritis
 - Proteinuria of atleast 3+ is diagnostic of this condition
25. The features of hyperkalaemia on electrocardiography include: prolong PR interval, widened QRS complex tall-peaked T waves. The serum level of potassium can be lowered through the following methods:
- insulin /glucose infusion
 - 10% calcium gluconate at 0.5ml /kg
 - Oral kayaxalate
 - Nebulized Salbutamol
 - Dialysis
26. Concerning the clinical features of paediatric HIV/AIDS;
- Persistent generalised lymphadenopathy is stage II disease
 - Extrapulmonary tuberculosis is a feature of stage IV disease
 - Kaposi sarcoma is an AIDS defining condition
 - Oesophageal candidiasis is a feature of stage III disease
 - Extensive warts infection is a feature of stage II disease
27. Bronchial asthma:
- is associated with chronic persistent cough
 - It is inherited in a Mendelian fashion
 - May be associated with flexural eczema
 - Rarely occurs in infancy
 - May requires laboratory investigation for diagnosis
28. A three-year-old girl presented with fever, cough and breathlessness. On examination there was dullness on percussion and diminished air entry over the left lower lobe.
- This child has right lobar pneumonia
 - A preceding history of measles is likely
 - Pulmonary tuberculosis is a likely diagnosis
 - Pleural tap is an important part of management
 - Empyema is not likely because of the dull percussion note
29. Laryngotracheobronchitis can be differentiated from epiglottitis by the following features
- Very abrupt onset
 - Isolation of a virus in a trachea aspirate
 - Fixed circumferential subglottic narrowing on the lateral X-ray of neck
 - Inspiratory stridor
 - Dramatic response to antibiotic therapy

30. An 18-month old boy with history of nasal discharge, reduce feeding, cough and difficulty breathing was seen at the CEU. Examination revealed an acutely ill-looking child with hoarseness, respiratory distress, and inspiratory stridor. The following are true
- This condition is frequently caused by RSV
 - Low grade fever usually develops about 3 days after the onset of signs of upper airway obstruction
 - Is a benign infection requiring only supportive therapy
 - It is often a life-threatening infection
 - Dexamethasone is useful in its treatment
31. The following are risk factors for pneumonia:
- Macrosomic babies.
 - Lack of measles immunization
 - Malnutrition
 - Sickle cell trait
 - Cyanotic congenital heart disease with right-to-left shunt
32. With regards to lung abscess in childhood
- is uncommon in children
 - Chest radiograph shows a thick wall localized air collection
 - Often associated with finger clubbing
 - Haemophilus influenza is the most frequently cultured organism from the sputum
 - It can be preceded by history of gastroesophageal reflux
33. The following are correct concerning bronchiectasis
- It is a disease characterized by reversible abnormal bronchial dilatation and distortion of the bronchial tree
 - Plain chest radiograph is the current gold standard for diagnosis, and it shows signet ring appearance
 - It can be a congenital disorder
 - Fever and dry cough can occur with infectious exacerbations
 - Spirometry often demonstrate obstructive pattern
34. An 11-month-old boy was brought to the emergency department after having 2 episodes of generalized convulsion. 4 days before convulsion, mother notice a yellowish discharge from the left ear and child had refused to suck well. Two months earlier, there was a history of pain and discharge in the right ear which subsided with medication. The following are true
- Child may have an underlying immune deficiency
 - In the absence of neck stiffness, intravenous 3rd generation cephalosporins is not indicated
 - Regular ear cleaning and intermittent antibiotic eardrop will prevent recurrence
 - Exclusive breastfeeding practice is protective against the condition
 - Analysis of the cerebrospinal fluid is not necessary since the child is conscious.
35. The following is correct about chest radiograph
- It is useful for confirmation of epiglottitis.

- b. If pleural fluid is suspected presence of homogenous opacity, loss of costophrenic and cardiophrenic angle is diagnostic
 - c. A repeat chest x-ray is mandatory after treating bronchopneumonia.
 - d. It is an important tool in the diagnostic approach of cardiac diseases.
 - e. In the presence foreign body, localized failure of the lung to empty reflects bronchial obstruction
36. The cardiac lesion of Tetralogy of Fallot include
- a. Aortic stenosis
 - b. Pulmonary artery atresia
 - c. Overriding Aorta
 - d. Ventricular septal defect
 - e. Cardiomegaly
37. The following conditions are associated with congenital heart disease
- a. Maternal diabetes mellitus
 - b. Rubella infection after the 16th week of pregnancy
 - c. Marfan's syndrome
 - d. Corticosteroid use
 - e. Turner's syndrome
38. Concerning Tetralogy of Fallot, the following are true
- a. Growth retardation is an uncommon feature
 - b. Sodium bicarbonate may be indicated in its management
 - c. The lung field in a chest x-ray show increased vascular markings
 - d. There is evidence of left ventricular hypertrophy in ECG
 - e. Acute bacterial endocarditic is a common complication
39. Congenital Rubella manifestations are all except:
- a. Rash appears first on trunk
 - b. Pre – auricular lymph nodes
 - c. Arthralgia
 - d. Retinopathy
 - e. All of the above
40. Concerning Paediatric HIV/AIDS:
- a) Vertical transmission accounts for most cases in Nigeria.
 - b) Primary prevention of HIV infection in women of reproductive age group is an unimportant control measure
 - c) Positive HIV antibodies in an infant is diagnostic of the condition
 - d) Positive HIV antibody testing in a 13month old baby is an indication for commencement of HAART
 - e) Breast feeding is the commonest route of vertical transmission of the virus.
41. The following are true of cardiac failure in the infant
- a. Bronchopneumonia is a common precipitating factor
 - b. The absence of pedal oedema rules out the diagnosis
 - c. There is usually associated raised jugular venous pressure
 - d. Bradycardia is a common feature in severe cases

- e. The vaccine treatment is indicated irrespective of aetiology
42. The following are correct about the apex beat
- a. It is located in the 4th left intercostal space in most infants
 - b. It is diffuse in volume overload situations
 - c. It has a tapping character in patients with mitral stenosis
 - d. It is best felt with the patient lying supine
 - e. It is located in the right hemi-thorax only in patients with congenital heart disease
43. Complications of large left to right shunt include
- a. recurrent chest infection
 - b. mental retardation
 - c. Cerebrovascular Accident
 - d. kwashiorkor
 - e. pericardial effusion
44. With regards to infective endocarditis (IE)
- a. It is an infection of the myocardium and heart valves.
 - b. it is a primary complication of congenital heart disease alone
 - c. It is usually present in patients with atria septal defect
 - d. If left untreated vegetation usually remain within the heart chambers only
 - e. Staphylococcus aureus is the most common aetiology in subacute IE
45. Causes of intrauterine growth retardation (IUGR):
- (a) Chromosomal anomalies
 - (b) Chronic placental insufficiency
 - (c) Malaria in pregnancy
 - (d) Pregnancy induced diabetes
 - (e) Malnutrition
46. Common causes of Cerebral Palsy in Nigeria include:
- a) Severe Birth Asphyxia
 - b) Severe Neonatal Jaundice
 - c) Pyogenic meningitis
 - d) Intrauterine factors
 - e) Poliomyelitis
47. Creatinine Clearance is a test of:
- a. Renal blood flow
 - b. Tubular reabsorption
 - c. Tubular secretion
 - d. GFR
 - e. None of the above
48. The followings are common findings in Nephrotic syndrome except:
- A. Massive proteinuria
 - B. Red blood cell casts in urine
 - C. Hypoproteinaemia
 - D. Oedema
 - E. Hyperlipidaemia

49. Concerning anaemias,

- a. Normochromic normocytic anaemias are seen in chronic kidney disease
- b. Macrocytosis may be seen in children on zidovudine therapy
- c. Microcytic anaemias may be found in iron deficiency anaemia
- d. Macrocytosis may be seen in liver disease
- e. Clinical features may not be seen in haemoglobin levels greater than 7g/dl

50. Concerning Congenital Adrenal Hyperplasia

- a) Most common manifestation is ambiguous genitalia
- b) Salt losing syndrome occurs in 11 Hydroxylase deficiency
- c) It is a cause of short stature
- d) Hypertension does not occur
- e) 20,22 Desmolase deficiency is not compatible with life