



**UNIVERSITY OF JAFFNA, SRI LANKA**  
**FINAL EXAMINATION FOR MEDICAL DEGREES - JANUARY 2024**  
**ACADEMIC YEAR 2016/2017**

**Paediatrics - Paper II**

**Date: 18.01.2024**

**Time: 1.30 pm to 4.30 pm (03 hours)**

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**Question Number 01**

A four-month-old baby is seen at the OPD for not gaining weight. He is exclusively breast fed and mother informs that he sweats profusely while feeding. He was treated for bronchopneumonia at the age of 2 months. On examination the weight is 4kg (< -2SD), Pale, irritable, respiratory rate of 45/minutes and heart rate of 160/minutes. There is a pan-systolic murmur best heard at the left sternal border.

1.1. Mention the most likely complete diagnosis **(20 Marks)**

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1.2. List two (2) Investigations that you will order with the expected findings **(20 Marks)**

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1.3. List five (5) Important steps in the management of this child **(40 Marks)**

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1.4. Mention five (5) possible reasons for the poor weight gain in this child (20 Marks)

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**Question Number 02**

A 9-year-old boy presented to the general Paediatric clinic for short stature.

2.1 Define the term “Short Stature”. **(10 Marks)**

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2.2 On examination the height is  $< -2SD$  and the bone age is compatible with 6 years.

2.2.1. Mention five (5) differential diagnosis. **(10 marks)**

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2.2.2. What specific information will you obtain in the history in the conditions mentioned in

2.2.1. to arrive at the diagnosis **(10 marks)**

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2.2.3. What specific clinical signs will you elicit in the examination in the conditions mentioned in 2.2.1. to arrive at the diagnosis **(10 marks)**

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2.2.4 Mention the specific investigations that you will order to arrive at a diagnosis from the conditions mentioned in 2.2.1. **(20 marks)**

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2.4 On examination he was noticed to be pale, and blood pressure was 150/100 (>95<sup>th</sup>centile)  
Briefly describe the long-term management of the most likely condition. **(40marks)**

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Question Number 03

You are called to see a baby who was born at term with a birth weight of 1800 grams.

- 3.1. What further information will you obtain from the maternal history to identify the maternal factors which contributed to the growth restriction in this baby? (15 marks)

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- 3.2. Mention the clinical features that you will look in this baby:

- 3.2.1. To support the diagnosis of intrauterine growth restriction (15 marks)

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- 3.2.2. To identify the fetal risk factors that contributed to the growth restriction (10 marks)

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3.3. What investigations will you request to identify the aetiology of growth restriction. **(10 marks)**

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3.4. Mention the complications you will anticipate in this baby during the neonatal period. **(20 marks)**

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3.5. The baby developed a convulsion at 4 hours of life. Outline the management of this baby at 4 hours of age. **(20 marks)**

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3.6. The baby was discharged after recovery from the neonatal unit. List the long-term consequences of intrauterine growth-restricted babies. **(10 marks)**

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**Question Number 04**

An 8-year-old boy was admitted with lip swelling, difficulty in breathing, and wheezing since morning.

4.1. What further information will you obtain in the history **(10 marks)**

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4.2. On examination, He is afebrile, pulse rate is 180 beats/min low volume and blood pressure is 60/40mmHg. His respiratory rate is 48/min and there are bilateral rhonchi. Outline the management of this child **(30 marks)**

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4.3. On further questioning, mother reports that he gets monthly cough with sleep disturbances and is symptomatic after playing with activity limitation. He has needed nebulization few times in the past 2 months. The sibling is suffering from allergic rhinitis.

4.3.1. How will you classify his condition? **(10 marks)**

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4.3.2. Outline the management of this child. **(25 marks)**

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4.4. He was commenced on the standard treatment and followed up in the clinic. During the clinic review, he reports that the previous month, he had daytime cough for 3 days needing treatment, and sleep disturbance for 1 day.

4.4.1. How will you classify the condition at this stage? **(10 marks)**

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4.4.2. Outline the management plan at this stage. **(15 marks)**

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**Question Number 05**

A 5-Year-old boy is admitted with diarrhoea and vomiting of 2 days duration. He also had reduced urine output. On examination the mucous membranes were dry with normal skin turgor.

**5.1.** List five (5) other information that you will obtain in the history that will assist in the diagnosis **(20 Marks)**

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**5.2.** List the steps in the initial management of this child **(20 Marks)**

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5.3. The Investigations:

Serum sodium	145mmol/l	(135-145)
Serum potassium	3.5mmol/l	(3.5-4.5)
Haemoglobin	6g/dl	(11.5-15.5)
WBC/DC	15x10 <sup>9</sup> /L,	
	N-82% ,L-15%, M-2%	
Platelet count	32x10 <sup>9</sup>	(150-450)
Blood urea	12mmol/l	(1.8-6.4)
Serum creatinine	270micromol/l	(27-62)

5.3.1. What is the most likely diagnosis? **(15 Marks)**

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5.3.2. Mention one (1) investigation to support the diagnosis with expected findings **(15 Marks)**

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5.3.3. Name two (2) aetiological agents that may cause the above clinical condition **(10 Marks)**

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5.4. What advice will you give this child's mother at discharge to prevent further episodes **(20Marks)**

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**Question Number 06**

An 18-month-old is brought in by the midwife for further evaluation of growth faltering. The immunization schedule in the CHDR shows that the baby had only received the BCG and one dose of pentavalent vaccine.

**6.1. Write an immunization schedule for this child based on the principals of vaccine administration (20 Marks)**

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**6.2. The anthropometric measurements show the weight is on the -2SD, length on the -1SD, weight for height between -2SD to -3SD and OFC <-3SD**

**List five (5) signs in the general examination that you will elicit in this child (15 Marks)**

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6.3. During the developmental assessment you note the child is standing with support, cruises around the furniture, has a tripod grasp of the chalk and scribbles horizontal lines, says a few monosyllable words, can play peek-a-boo and wave bye-bye.

**6.3.1. What is the developmental age of this child? (10 Marks)**

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**6.3.2. Mention 5 steps in the evaluation of this child's developmental concerns (20 Marks)**

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6.4. On examination of the lower limbs, you notice the child stands on tip toe, the tone is increased, power is reduced with exaggerated knee reflex. The upper limb examination was normal.

How will you manage this child? (20 Marks)

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**6.5. Mention the nutrition intervention recommended in this child (15 Marks)**

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