



UNIVERSITY OF JAFFNA, SRI LANKA

FINAL EXAMINATION FOR MEDICAL DEGREES - JUNE 2024

ACADEMIC YEAR 2016/2017

Paediatrics - Paper II

Date: 05.06.2024

Time: 1.30 pm to 4.30 pm (03 hours)

Index No:-----

Question Number 01

A previously well 10-year-old girl admitted feeling tired and unable to concentrate on her schoolwork for one-week duration. On examination, her weight and height were on the +2SD for the age. She was pale and the rest of the examination was normal.

- 1.1. List five (5) information you will obtain in the history to identify the possible aetiology for the clinical presentation. (20 Marks)

- 1.2. List three (3) features in the general examination that you will look associated with the most likely diagnosis (15 Marks)

- 1.3. The full blood count showed:

Hb	8g/dL	(11-14)
WBC	7×10^9	(10-12)
	L 70%, N 10%, E 10%	
Platelet	250×10^9	(150-400)

List two (2) other investigations that you will perform giving reasons (10 Marks)

1.4. How will you manage the most likely diagnosis? (30 Marks)

1.5. What measures will you take during the follow-up in the clinic (25 Marks)



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Question Number 02

A 12-year-old girl is admitted with fever and generally feeling unwell for 2 days. She had a history of diarrhoea two days ago but since she has not opened her bowels. She also gives a history of eating from outside.

2.1. List five (5) other information that you will obtain in the history to arrive at the diagnosis

(20 Marks)

2.2. On examination she had coated tongue, mild dehydration hepatomegaly of 3cms and splenomegaly of 2cm. What is the most likely diagnosis? (10 Marks)

2.3. List five (5) investigations with the expected findings that you will perform in this child to arrive at a diagnosis (20 Marks)

2.4. How will you manage the most likely diagnosis (25 Marks)

2.5. List five (5) points that you will tell this child at discharge to prevent further episodes (25 Marks)



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Question Number 03

You are called from the postnatal ward to see a 6-hour-old term baby who is having respiratory distress.

3.1 List five (5) common causes of respiratory distress in the term neonates. (10 marks)

On further questioning the baby was born to a primi gravida mother by normal vaginal delivery with a birth weight of 3 kg and the APGAR scores were normal. Mother has had fever for the last 2 days.

3.2. What further information will you obtain in the history to arrive at a diagnosis? (20 marks)

3.3 List the clinical signs that you will look in each system apart from the respiratory system to support your diagnosis (20 Marks)

3.4 List five (5) investigations that you will request in this baby and give your expected findings. (20 marks)

3.5 Outline the management plan for this baby (30 marks)



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Question Number 04

A 5-year-old diagnosed child with nephrotic syndrome not on any drugs presented with a urine home test for protein 3+ for 2 days duration following an upper respiratory tract infection. On examination, there was no oedema and serum albumin levels were within normal range.

4.1 What is the most likely diagnosis? (10 Marks)

4.2 Outline the treatment plan for this child (15 Marks)

He improved clinically on standard treatment.

One month later he presented with generalised oedema and reduced urine output of 2 days duration.

4.3 List the investigations that you will request mentioning the expected findings (15 marks)

During the ward stay the child developed severe abdominal pain on the 3rd day

4.4 List four (4) possible causes for the abdominal pain in this child. (20 marks)

The child was commenced on standard treatment, but the generalised oedema persisted, and urine albumin remained 3+ after 5 days of commencing the treatment.

4.5 Outline the management plan for the child at this point. (20 marks)

4.6. On day 10 of the illness Urine albumin became nil.

Outline the discharge plan for this child. (20 marks)



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Question Number 05

A 6-year-old boy presented with low-grade fever, and cough of one-week duration.

- 5.1. List five (5) differential diagnoses for the above presentation (20 marks)
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On examination, he is febrile, and tachypnoeic with a respiratory rate of 50 breath/min. Auscultation of the lungs revealed vesicular breath sounds and occasional bilateral crepitations.

Investigations showed:

Chest X-Ray - bilateral diffuse infiltrations

UFR - Red cells 30-35/hpf and pus cells 3-5/hpf

- 5.2 What is the most likely aetiological agent for the above presentation? (20 marks)
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- 5.3 Mention the complications that the child can develop with this diagnosis (20 marks)
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-
-

5.4 List the investigations you will request in this child. Give the expected finding
(20 marks)

5.5. Outline the management plan for the child (20 marks)



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Question Number 06

An 8-year-old girl is seen at the Paediatric clinic monthly for congenital hypothyroidism. Her height is < -3SD and weight is +1SD.

6.1. List five (5) features of congenital hypothyroidism (20 Marks)

6.2. Comment on the anthropometric measurement of this child (20 Marks)

6.3. List two (2) Investigations that you will perform in the clinic regularly (10 Marks)

6.4. List three (3) clinical features that you will monitor in the clinic in this patient (15 Marks)

6.5. The teachers have complained that she has poor school performance. Give five (5) steps in the management to overcome this problem (15 Marks)

6.6. She is on Thyroxine 75 μ g per day. What advice will you give her regarding the drug administration? (20 Marks)
