



UNIVERSITY OF JAFFNA, SRI LANKA
FINAL EXAMINATION FOR MEDICAL DEGREES - MARCH 2025
ACADEMIC YEAR 2017/2018

Paediatrics - Paper II

Date: 19.03.2025

Time: 1.30 pm to 4.30 pm (03 hours)

Index No:-----

Question Number 01

1. You are called to see a 3-hour-old tachypnoeic baby born at 31 weeks gestation with a respiratory rate of 68 breaths /min.

1.1. List three (3) possible causes for this presentation (15 marks)

1.2. What other **clinical signs** will you elicit in this baby? (10 marks)

1.4. What is the most likely diagnosis? (10 marks)

1.5. Mention the **chest X-ray findings** for the most likely diagnosis? (10 marks)

1.6. The baby was stable on ventilatory support and a few days later the baby deteriorated with increasing oxygen demand. The radial pulse was bounding on examination, and a systolic murmur was best heard below the clavicle.

1.6.1. What is the most likely cause for the deterioration (15 marks)

1.6.2. Outline the pharmacological treatment option for the condition mentioned in 1.6.1.

(15 marks)

1.7. On day 15 while the baby was ventilated and tolerating expressed breast milk developed bile-stained vomiting and abdominal distension.

1.7.1. What is the most likely diagnosis (10 marks)

1.7.2. List the investigations you will request in this baby with the expected findings for the diagnosis mentioned in 1.7.1. (15 marks)



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Question Number 02

An 8-year-old boy was admitted with haematuria of 3 days duration

- 2.1. List five (5) causes of glomerular haematuria (10 Marks)

- 2.2. Mention the clinical features that you will look in this child to arrive at a diagnosis? (20 Marks)

- 2.3. On further questioning, the mother reveals that he was treated for skin sepsis 3 weeks back. What is the most likely diagnosis (10 marks)

2.4. Outline the investigation you will request in this child with the expected findings **(15 marks)**

2.5. Outline the Management plan for this child during the ward stay **(20 Marks)**

2.6. On day 3 of the hospital stay, you are called to see the child as he was having a severe headache and a few episodes of vomiting.

What clinical parameters will you look for in this child to arrive at a diagnosis, and mention your expected finding **(15 marks)**

2.7. Mention the dietary advice you will give for the child during the ward stay **(10 marks)**



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Index No:-----

Question Number 03

An 18-month-old baby is admitted with fever and vesicular lesions of one day duration

- 3.1. List three (3) causes of vesicular lesions in this child (15 marks)

- 3.2. The lesions started as crops in the trunk and spread to the body on the same day.
What is the most likely diagnosis (10 marks)

- 3.3. What is the natural course of the disease, and outline the management plan for this child (25 marks)

- 3.4. List five (5) complications of the disease (20 marks)

3.5. The child developed a new lesion on day 10 of the illness, and a few lesions were hemorrhagic. On further questioning, the mother revealed the baby was treated for meningitis at the age of 6 months and pneumonia needing hospitalisation twice.

3.5.1. What further investigations would you like to do in this child? (10 marks)

3.5.2. What is the most likely **underlying diagnosis** (10 marks)

3.5.3. Mention the treatment option you would provide for this child for the acute condition described in **3.5** (10 marks)



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Question Number 04

A 3-year-old boy is brought in following a nosebleed. He was previously well and had an uneventful birth history.

4.1. List five (5) possible causes for the nose bleeds (20 Marks)

4.2. List three (3) salient features that you will look in the **general examination** of this child that will help in the diagnosis (15 Marks)

4.3. Investigations were carried out and the full blood count was normal.
List **three (3)** other investigations that you will perform to arrive at the diagnosis. (15 Marks)

4.4. The mother reports that her brother had bleeding into the joints and her sister's son has frequent nose bleeds. What is the most likely diagnosis? (15 Marks)

4.5. List the steps in managing the most likely diagnosis mentioned in 4.4. (15 Marks)

4.6. What advice will you give the parents regarding the future management of this child (20 Marks)



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Index No:-----

Question Number 05

A 3-month-old baby was seen at the paediatric clinic as he was not having head control. On examination, you notice the baby is floppy.

5.1. List the two (2) categories of floppiness in babies **(10 Marks)**

5.2. How do you clinically differentiate the two categories **(20 Marks)**

5.3. List **two (2)** causes of floppiness in **each** category **(10 Marks)**

5.4. The mother reports that the baby has difficulty in feeding. List the steps in the management of feeding difficulty in babies **(15 Marks)**

5.5. How will you manage the development delay in this baby? **(25 Marks)**

5.6. On examination, you note the baby is having tongue fasciculation, reduced tone, and absent reflexes. What is the most likely diagnosis? **(10 Marks)**

5.7. What test will you perform to confirm the diagnosis? **(10 Marks)**



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Question Number 06

A 2-month-old baby is referred by the community clinic for not gaining weight adequately. The baby was delivered at term and discharged home following an uneventful perinatal period. The birth weight was 2.8kg.

During your assessment, you notice the baby is thin with a weight of 3.0kg, tachypnoeic, and had a pansystolic murmur at the left lower sternal edge with fine crepitations in the lungs.

6.1. Mention the most likely **complete** diagnosis of this baby **(15 Marks)**

6.2. List three (3) other **clinical signs** that you will elicit in the examination **(15 Marks)**

6.3. List the steps in the acute management of this baby **(20 Marks)**

6.4. List three (3) causes of poor weight gain in this baby

(15 Marks)

6.5. How will you manage the poor weight gain in this baby

(15 Marks)

6.6. What advice will you give the family on routine immunization

(10 marks)

6.7. The child is more prone to respiratory tract infections.

What advice will you give the parents on preventing respiratory tract infections? **(10 Marks)**
