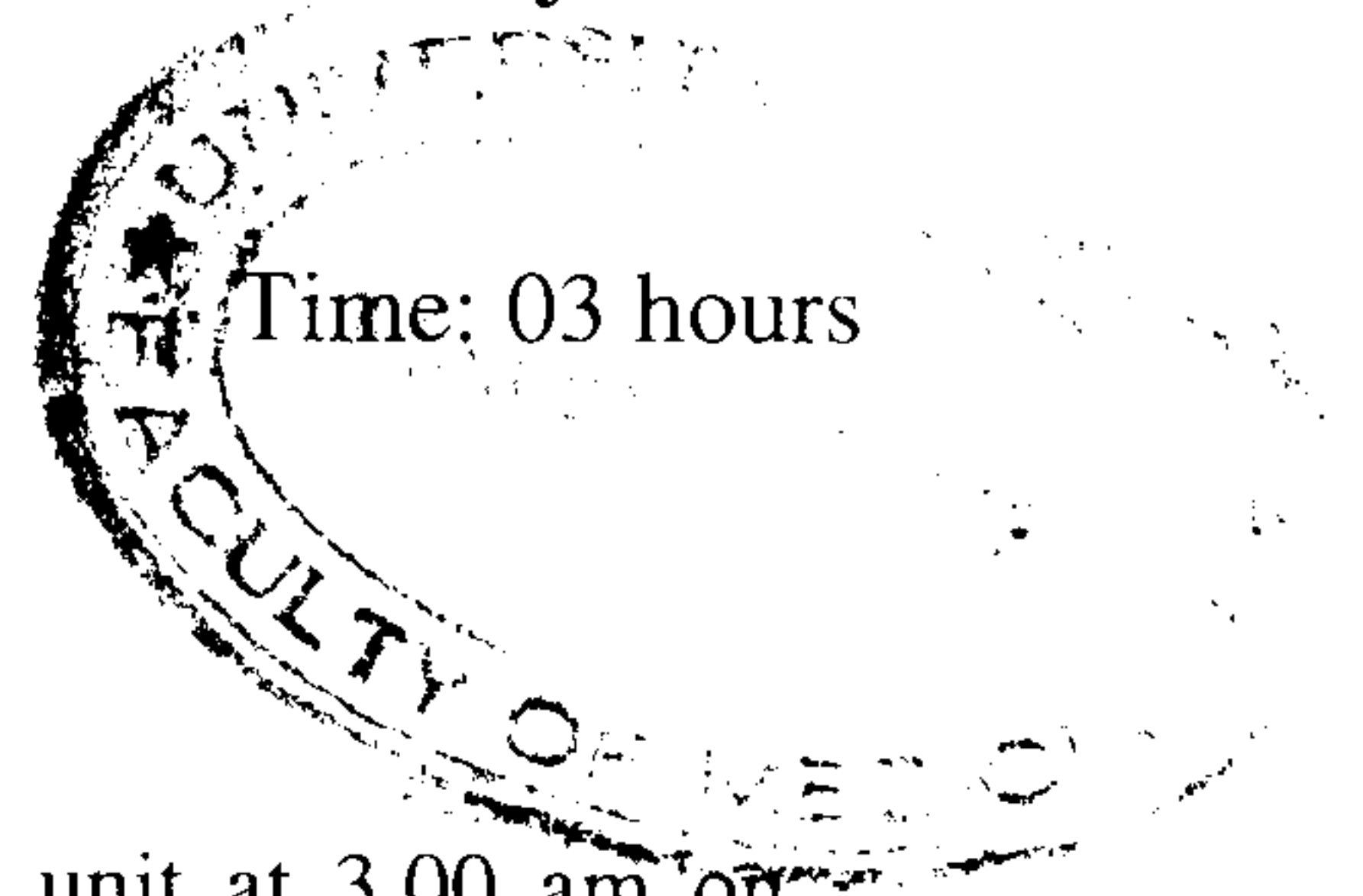


**UNIVERSITY OF JAFFNA, SRI LANKA**  
**FINAL EXAMINATION FOR MEDICAL DEGREES–May 2012**  
**PAEDIATRICS Paper II**

Date: 10.05.2012.

**ANSWER ALL THE SIX (6) QUESTIONS**

Answer each question in separate answer book



- 1 One year old girl was admitted to the casualty paediatric unit at 3.00 am on Thursday with the history of stridor since 10.00 am on Wednesday. The child was given pineapple at 5.00 pm on Tuesday. Mother also says she has been suffering from mild cold and low grade fever since Monday morning. The child was feeding well and the stridor disappeared during sleep.
- 1.1 Mention 4 differential diagnosis ( 20 Marks)
- 1.2 What other information would you obtain in the history and examination to arrive at a diagnosis? ( 30 Marks)
- 1.3 List the investigations giving reasons that you would request in this patient ( 20 Marks)
- 1.4 How will you manage this child's condition? ( 30 Marks)
- 2 A three (3) day old term-baby was admitted from the post natal ward after 2 episodes of brief generalized convulsions. Mother had poorly controlled diabetes mellitus, delivery was prolonged and difficult. The baby weighed 4 kg. Baby's condition at birth was satisfactory.
- 2.1 List the possible causes of convulsions in this baby ( 20 Marks)
- 2.2 How will you investigate this baby? ( 30 Marks)
- 2.3 Later, on the same day, it was noticed the baby had retractile head, high fever and bulging anterior fontanel.  
What is the most likely diagnosis at this point? ( 10 Marks)
- 2.4 Briefly outline the management of the diagnosis mentioned in 2.3 ( 40 Marks)
- 3 A 3 year old boy was seen at the casualty surgical ward following left knee joint pain and swelling after a fall from his tricycle. He was transferred to the paediatric ward following a joint aspiration which was blood stained. He was otherwise well.
- 3.1 List the differential diagnosis (15 Marks)
- 3.2 What further information will you obtain in the history and examination to arrive at a diagnosis (25 Marks)
- 3.3 Basic investigations were done and bleeding time was 2 minutes and the clotting time was 22 minutes. What is the most likely diagnosis? (10 Marks)
- 3.4 What other investigations will you order in this child to confirm the diagnosis? (15 Marks)
- 3.5 How will you manage this condition? (15 Marks)
- 3.6 What advice will you give the mother on discharge (20 Marks)

- 4 18 month old boy was admitted to the paediatric ward with the history of high fever for 6 days and red eyes. On examination the baby was irritable; mouth was dry with cracked lips and red pharynx. Left ear had wax and right ear was normal. There were left sided cervical lymphnodes measuring 2.5cm in diameter. Both the hands and feet were oedematous.
- 4.1 List 4 differential diagnosis for the above presentation (20 Marks)
- 4.2 Basic investigations were performed:  
 Hb: 9.0g/dl,  
 WCC 15,000 with Neutrophils 70%,  
 Platelets 180,000.  
 Blood film was normocytic normochromic anaemia with neutrophil leukocytosis,  
 CRP 30,  
 ESR 60mm.  
 Empirical antibiotics were started. As the fever continued on the 4<sup>th</sup> day of admission full blood count was repeated:  
 Hb-8.8g/dl,  
 WCC 18,000,  
 Platelets 650,000.
- Mention the most likely diagnosis giving reasons. (30 Marks)
- 4.3 List the other investigations you will order giving reasons (20 Marks)
- 4.4 How will you manage this condition (30 marks)
- 5 Four year old child was admitted with a history of generalized body swelling and reduced urine output of 2 days duration. On examination he had puffiness of face and ankle oedema.
- 5.1 What other information you will obtain from the history and examination to arrive at the diagnosis (30 Marks)
- 5.2 Urine ward test shows protein of 4+. List the other investigations you will order giving reasons (20 Marks)
- 5.3 How will you manage this condition? (30 Marks)
- 5.4 On day 5 while he was treated he developed a generalized tonic-clonic convulsion in the ward. List 5 possible causes for this presentation. (20 Marks)
- 6 What advice you will give on discharge for the following clinical situations
- 6.1 Nine month old baby admitted for viral induced wheeze also had features of failure to thrive (40 Marks)
- 6.2 Eight year old girl with moderate persistent bronchial asthma (30 Marks)
- 6.3 One year old who had the first febrile convulsion (30 Marks)