



UNIVERSITY OF JAFFNA, SRI LANKA

FINAL EXAMINATION FOR MEDICAL DEGREES - SEPTEMBER 2026

ACADEMIC YEAR 2019/2020

Paediatrics - Paper II

Date: 02.09.2026

Time: 1.30 pm to 4.30 pm (03 hours)

Index No:-----

Question 01

A 5-day-old exclusively breastfed male baby is brought to the emergency department with a history of two episodes of generalized tonic-clonic seizures, each lasting 2 minutes. The mother also reports poor feeding and excessive sleepiness. There is no history of fever.

1.1 List **three (03)** possible causes for this presentation

(15 Marks)

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On further questioning, the mother reports a term, uncomplicated home vaginal delivery with a birth weight of 3 kg. There were no neonatal complications. She recalls two episodes of mildly blood-stained stools the previous day, with no history of trauma.

On examination, weight is 3.8 kg, temperature 36.8°C, heart rate 170/min, and respiratory rate 48/min. The anterior fontanelle is tense and bulging. He is lethargic with intermittent decerebrate posturing. Multiple ecchymotic patches are noted over the thighs.

1.2 What is the most likely complete diagnosis **(10 Marks)**

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1.3 List **five (05)** risk factors associated with the condition mentioned in 1.2 **(10 Marks)**

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1.4 Mention **three (03)** other differential diagnoses you will consider at this point **(15 Marks)**

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1.5 List the investigations and indicate the expected finding in the condition you mentioned in 1.2, and explain how you would differentiate it from the conditions mentioned in 1.4 **(20 Marks)**

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1.6 Outline the management plan for this baby

(20 Marks)

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1.7. Mention the intervention that could have prevented this condition in this baby **(10 Marks)**

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Question 02

An 8-year-old girl is referred to the paediatric clinic because she is short in her class

2.1 Define short stature **(10 Marks)**

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2.2 List **five (05)** common causes of short stature in children **(20 marks)**

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On further questioning, the mother reveals that the child's growth has been slow over the past two years and that the child has become less active than previously. Her school performance remains satisfactory. Apart from requiring intermittent laxatives for constipation over the past year, she has had no significant illness in the past.

2.3 What is the most likely complete diagnosis (15 Marks)

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2.4 Mention **three (03)** common aetiologies for the condition mentioned in 2.3 (15 Marks)

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2.5 State the investigations you would request, including the expected findings in this child. (20 Marks)

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2.6 Outline the immediate and long-term management plan for this child (20 Marks)

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Question 03

An 11-year-old previously healthy boy is admitted to the general paediatric ward by his mother with a 4-day history of periorbital puffiness, which has now progressed to generalized swelling of the body. There is no history of fever before admission. On admission, body weight is 35 kg (measured as 32 kg two weeks ago), blood pressure is 110/75 mmHg (50th centile), and urine analysis reveals 3+ proteinuria.

3.1. Mention the most likely diagnosis. **(10 Marks)**

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3.2. Describe the pathophysiology of oedema formation in this condition. **(20 Marks)**

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3.3. Outline the management of this child

(30 Marks)

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On the second day, he had several episodes of vomiting. The urine output was 0.3ml/kg/hour and his blood pressure was 140/90mmHg (>99th centile).

3.4. State the clinical stage or clinical diagnosis the patient is likely experiencing based on the above presentation.

(20 Marks)

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3.5. List **two (02)** immediate, life-threatening complications in this patient.

(20 Marks)

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Question 04

A previously well 12-year-old girl is admitted with fever for 3 days and left knee joint pain and mild swelling for 1 day. Apart from a mild upper respiratory tract infection, there were no other major concerns.

4.1. List **five (05)** possible differential diagnoses **(10 Marks)**

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4.2. Mention **one (01)** salient clinical feature that is associated with each diagnosis mentioned in 4.1 **(15 Marks)**

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On day 5 of admission, the symptoms were resolved, and she was discharged. Following discharge, she experienced right knee pain for which she did not seek medical advice. Nearly 6 weeks later, she was admitted with progressive worsening of shortness of breath and reduced exercise tolerance. On examination, the pulse rate is 96/min, and the blood pressure is 105/65 mmHg (50th centile). There is a heaving apex beat and a pansystolic murmur at the apex. There were bilateral crepitations on auscultation of the lung bases.

4.3. Mention the most likely complete diagnosis? **(10 Marks)**

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4.4. List **five (05)** investigations giving the possible findings that you would request to confirm the diagnosis. **(20 Marks)**

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4.5. Outline the management of the acute illness in this child **(20 Marks)**

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4.6. Outline the long-term management in this child

(15 Marks)

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4.7. The child's mother asks whether her two younger children are at risk. Explain the measures that can be taken at family and community level to prevent this disease.

(10 Marks)

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Question 5

A 7-year-old boy is admitted following intermittent fever for 5 weeks. The fever is mainly in the evenings, associated with reduced appetite, lethargy, and a 3-kg weight loss. There is no history of cough, diarrhoea, urinary symptoms, or significant exposure to tuberculosis. He has received several courses of oral antibiotics from different clinics without improvement.

On examination, he is pale and mildly wasted. Temperature is 38.5°C. There are multiple small, non-tender cervical lymph nodes, the largest measuring 2.5 cm. There is no skin rash or joint swelling. The liver is palpable 3 cm below the right costal margin, and the spleen is palpable 4 cm below the left costal margin. The remainder of the examination is unremarkable.

5.1. Define Pyrexia of Unknown Origin (PUO) in a child. (20 Marks)

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5.2. List four (04) major categories of causes of PUO in children, giving two (02) examples for each. (24 Marks)

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Initial investigations reveal:

Haemoglobin	8.2 g/dL	(10-14)
WBC	$24.8 \times 10^9/L$	(7-11)
	Neutrophils 35%, Lymphocytes 55%	
Platelets	$95 \times 10^9/L$	(150-250)
ESR	85 mm/1st hour	
CRP	20U/L	(<6)
Blood cultures	Negative on three occasions	
Chest X-ray	Normal	
Blood film:	Normocytic normochromic anaemia, thrombocytopenia and occasional atypical lymphoid cells	

5.3 Identify **three (03)** findings mentioned above that warrant further investigation urgently.

(06 Marks)

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5.4. The child develops increasing lethargy and bone pain. Repeat examination reveals several bruises over the lower limbs. What is the most likely diagnosis?

(10 Marks)

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5.5. List **two (02)** investigations that will confirm the diagnosis

(10 Marks)

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5.6. Describe your immediate management priorities while arranging definitive diagnosis

(30 Marks)

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Question 06

A 5-year-old preschool boy was admitted with a 24-hour history of not passing urine and a 12-hour history of lower abdominal pain. He has a history of chronic constipation since the age of 3 years, with recent-onset faecal soiling.

He has a 2-year-old younger sister. His father separated from the family 8 months ago. His mother is employed as an unskilled labourer at the region's Municipal Council.

6.1 Define the term “constipation” **(10 Marks)**

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6.2 Identify 4 possible factors mentioned in the history that may be contributing to his chronic constipation. **(20 Marks)**

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6.3 Mention **five (05)** important information that you will obtain in the history **(10 Marks)**

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6.4. Mention **five (05)** important information that you will obtain in the examination **(10 Marks)**

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6.5. Enumerate with reasons the investigations (**Mention 05**) you will request on this patient.

(20 Marks)

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6.6. Describe the immediate and long-term management of this patient briefly. **(30 Marks)**

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