Pediatrics Past-Year Mini-OSCEs

By Your Sis.: Ghada Odeh :)

حيثما زرعك اللّه أثمر


Sasha Bell Photography
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"وأنْ لَيْسَ لِلإِنْسَانِ إِلَّا مَا سَعَى ،،،
وَأَنَّ سَعْيَهُ سَوْفَ يُرى" ...

Q.1:

1. **What's the Dx.?** Neonatal jaundice.
2. **When it's seen?** When Bilirubin levels > 5 mg/dL.

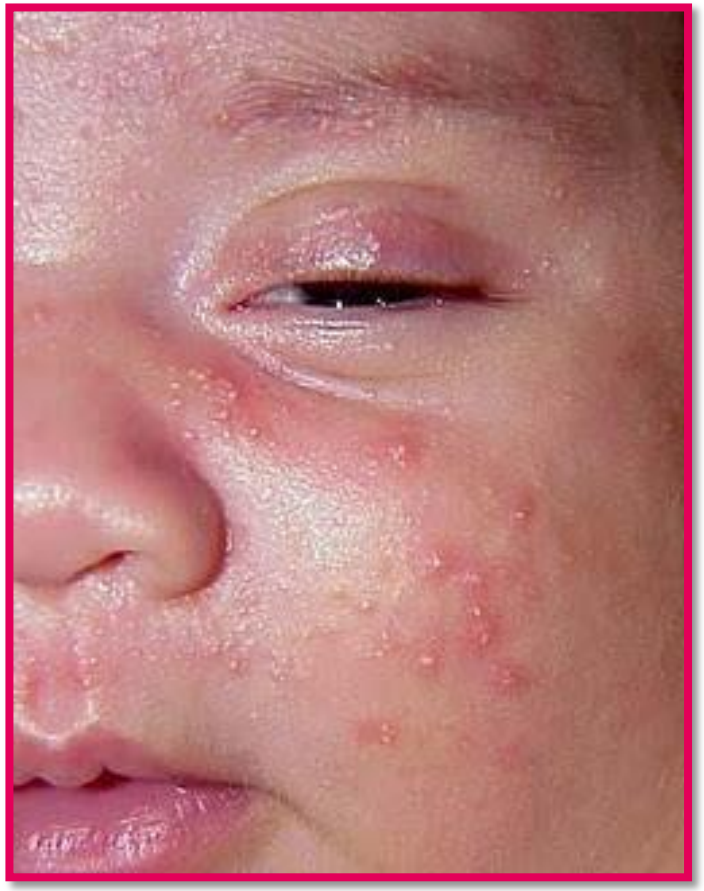
Q.2: A 2-4 wk old newborn presented with this finding.

1. **What's the Dx.?**

   Neonatal acne.

2. **Why does it occur?**

   Response to maternal androgens, (occurs in about 20% of normal newborns).



Q.3:

1. **What's the finding?**
   Leukocoria (absent red reflex) (white reflex).

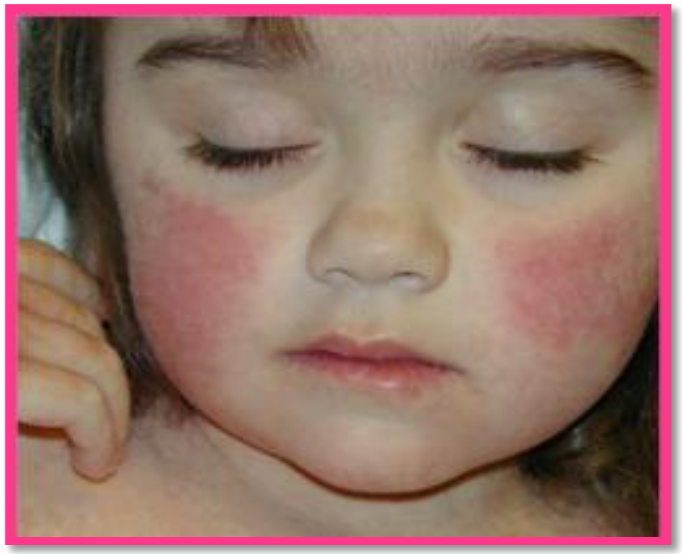
2. **Mention 2 causes of such condition.**
   1) Catarcts, conginetal rubella, galactosemia (all are considered to be one answer which is cataract).
   2) Retinoblastoma.

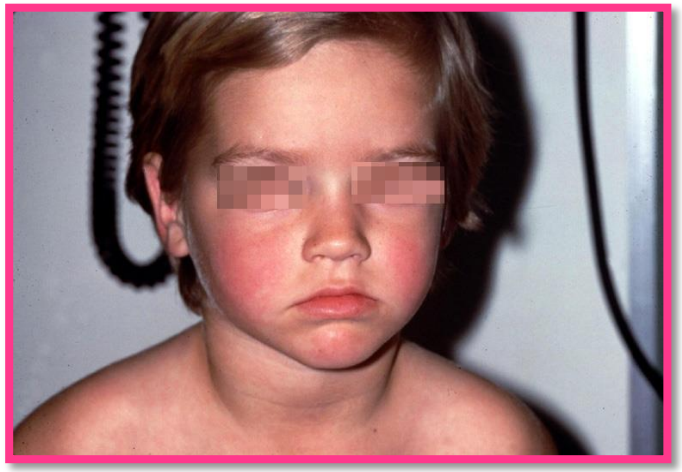
Q.4: A 5 YO girl with Hx of URTI for 3 day with low grade fever.

1. **Describe what you see.**
   Slapped cheeks appearance.

2. **What's you Dx.?**
   Erythema infectiosum.

3. **What's the causative agent?** Parvovirus B-19.



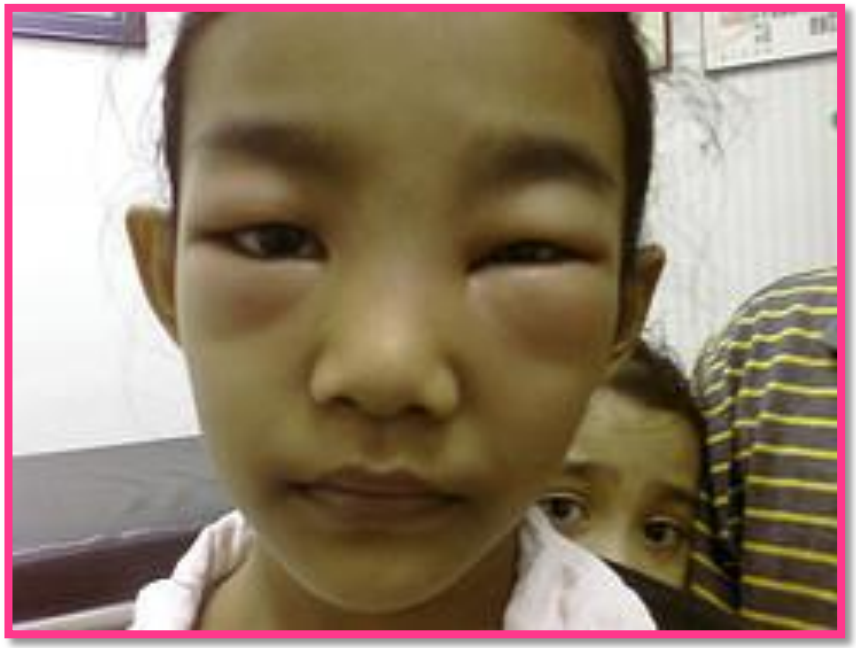


Q.5: A 7YO male woke-up in the mornings as in picture below, Hx of URTI 10 days ago, in clinic his BP was normal.

1. **Describe what you see.**
   Bilateral peri-orbital edema.

2. **What 1st & rapid test you want to do?** Urine dipstick for proteinuria.

3. **Mention 2 other things you want to examine.**
   1. Abdomen "ascites".
   2. Scrotal swelling.
   3. Lower limb edema.



Q.6:

1. **What's the Dx.?**
   Hemangiomas.

2. **What's the female:male ratio?** 3:1

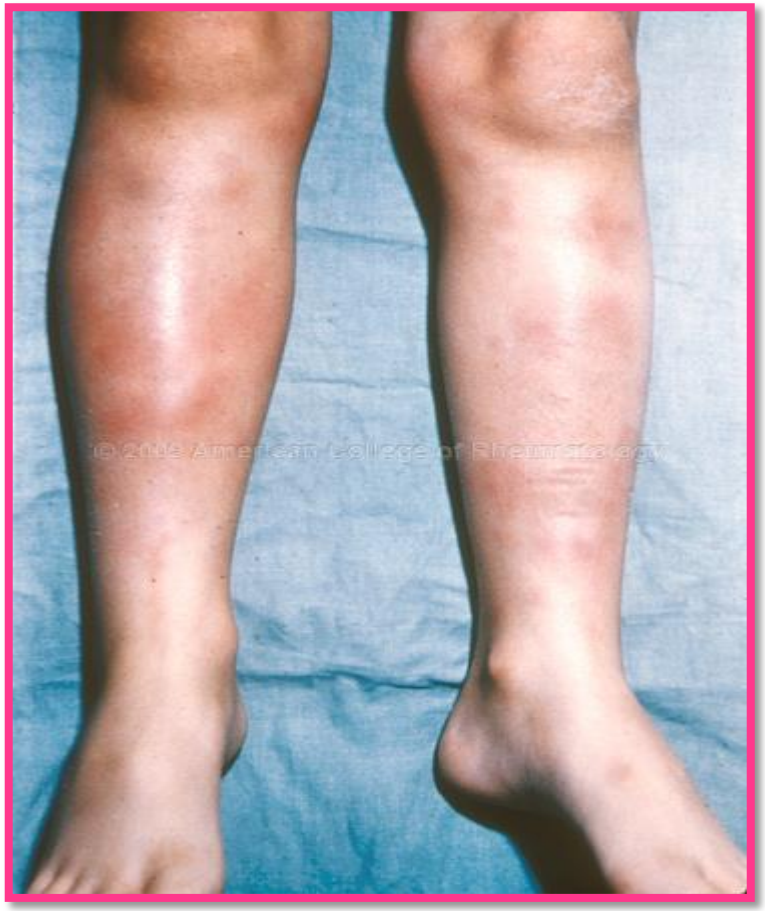
3. **What complication may develop?**
   1) Ulceration (most common).
   2) Pain.
   3) Infection.
   4) Hemorrhage.
   5) Scarring.

Q.7: Hx. of a boy who had URTI, then developed bilateral nodular lesions on his lower limbs.

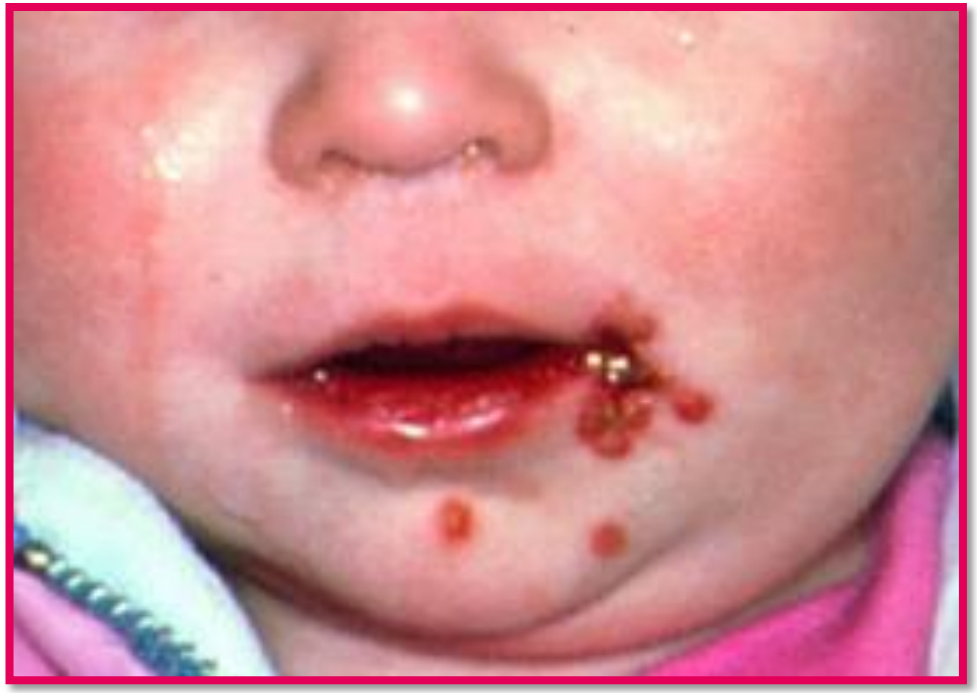
1. **What's your Dx.?**
   Erythema Nodosum.

2. **Give a non-infectious cause.** Sarcoidosis.

3. **Give 2 microorganism causes this condition.**
   1) Group A strep.
   2) Mycoplasma tuberculosis.
   3) Chlamydia.



Q.8: Hx about 3 months old baby that had a Hx of rhinorrhea for 3 days.



1. **What's your Dx.?** Herpetic whitlow.
2. **What's the causative virus?** Herpes simplex virus (HSV).

Q.9:

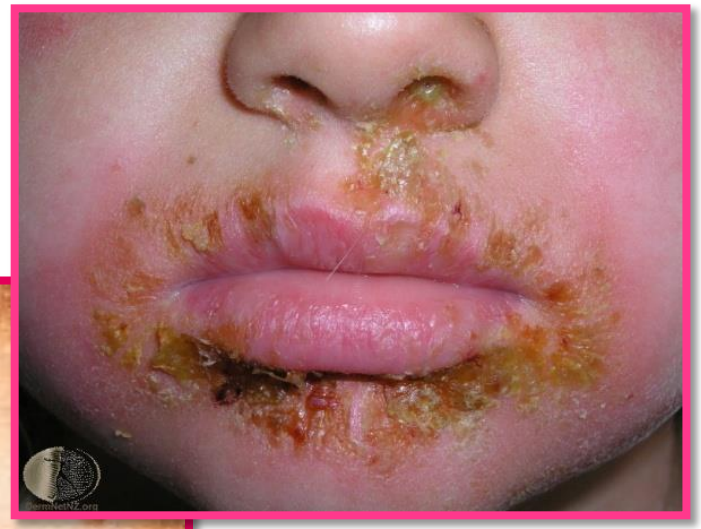
1. **What's your Dx.?**
   Impetigo.

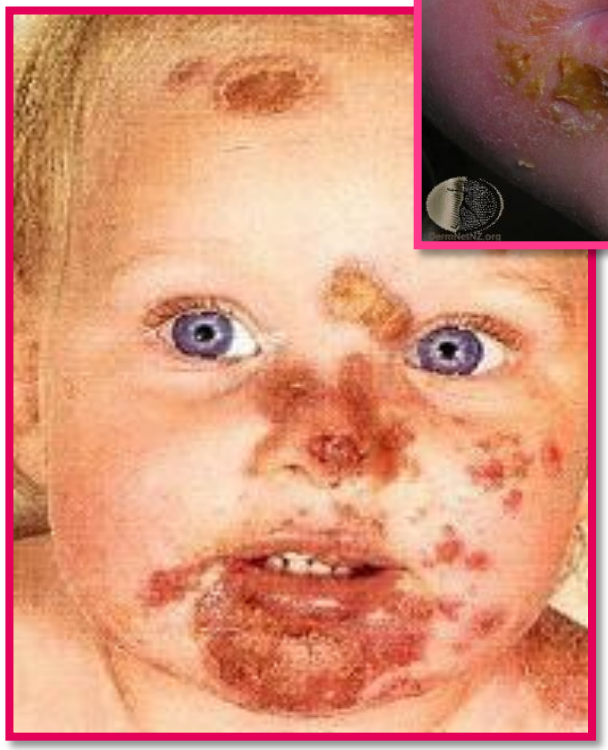
2. **What's your tt?**
   Antiseptic gentian violet & topical or oral antibiotics.

Q.10:

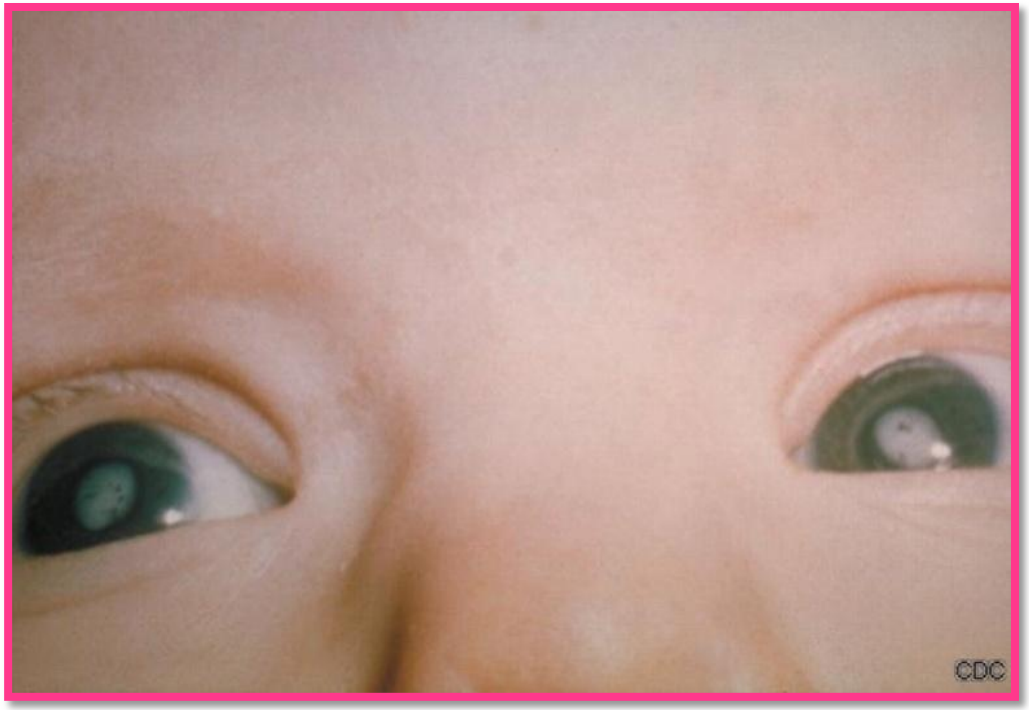
1. **What is your Dx.?**
   Bullous Impetigo.

2. **Give 2 causative MO.**
   1. Staph aureus.
   2. Group A beta-hemolytic strep. (pyogenes).



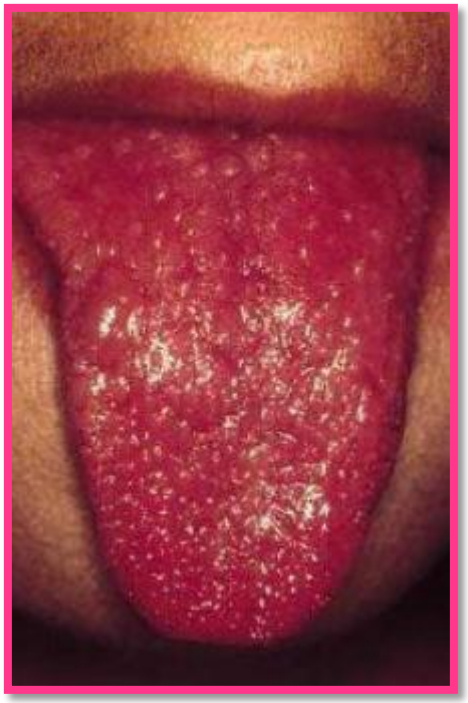


Q.11:



1. **What's your Dx.?** Congenital Cataract.
2. **Mention 2 causes.**
   Rubella, Galactosemia.

Q.12: A child with 6 days fever.



1. **What's Your Dx.?**

   Kawazaki Disease.

2. **Mention 2 other organs you want to examine.**
   Hands & feet (peeling), Trunk (rash), Tongue (strawberry).

3. **Name the sign observed at the eyes.**

   Non suppurative conjunctivitis.

4. **What is the most serious complication?** Inflammation of coronary arteries.

Q.13:

1. **What's your Dx.?**
   Hydrocephalus.

2. **Mention 2 signs.**
   1) Increased head circumference.
   2) Bulging anterior fontanelle.

Sun setting ot eyes

Q.14:

1. **What is this sign?**
   Sunset eyes.

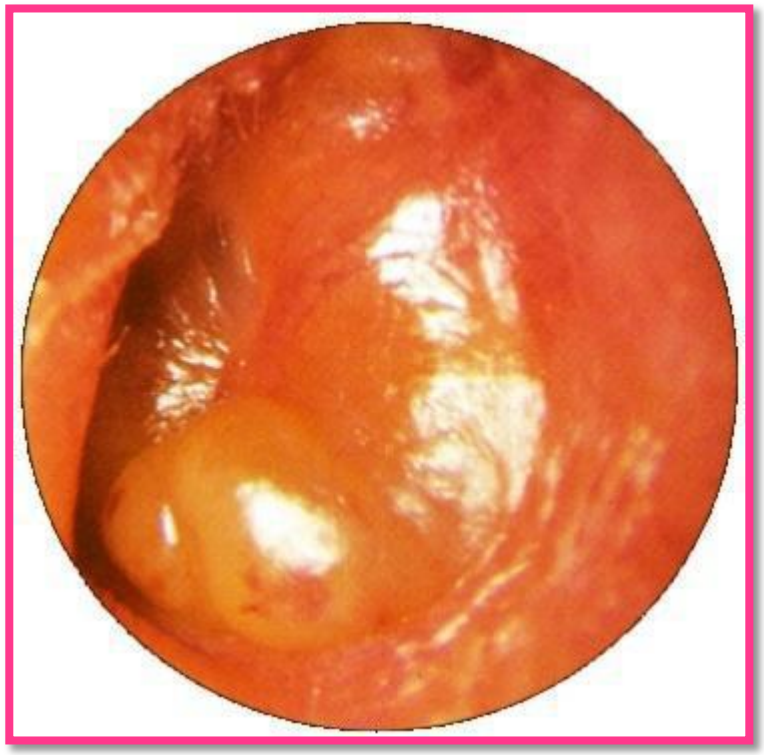
2. **Mention 2 things you'll find in examination.**
   1) Increase HC.
   2) Bulging fontanel.

   DIlated scalp veins

3. **What's the cause?**
   Increased intracranial pressure "hydrocephalus".

Q.15:

1. **What are 3 findings during ear exam of this pt?**
    1. Bulging tympanic membrane.
    2. Loss of light reflex & cone shape.
    3. Red color.



2. **What's the most dangerous complication?**

    Mastoditis.

Q.16:

1. **What's the Dx.?**
   Achondroplasia.
2. **What's the mode of inheritance?** AD.
3. **Mention 3 complications.**
   1. Cervicomedullary compression.
   2. Spinal stenosis.
   3. Restrictive & obstructive lung disease.
   4. Otitis media.
   5. Tibial bowing.


WORK HARD
PRAY ON TIME
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Muslim Magnet
we share, we magnetize

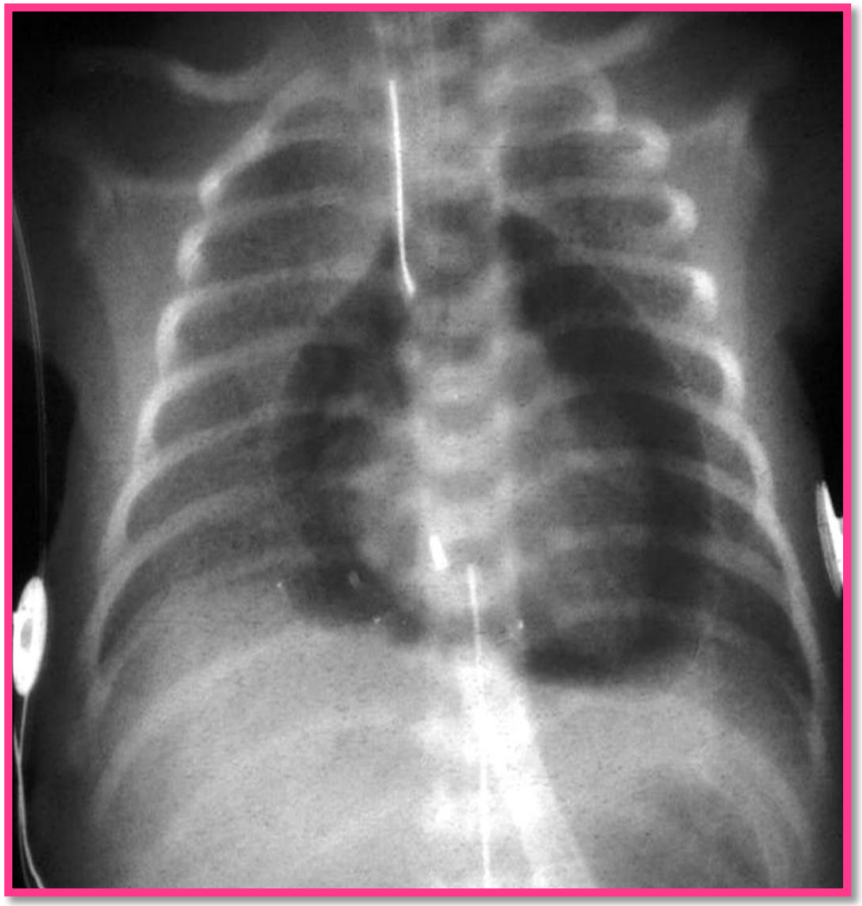
Q.17:

1. **What's your Dx?**

   Pneumopericardium.

2. **What's the treatment?**

   Pericardiocentesis.



Q.18:

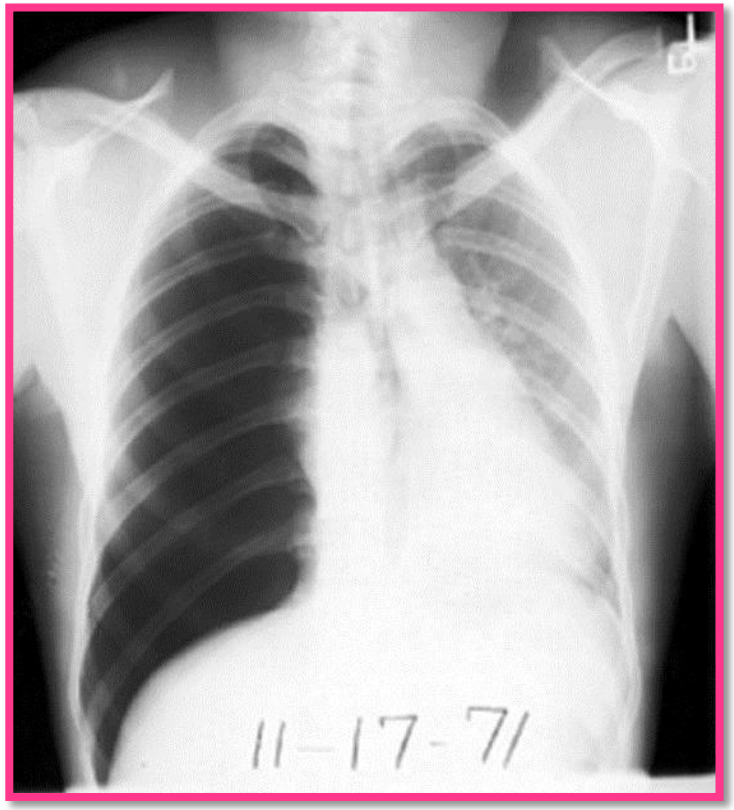
1. **What's your Dx?**

   Tension Pneumothorax.

2. **Give 2 signs on CXR.**
   1. Hyper-lucent Rt. lung field.
   2. Shifted mediastinum (Tracheal deviation to Lt).
   3. Heart shadow shifted to Lt.

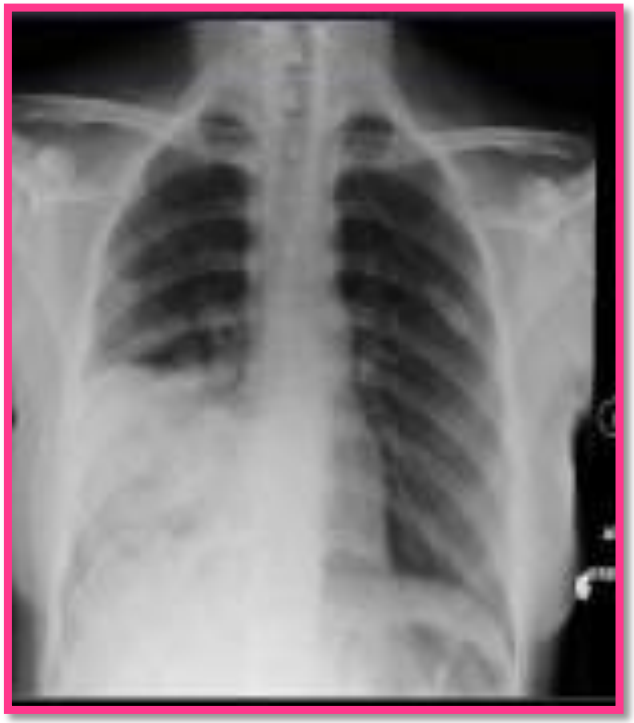
3. **What's the treatment?**

   Needle Thoracostomy & Chest tube.



Q.19: Hx of a pt with fever & cough. RR is 30.

1. **What are 2 physical finding on chest exam without using stethoscope?**
   1) Dullness in percussion in Rt. Side.
   2) Asymmetrical chest expansion.



2. **What are 2 findings in CXR?**
   1. Hyper-dense or consolidation on Rt. side.
   2. Costo-phrenic angle obliterated or absent.

3. **What's the most likely Dx.?**

   Rt. Lower lobe Pneumonia.

4. **What's the most common microorganism?**

   Strep. Pneumonia.

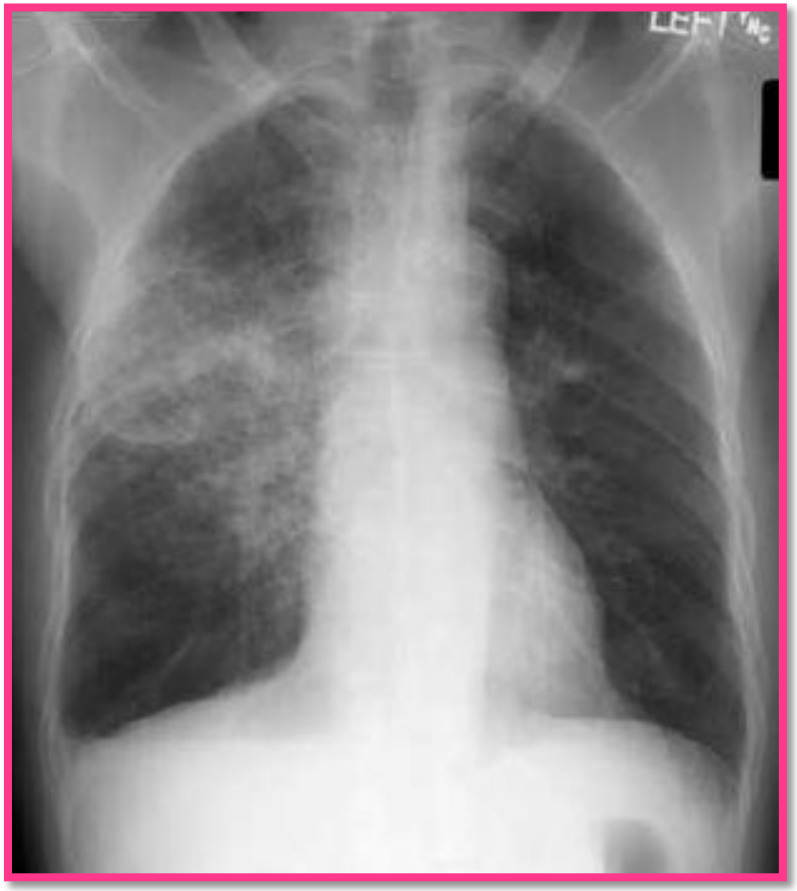
Q.20:

1. **Name the lesion in this CXR.**

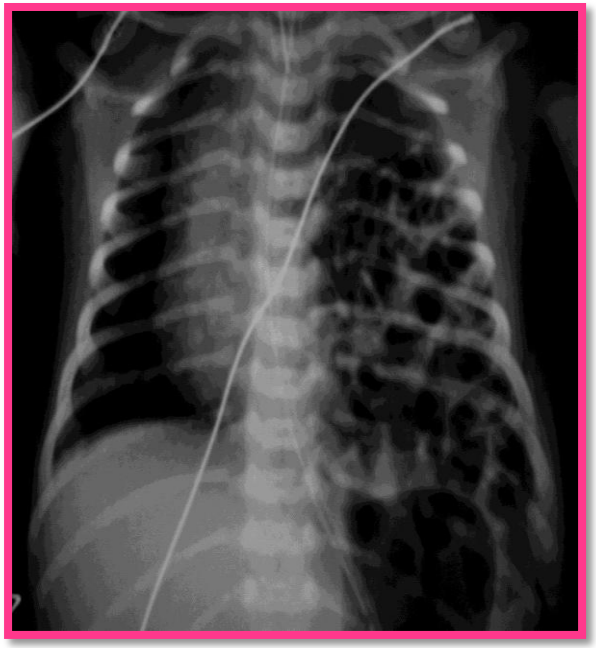
   Consolidation in Rt. lung / or collapse in the same lung.

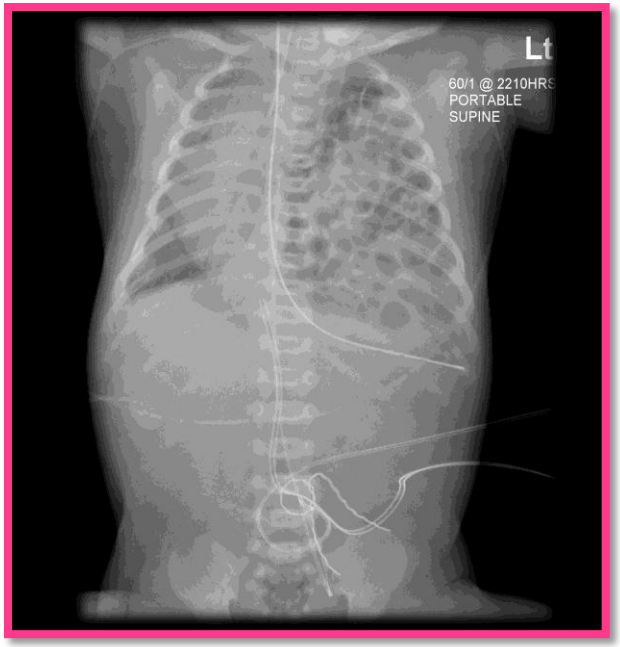
2. **What's your Dx.?**

   Pneumonia / or obstruction by foreign body.



Q.21: Newborn (1st hours of life) with respiratory distress & cyanosis.





1. **Mention 2 prominent findings.**

   Gas at Lt. chest side, Tracheal deviation to Rt.
2. **What's your Dx?** Congenital Diaphragmatic hernia.
3. **Mention 2 medical lines of management.** Intubation, NG tube (decompression).

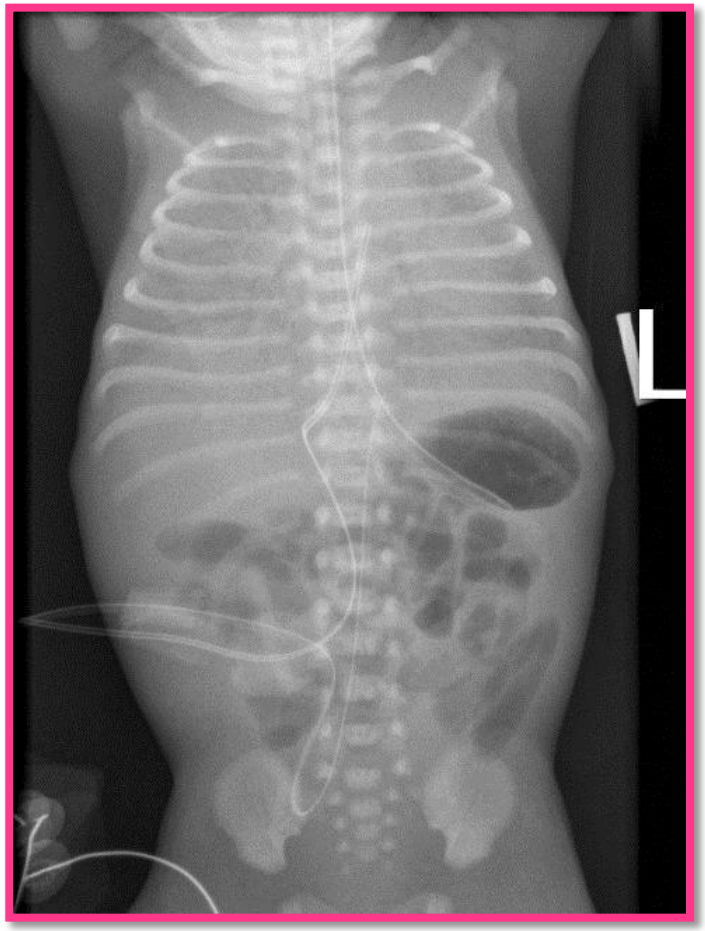
Q.22: Premature 34 weeks.

1. **What's the name of this sign?**

   Ground glass appearance (reticulogranular pattern).

2. **What's the most likely Dx.?**

   Respiratory Distress Syndrome (RDS).



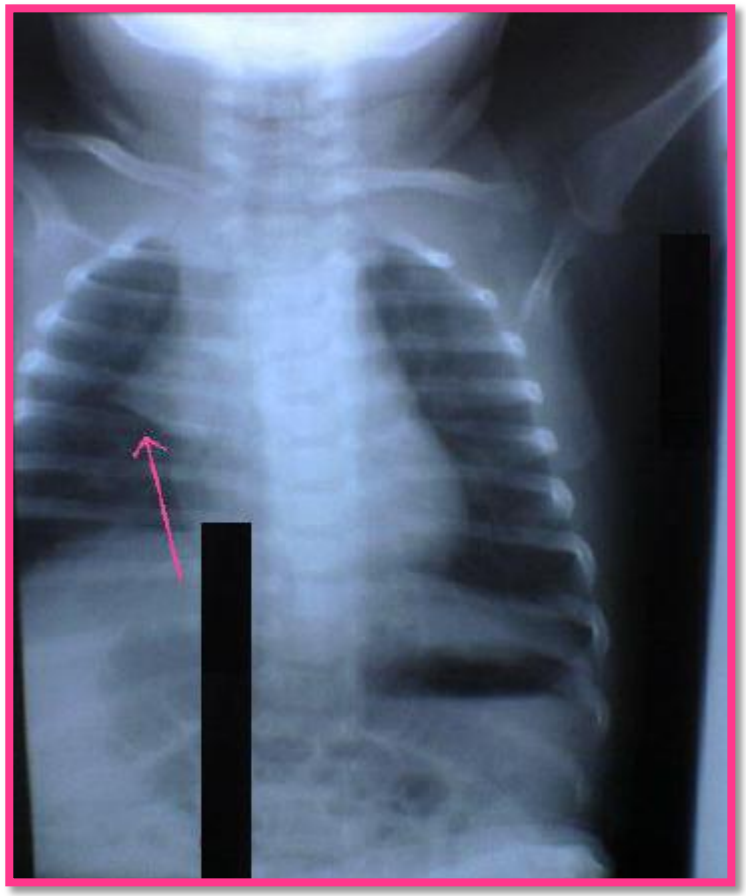
Q.23:

1. **What's the name of this sign?**

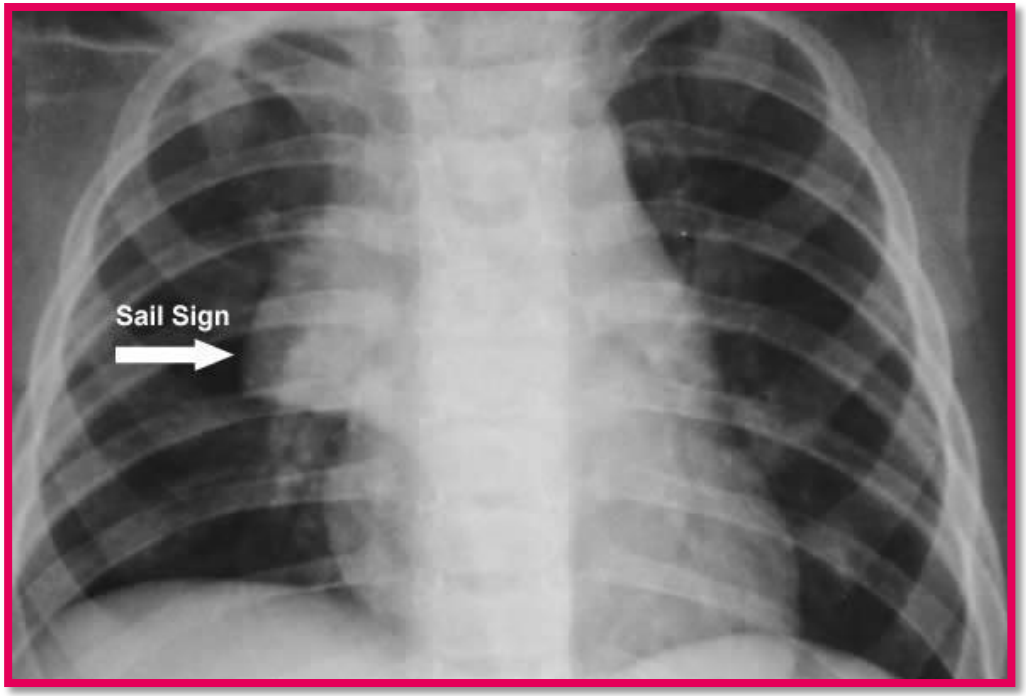
   Sail Sign of thymus.

2. **What's the most likely Dx.?**

   Normal X-ray.



Q.24:

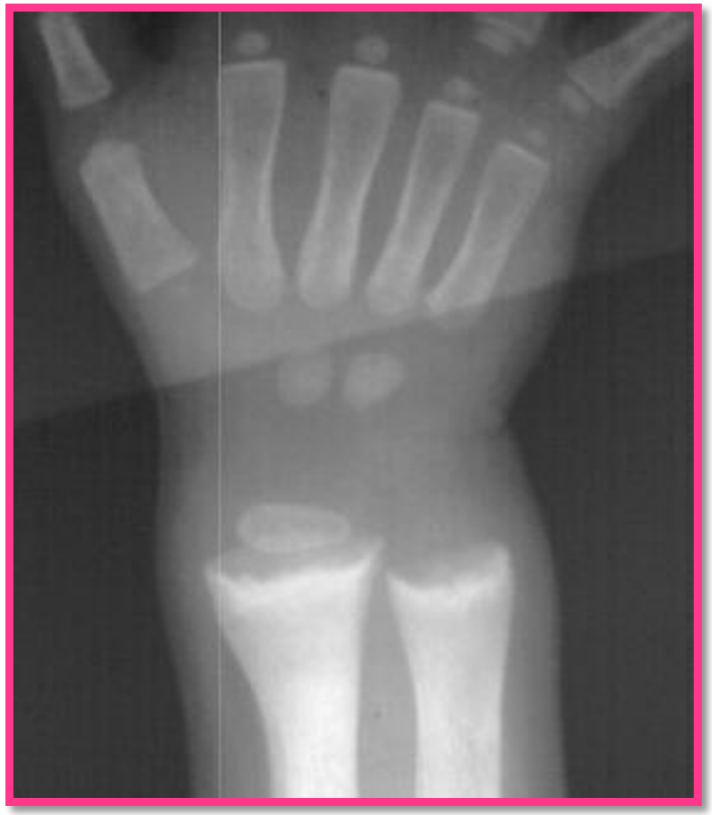


1. **What could this pt have?** Pneumomediastinum.
2. **What's the finding that the arrow is pointing to?**

   Sail or bat wing sign.

Q.25:

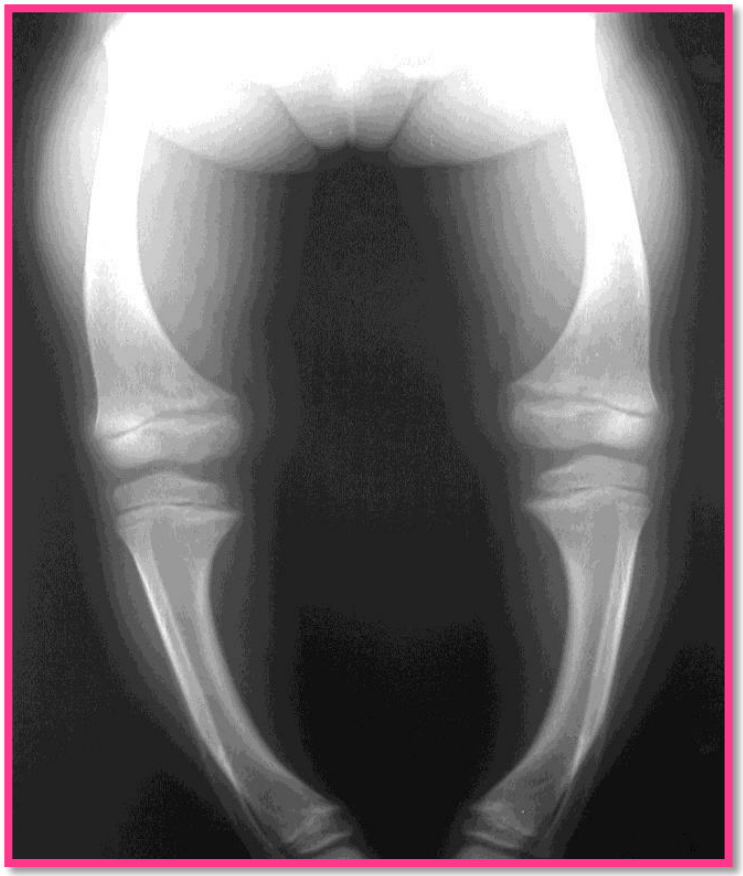
1. **What's your Dx? Rickets.**
2. **Give 2 radiological signs you can find.**
   1) Cupping of distal head of ulna.
   2) Widening of epiphyseal plate.
   3) Shafts of the long bones become osteopenic & cortices become thin.
   4) Deformities of the shafts of the long bones are present.
   5) Bowing of long bones +- pathological fx.



Q.26: A 17 month old child come with difficulty in walking.

1. **What's your Dx? Rickets.**

2. **Give 2 abnormalities in the lower limbs.**
   1) Bowing.
   2) Valgus & varus deformity.
   3) Club foot.

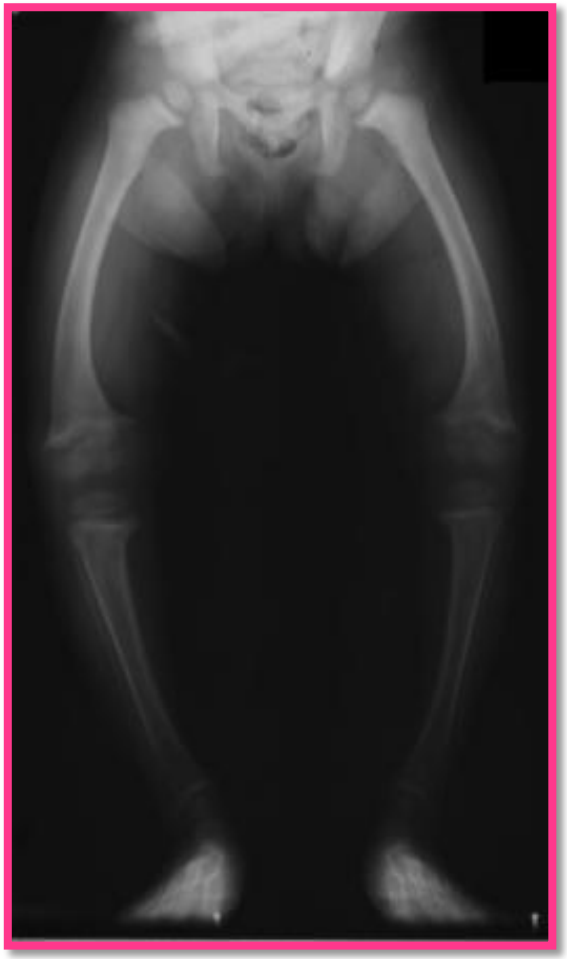


Q.27:

1. **What's your Dx.?**
   Rickets.

2. **What's the test you will ask for?**
   Serum Ca+ & phosphate level.

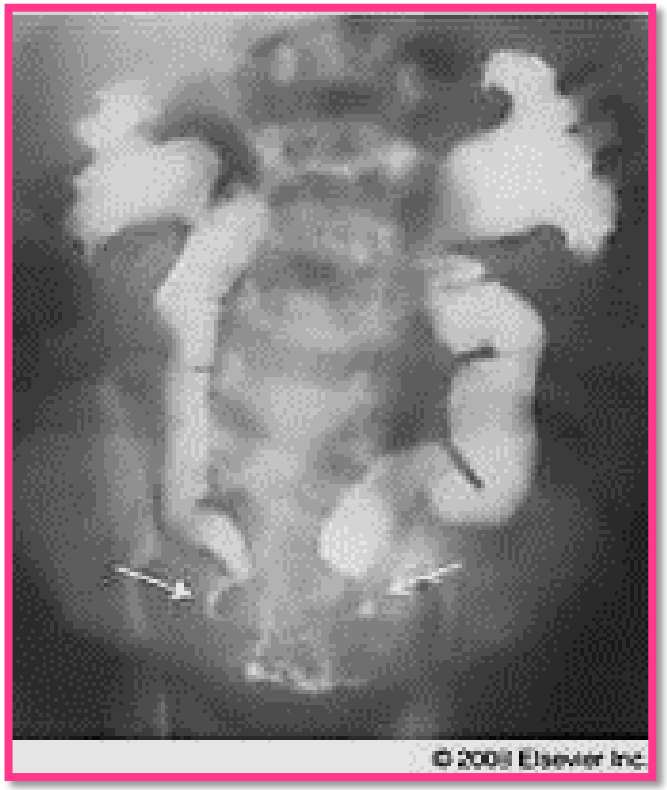
3. **What's the tt in this case?**
   Vitamin D with Ca+ supplement.



Q.28:

1. **What's the name of this test?**
   VUCG or MCUG.

2. **What's your next test?**
   DMSA scan.



Q.29: 10 YO male pt.

1. **What's this x-ray sign?** Sun-ray or Hair-on-end appearance.
2. **What does it indicate?** Chronic hemolytic anemia.
3. **What other 2 findings in the face you look for?**
    1) Frontal possing.
    2) Protruded maxilla.

Q.30: A 6 YO child, previously healthy, started to complain from fever, SOB & shoulder pain 6 days ago.

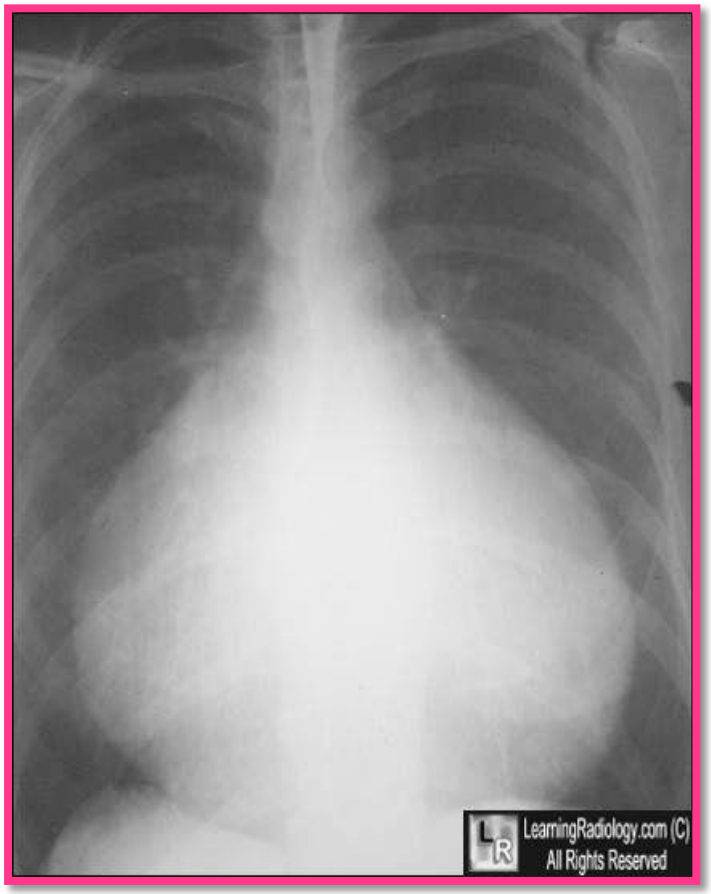
1. **What's the Dx?**

   Pericardial effusion.

2. **Mention 2 things you'll hear by auscultation.**

   Friction rub, Muffled heart sounds.

   Others: distended neck veins, hypotension.



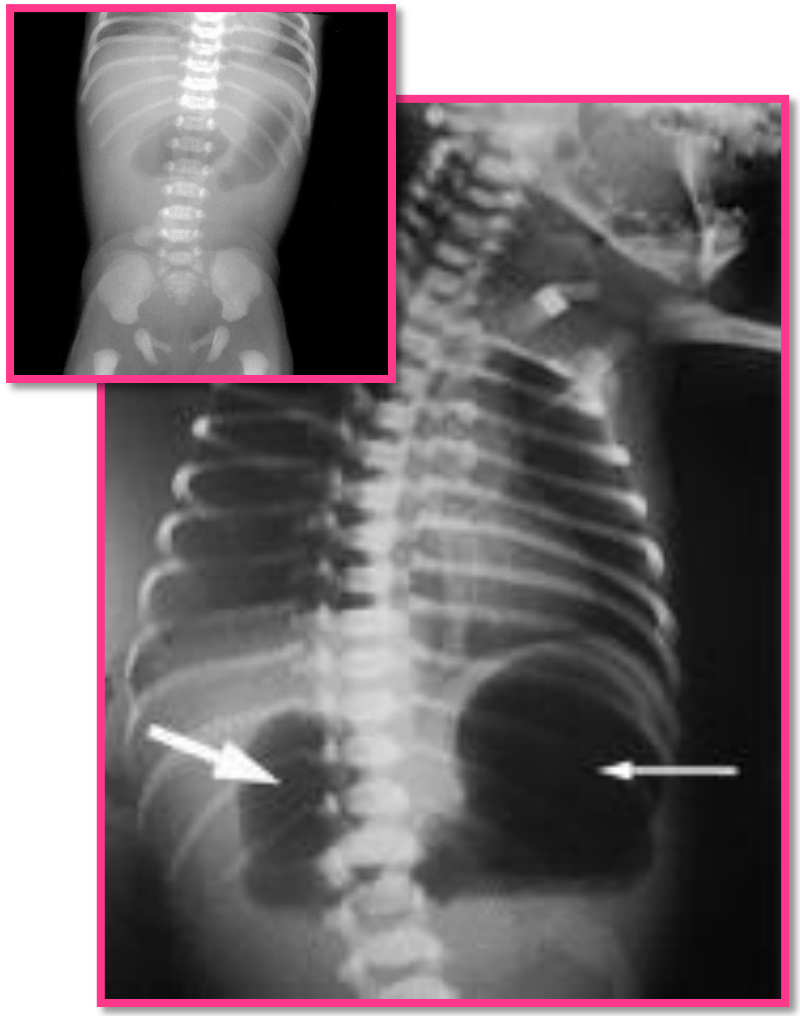
Q.31:

1. **What's this sign?**
   Double-bubble sign.

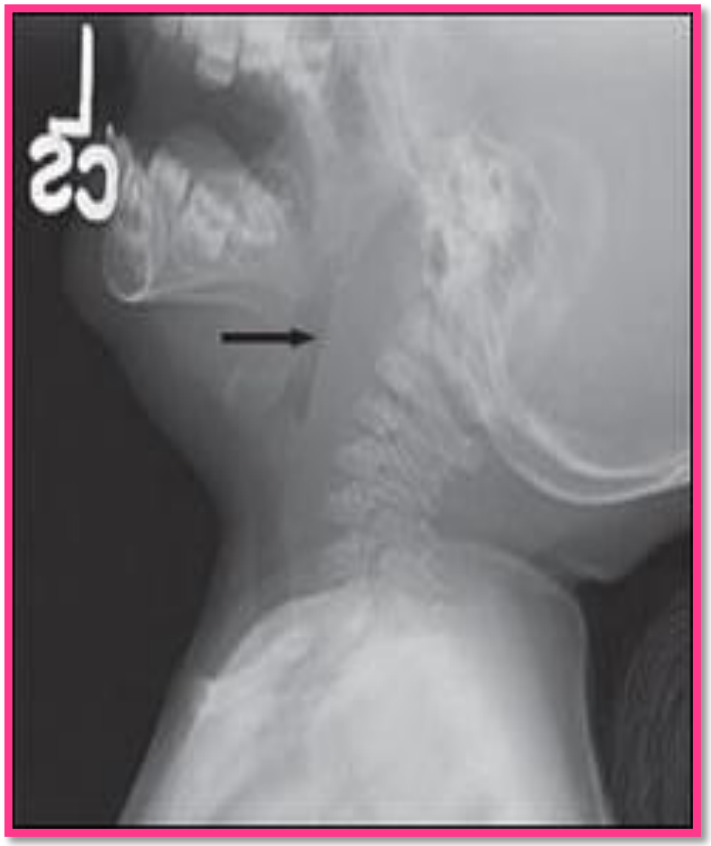
2. **What's the most probable Dx?**
   Duodenal Atresia.

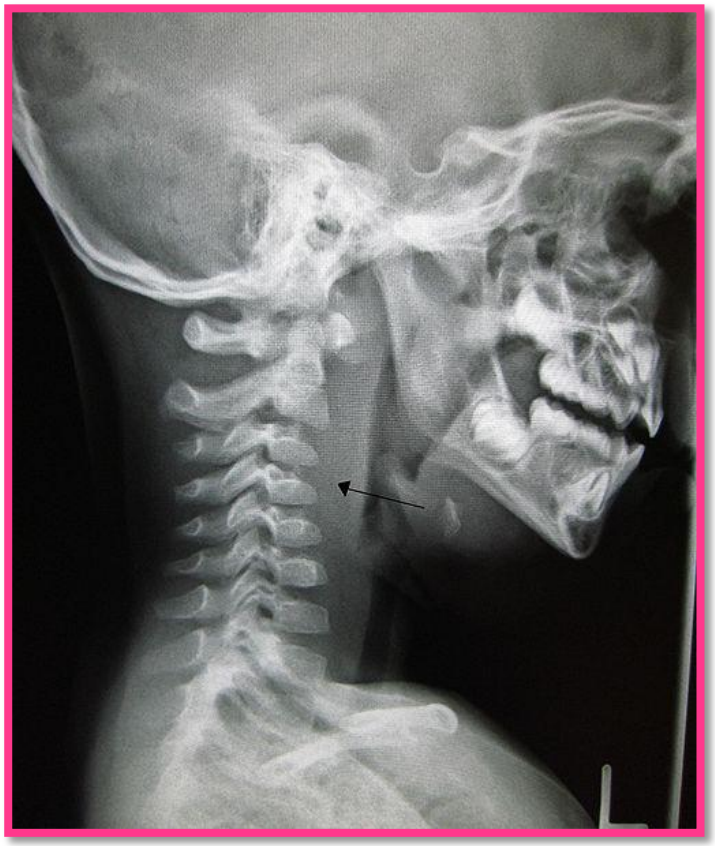
3. **What other signs do you expect on examination?**
   Abdominal distension, Jaundice.

4. **What would be the typical presentation?**
   Bilious vomiting after the 1st feed.



Q.32: Child with acute stridor.



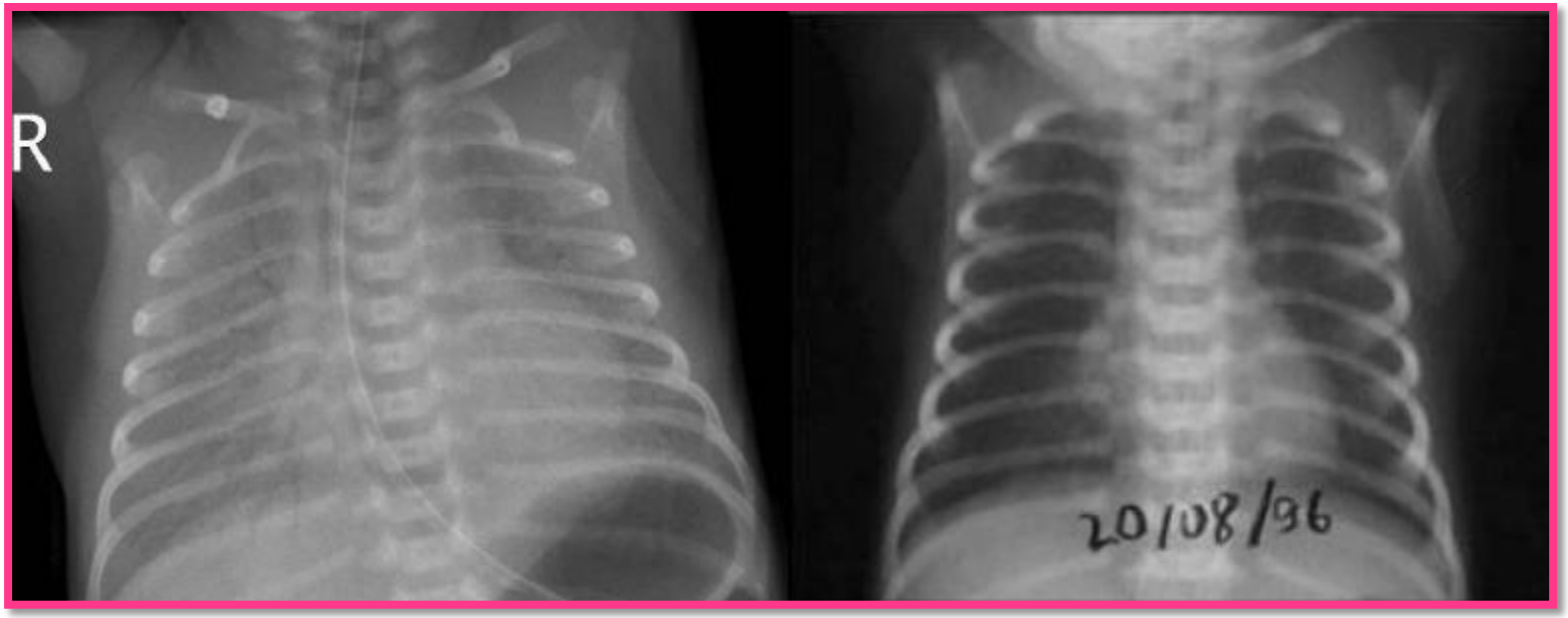


1. **What's the abnormality?**

   Increased or swelling of the retro-pharyngeal space.

2. **What's your Dx.?** **Retropharyngeal Abscess.**
3. **What's the tt?** IV antibiotics & drainage.
4. **What's the most serious complication for this condition?** Mediastinitis.

Q.33: CXRs for a premature newborn with respiratory symptoms. The 2nd is after receiving tt.



1. **What's the management he received?** Surfactant.
2. **Mention 2 radiological signs.**
    1) Ground glass appearance.
    2) Air bronchogram.

Q.34:

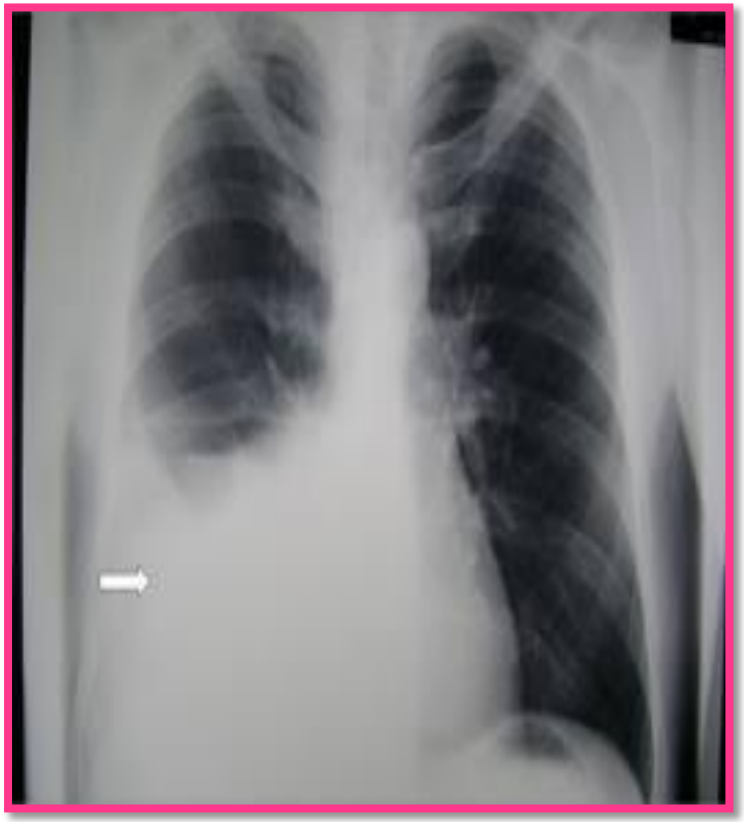
1. **What's your Dx?** Rt. sided pleural effusion.

2. **Give 2 findings in the chest exam (not by auscultation).**
   1. Stony dull percussion.
   2. Decreased chest expansion on Rt. Side (on palpation).
3. **Give auscultation findings.**

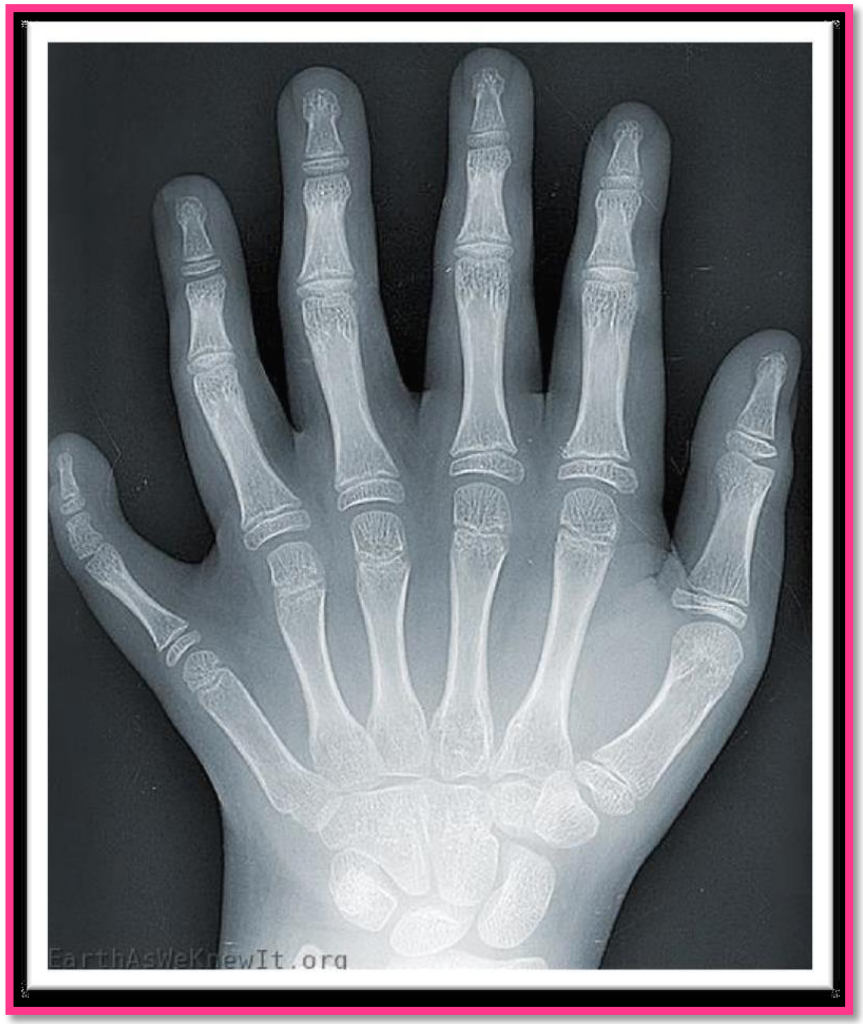
   Diminished vesicular breathing on Rt. Side.

4. **What's the tt?**

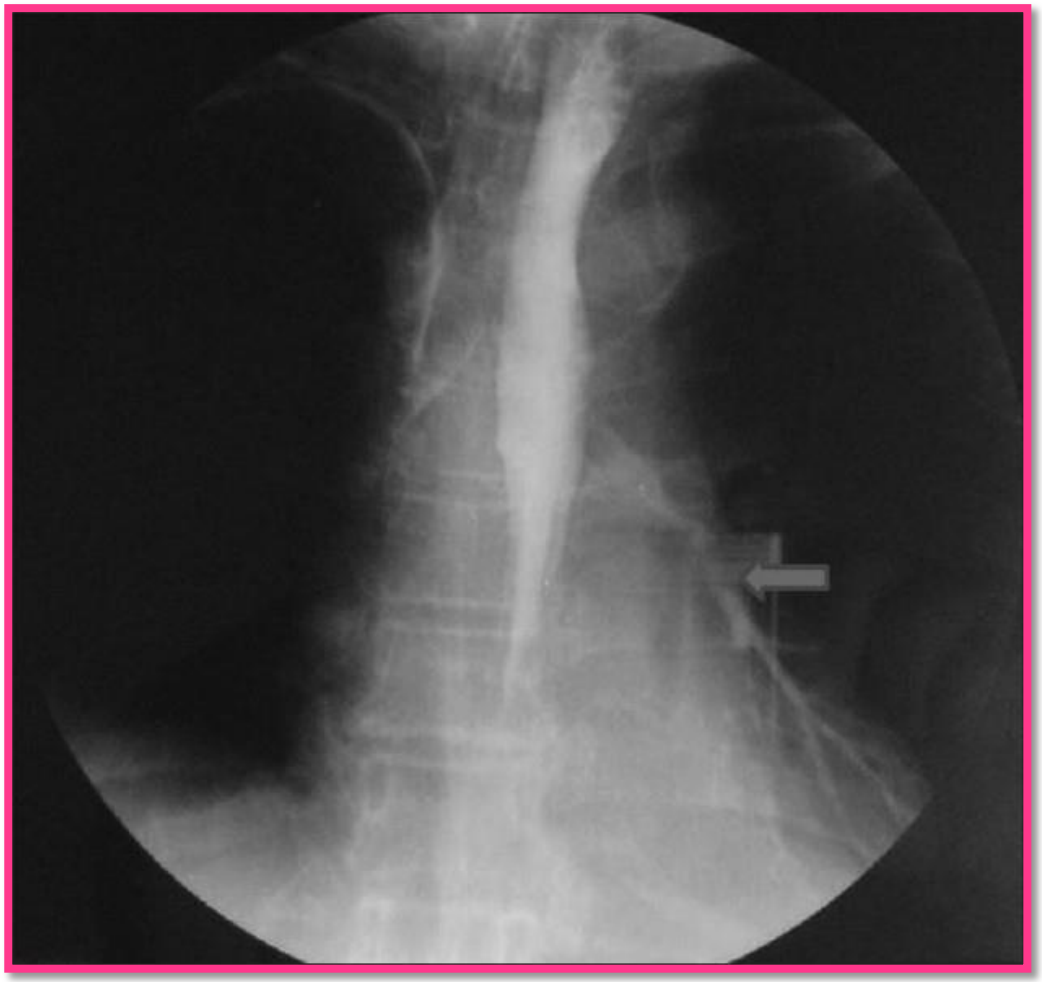
   Chest tube, Antibiotic.



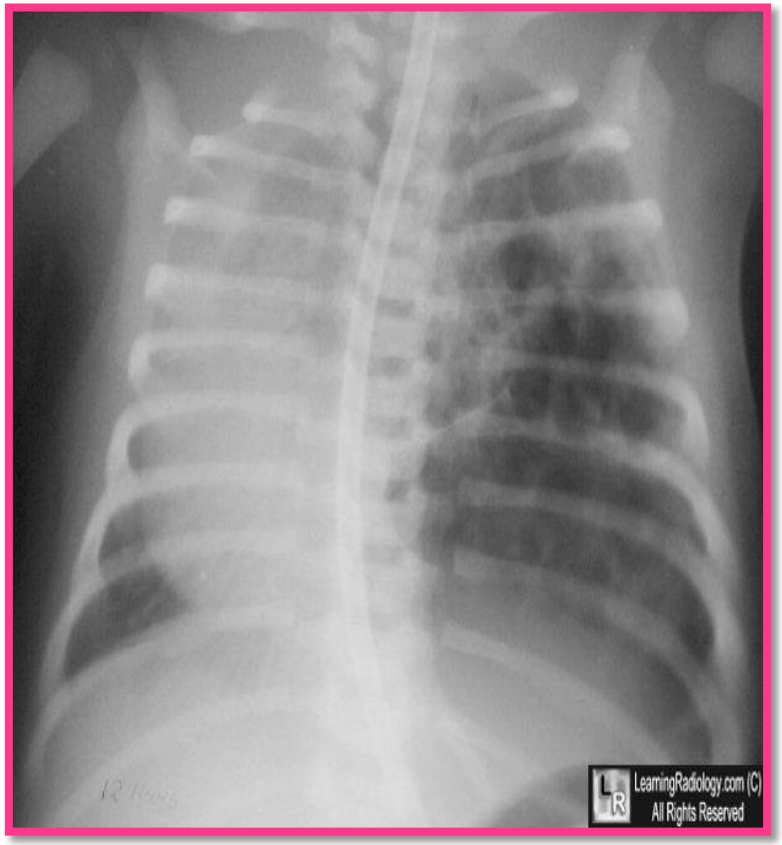
Polydactyly



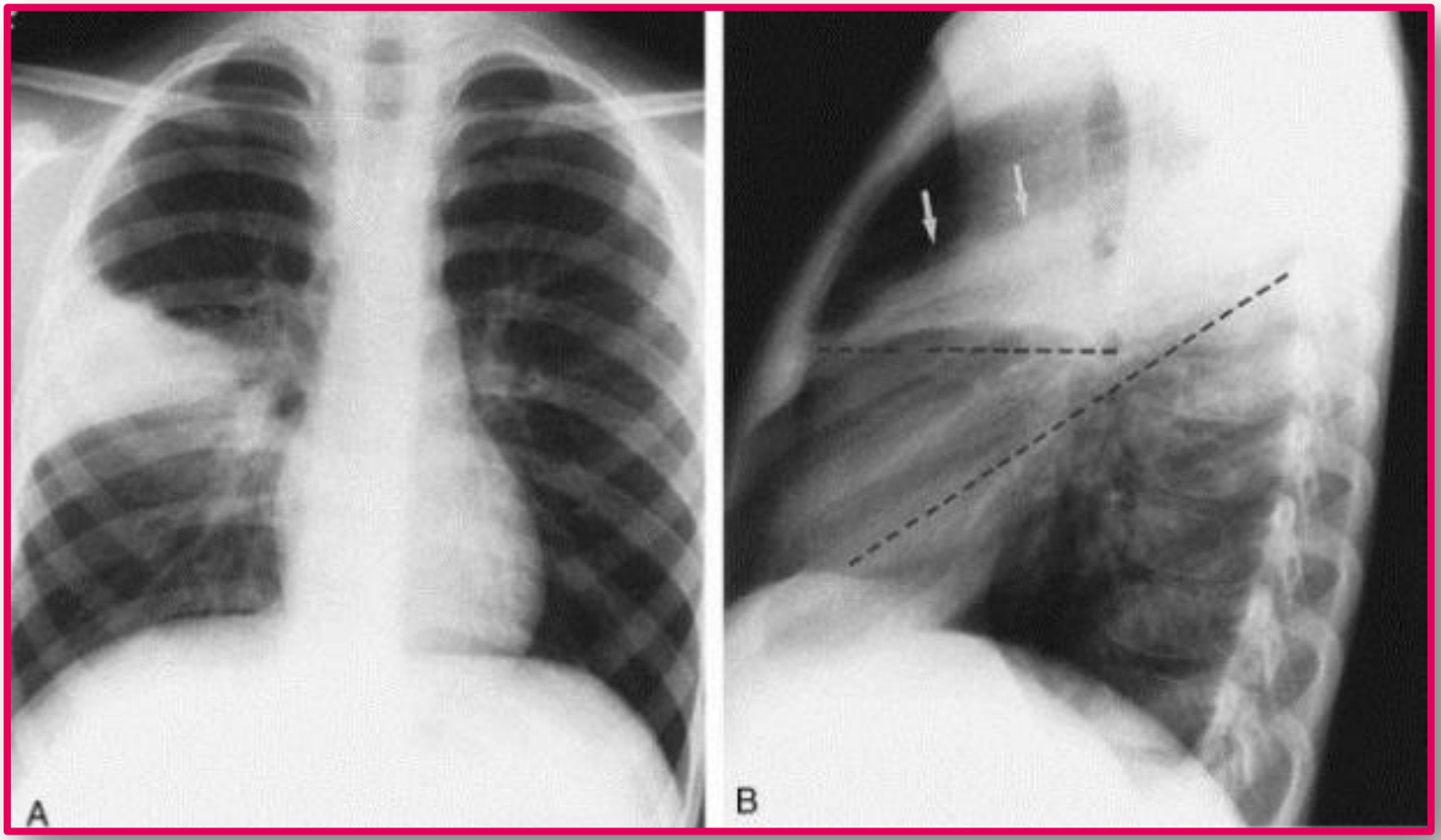
X-ray of barium swallow.
Dx.= TE Fistula (tracheo-esophegeal)



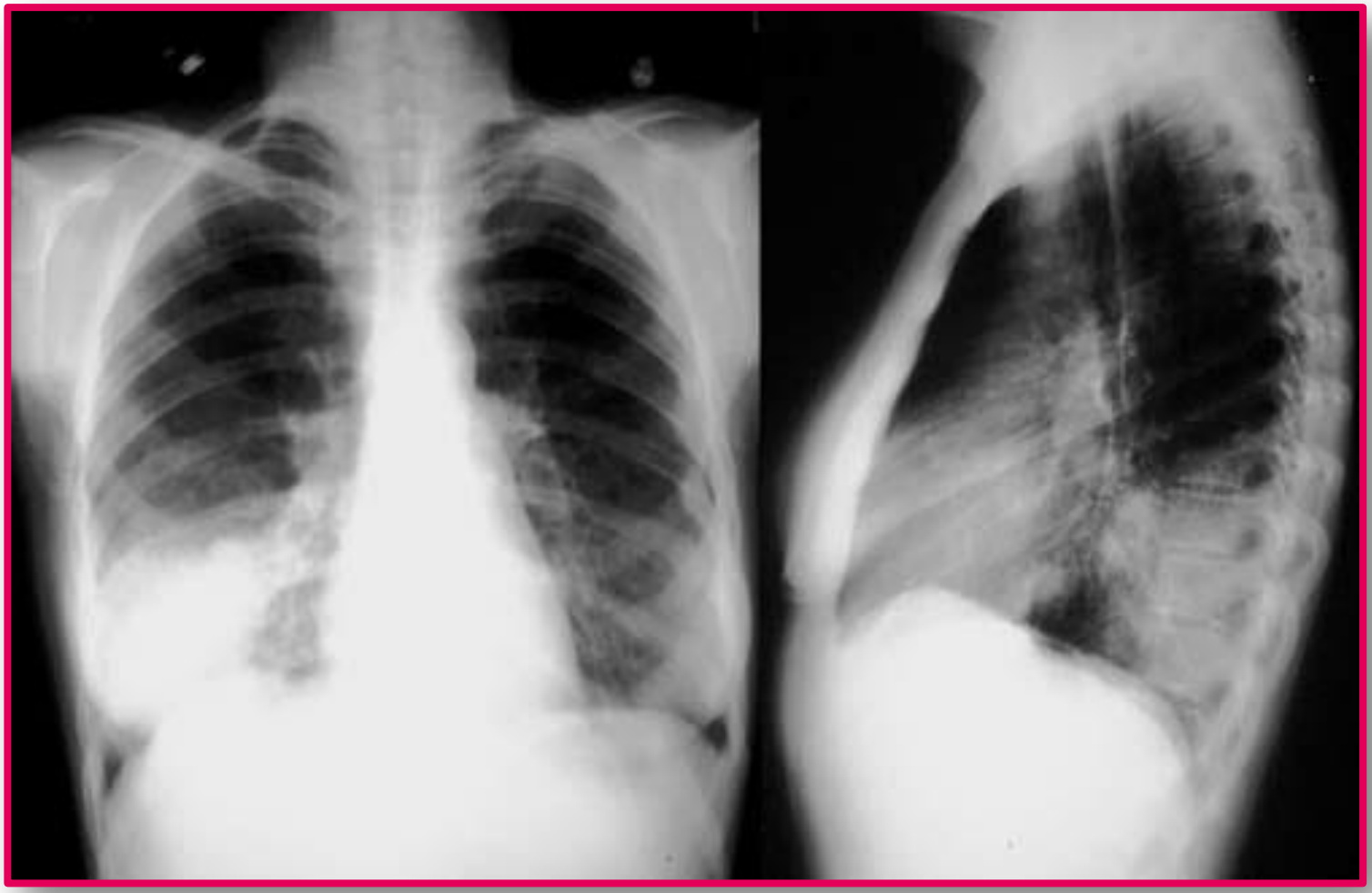
Dx.: Cystic Adenomatoid Malformation!



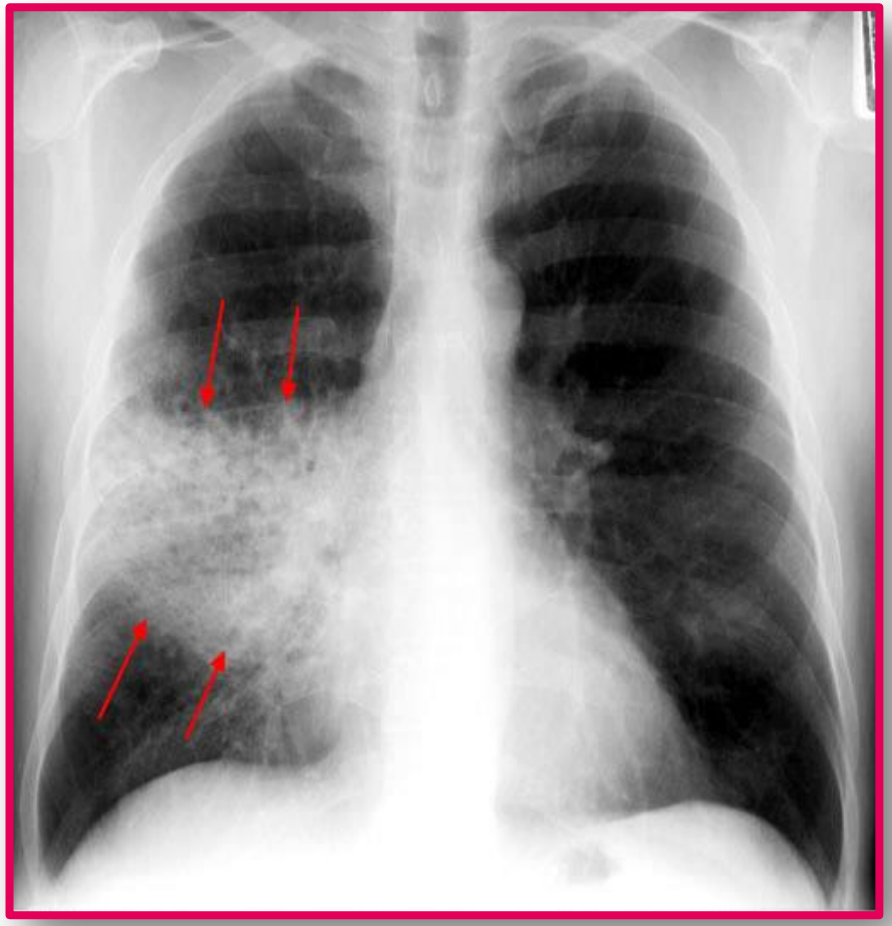
Dx.: Rt. Upper lobe pneumonia

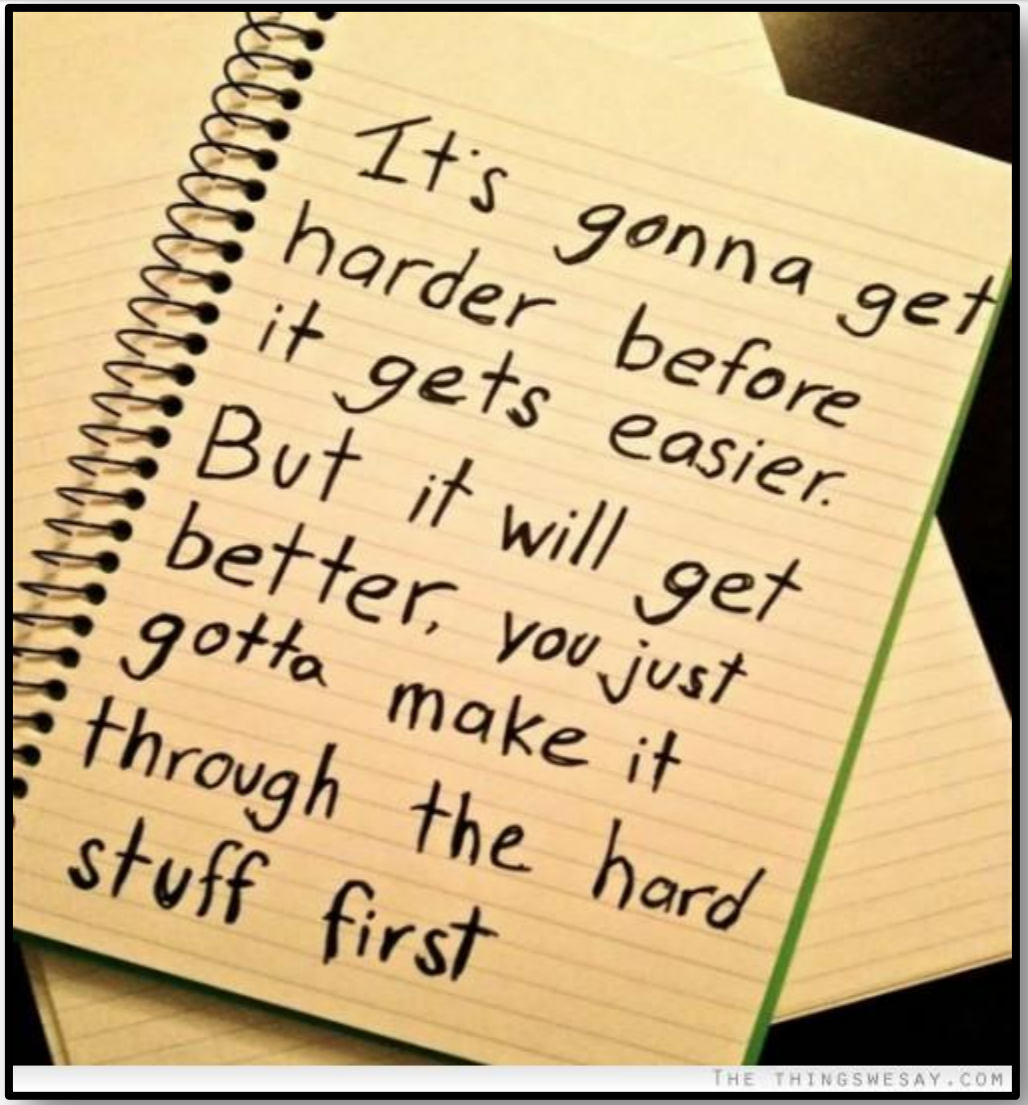


Dx.: Rt. Lower lobe pneumonia



Dx.: Rt. Middle lobe pneumonia




It's gonna get harder before it gets easier. But it will get better, you just gotta make it through the hard stuff first
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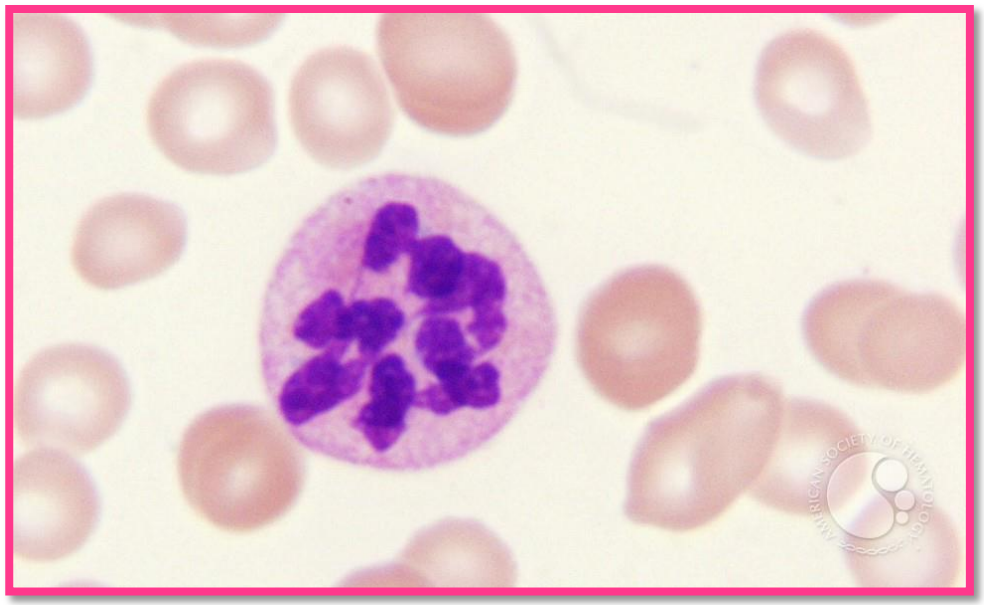
Q.35: Results of Hemoglobin Electrophoresis.

1. **What's your Dx?** Sickle thalassemia.
2. **What do you expect to find in the GI system?**
   Jaundice, Hepatomegaly.

Q.36:



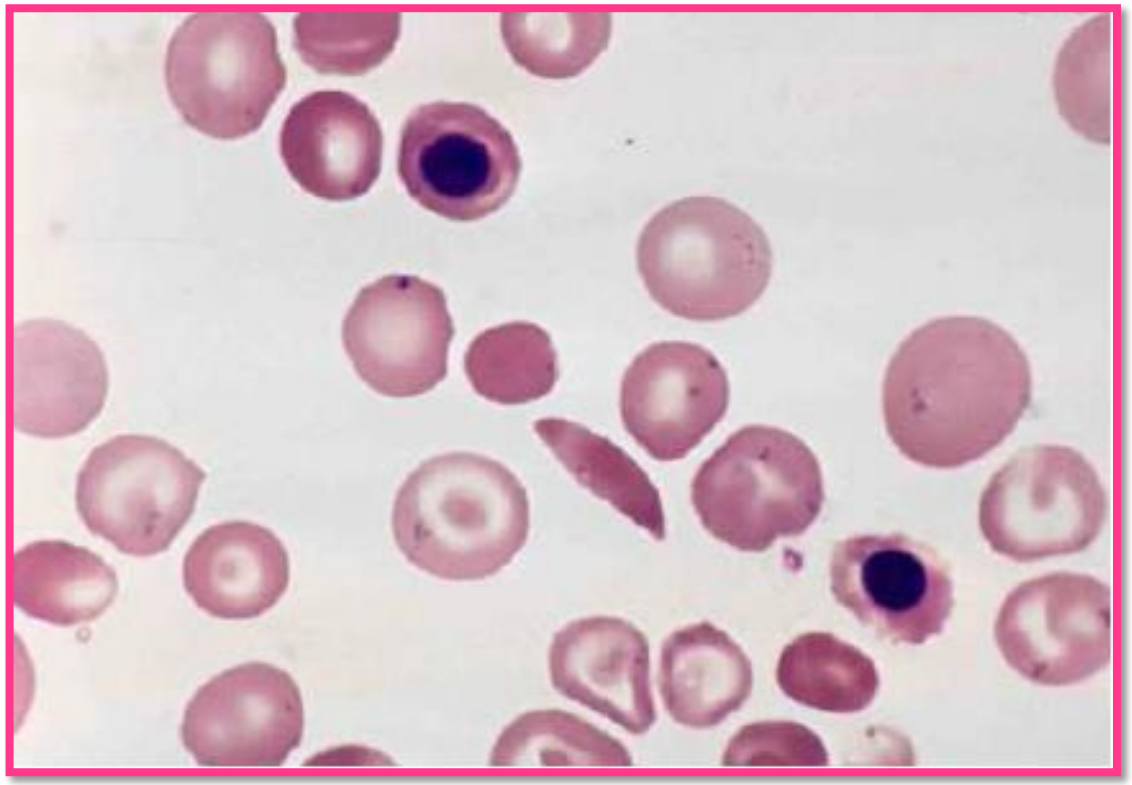
1. **Describe what you see in the picture.**

   Hyper-segmented Neutrophil.

2. **What's this condition?**

   Macrocytic anemia due to Vit.B12 deficiency.

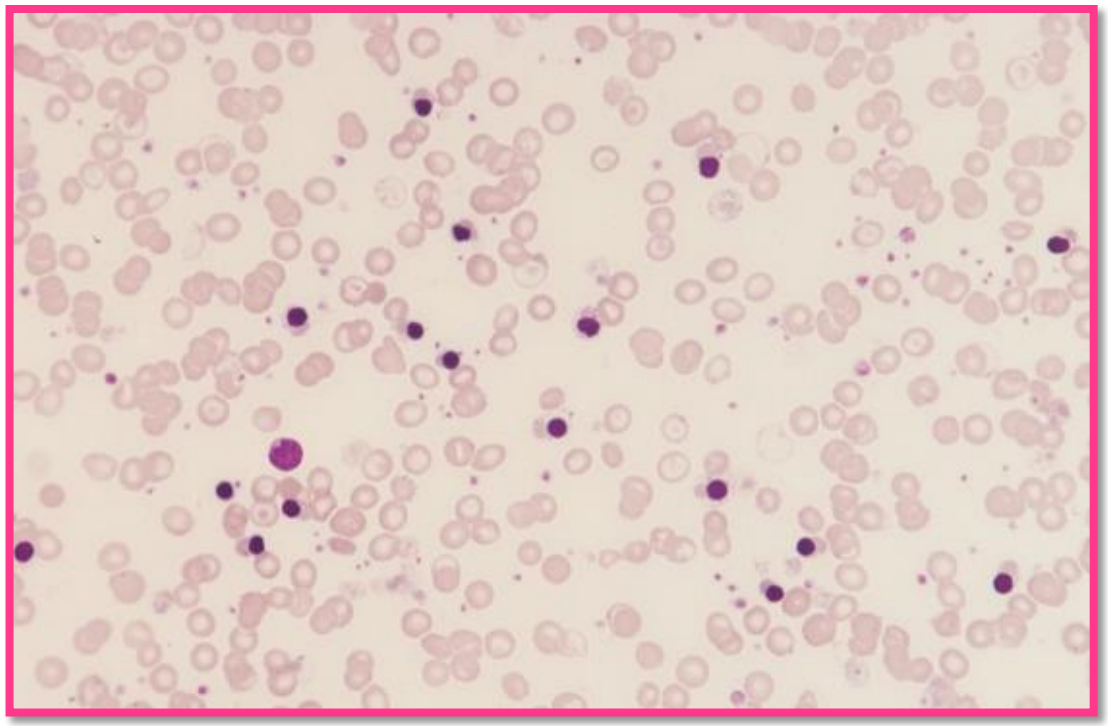
Q.37: Hx. & some findings related to this picture.



- **What's the type of this anemia?**

  Sickle cell anemia.

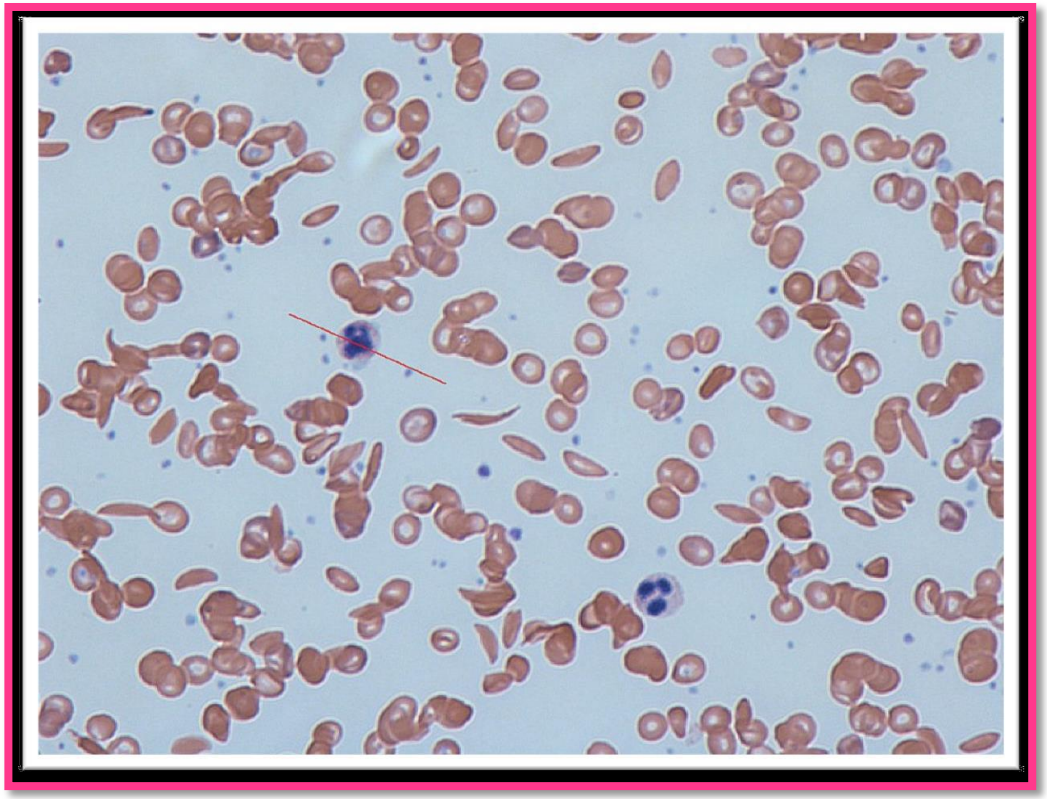
Q.38: Hx. & some findings (low MCV, low MCH, low retics, low platelets).



1. **What's the type of this anemia?** Microcytic Hypochromic.
2. **What 2 investigations you want to order?**

   Hemoglobin Electrophoresis, Ferritin Level.

Q.39:



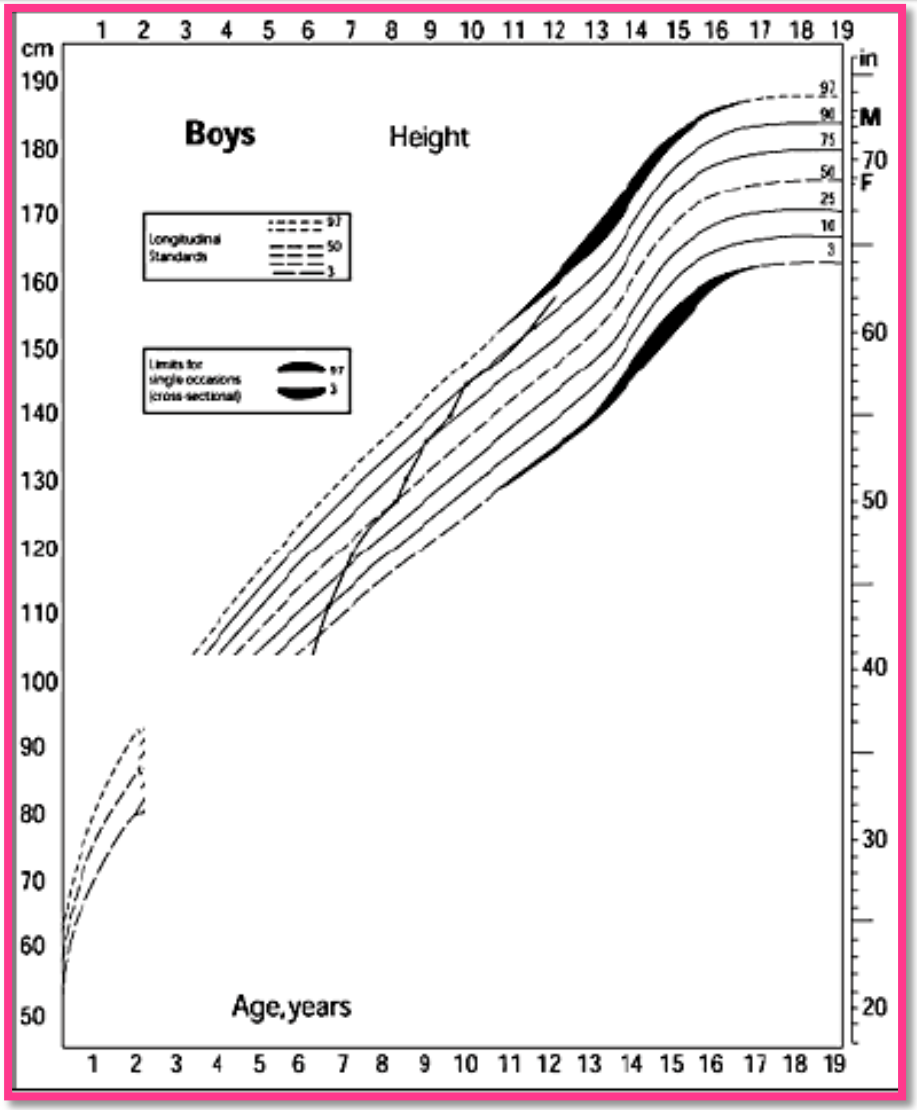
- **What's the next step in investigation?**

  Hb Electrophoresis.

Q.40:

- **What is the cause of the change in the growth of this child at the age of 8 (catch up)?**

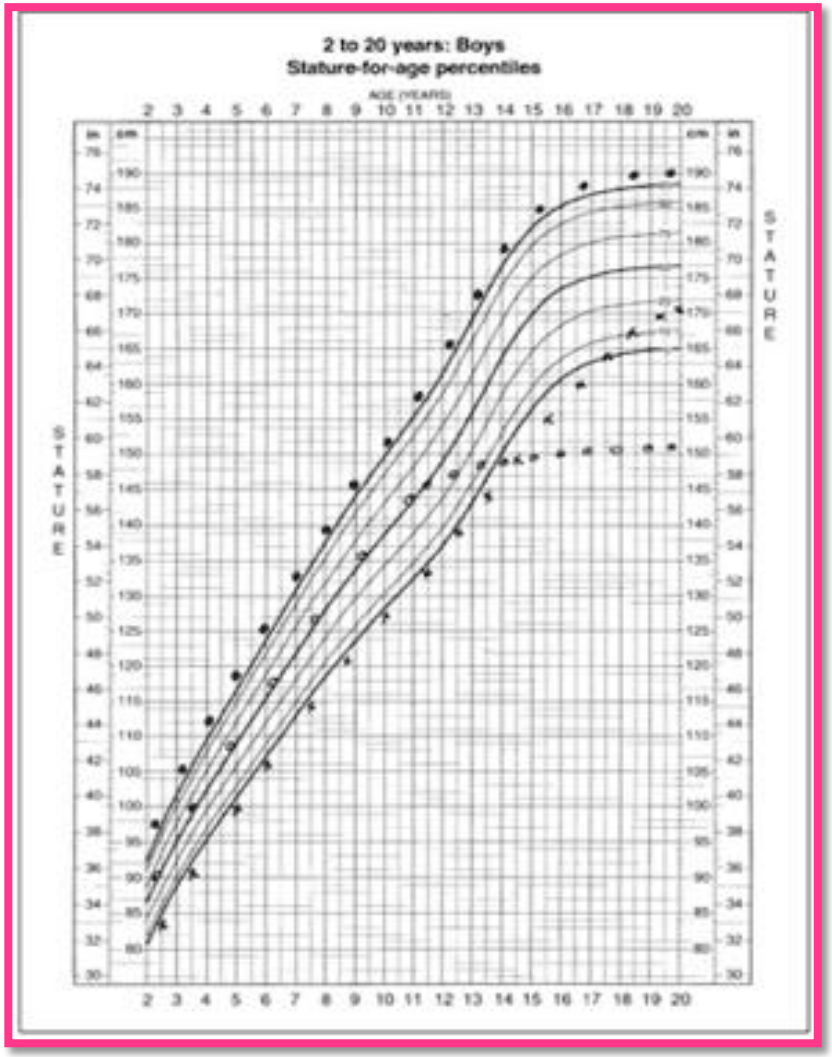
Receiving Growth hormone.



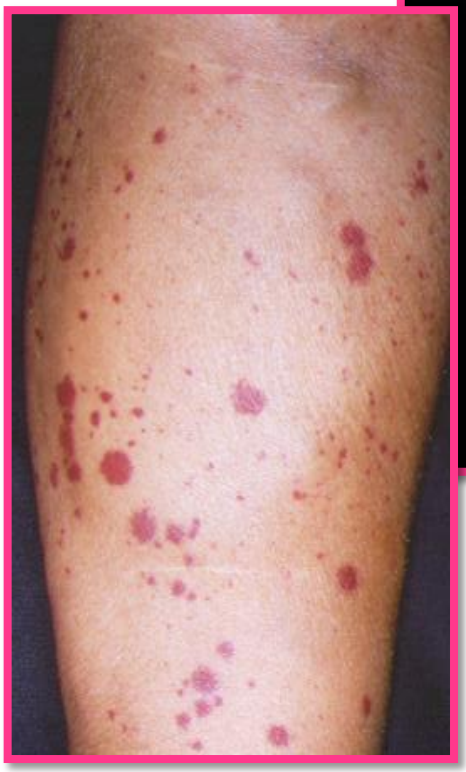
Q.41: A 3 YO boy.

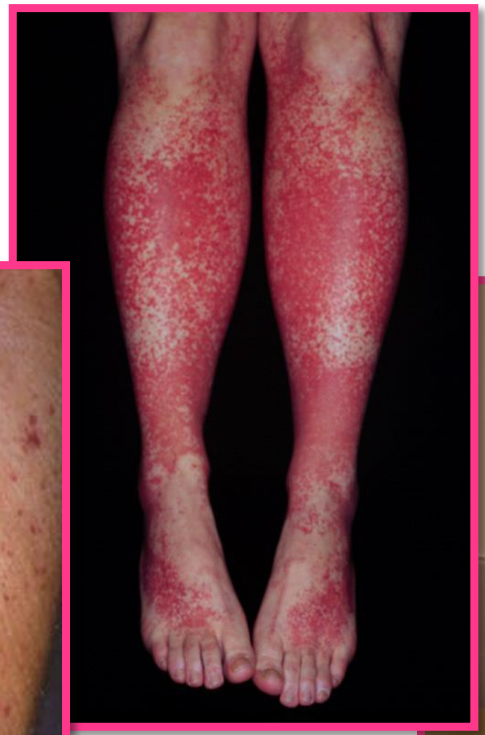
1. What's the 3 abnormalities in this Growth chart?

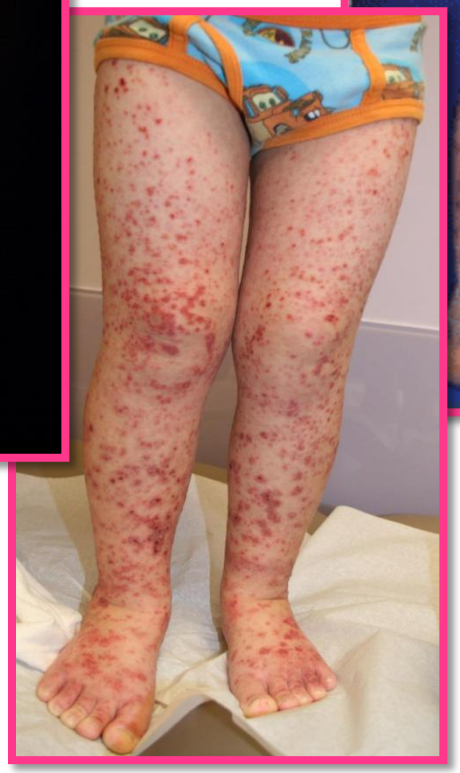
2. What's the most appropriate Dx.?
   Celiac disease.

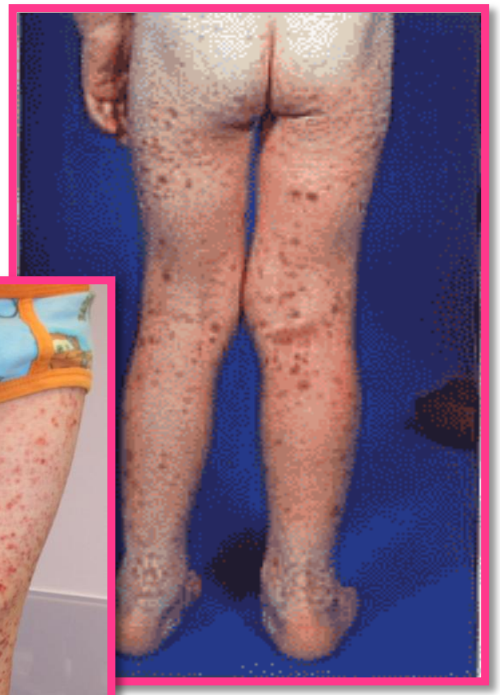


Q.42: A 4 YO child started developing a rash 2 days ago. Purpuric, & non-blanchable. He's afebrile.









1. **What's your Dx.?** Henoch-Schonlein purpura (HSP).
2. **Mention other 3 symptoms.**
   1) Abdominal pain.
   2) Arthralgia.
   3) Renal manifestation (hematuria).
3. **If the pt has a toxic appearance with a rapidly evolving rash. What will be your most probable Dx.?**
   Acute Meningococcemia.
4. **What other body organs you will examine?**
   Joints, abdomen, eyes.
5. **Give 2 important lab tests you will order.**
   KFT, Skin biopsy from the lesion, Urine analysis.

Q.43: A 12 wks baby with bilateral raccoon eyes. He has Hx. of abdominal mass.

1. **What other systems would you like to examine?**
   CNS, Respiratory or GI.

2. **What's the most likely Dx.?**
   Neuroblastoma.

3. **Mention 2 non-radiological investigations to do.**
   VMA, Bone marrow biopsy.

Q.44:

1. **What's this finding?**

   Raccoon eyes.

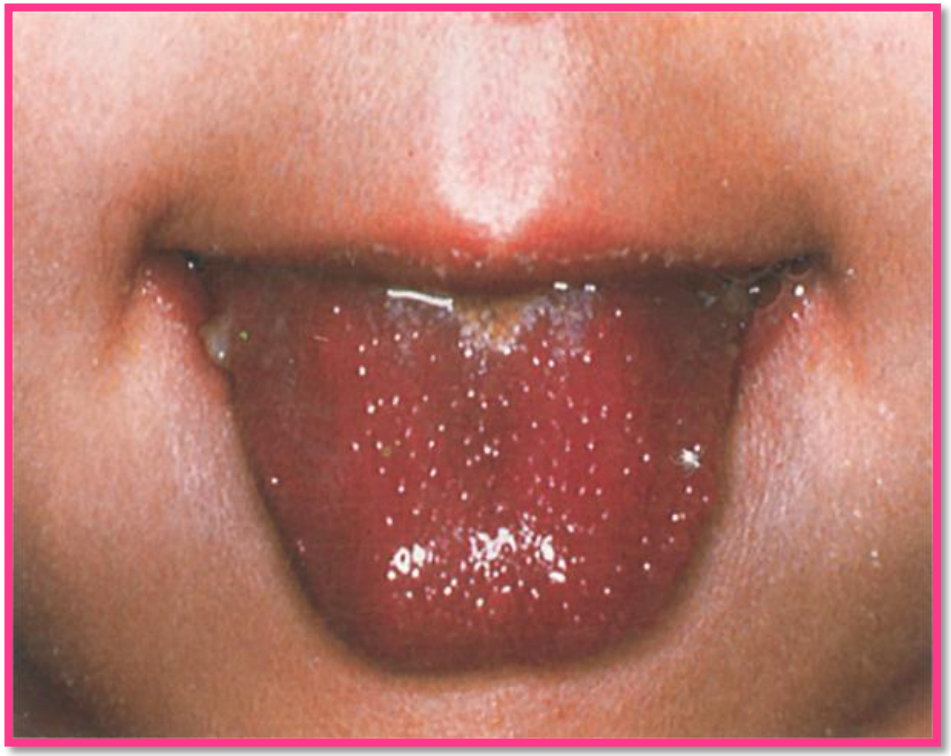
2. **What does it indicate?**

   A closed-head injury that results in a basilar skull fracture.

Q.45:

1. **What's the name of this sign?**
   Strawberry Tongue.

2. **Mention one possible cause.**
   Kawasaki disease,
   Scarlet fever, …

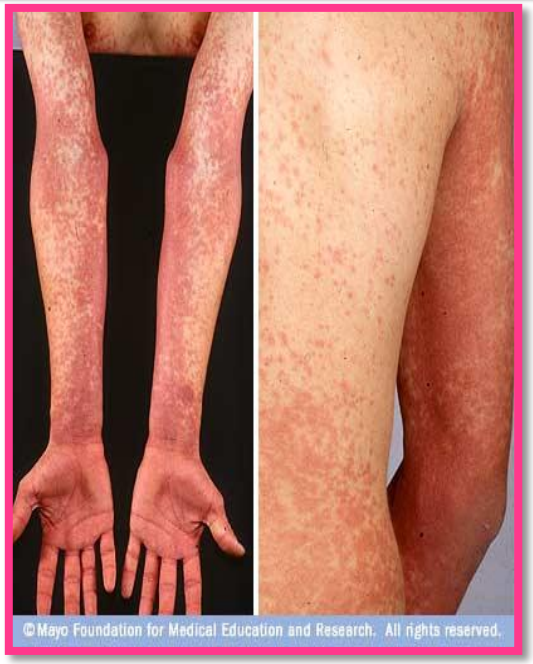


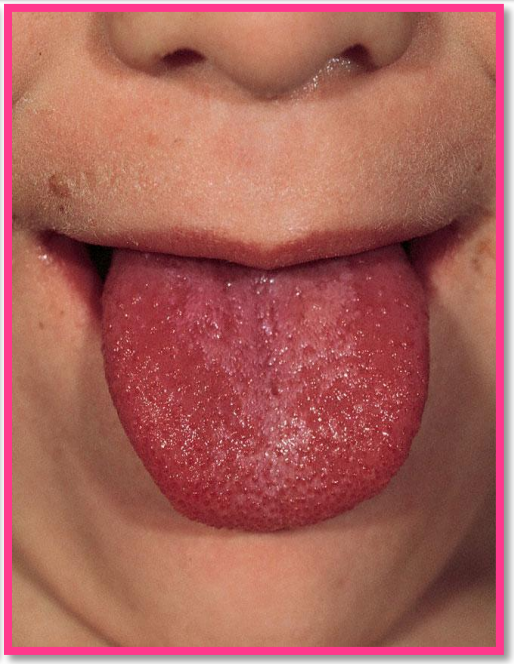
Q.46:

1. **What do we call this on the face of the old girl?**
   Malar Rash.

2. **What's your Dx.?**
   SLE.

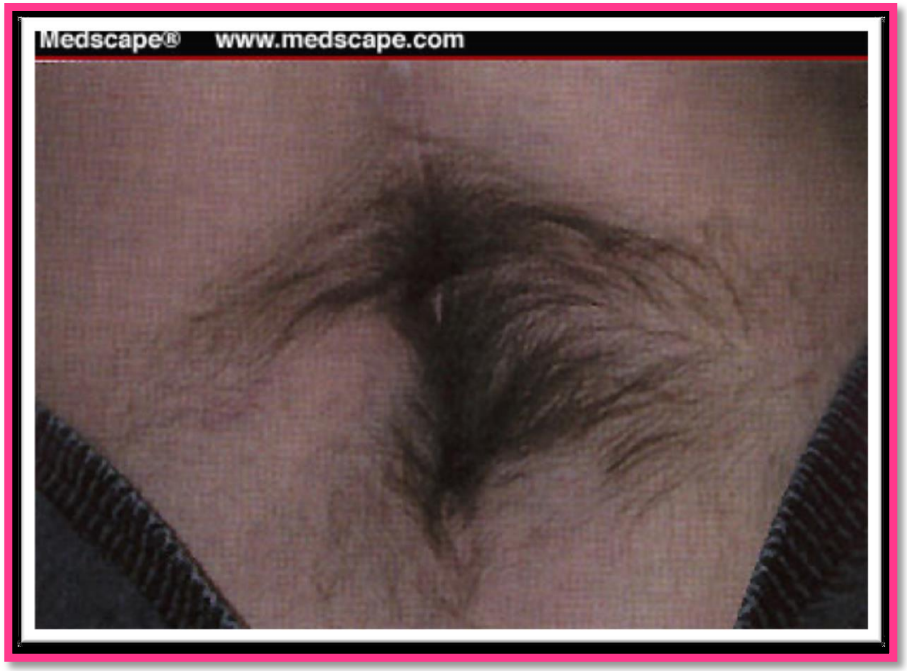
Q.47:





1. **What's the Dx?** Scarlet fever.
2. **What's the tt?**
   Penicillin *(Note; the scarlet fever is caused by streptococcus pyogenes, GABHS)*.

Q.48: A 7 YO pt came with this on his back.



1. **What we will ask as taking Hx.? (2 Q.s)**
   1) lower limb weakness?
   2) urine incontinence?
2. **What investigation you will ask for him?** MRI.

Q.49:

1. **What's this type of tt?** Phototherapy.
2. **What's the mechanism of action in the body?**

   Isomiration of bilirubin to luminrubin to excrete it out of the body in Urine.

Q.50:

1. **What's the name of this machine?** Incubator.
2. **Mention 2 functions for it.**
   1) Thermoregulation.
   2) Isolation from infections.

Q.51:

- **In this figure, What are the indications of these Numbers?**

99: O2 saturation.
82: Pulse Rate.

Q.52:

- **Where is the end of this?**
  Stomach.

Q.53:

- **This procedure is used to rule out what?**

  Meningitis or CSF infection.

Q.54: Pic. Was for infant with a tube inserted next to the nipple.

1. **What is this tube?**

   Hickman's or central venous line or dialysis line.

2. **What is it used for?**

   1) Give antibiotic for a long period of time.
   2) TPN.
   3) Chemotherapy.
   4) Dialysis.

Q.55: 6 YO child with this scar on his abdomen (more clear pic.).

- **What vaccines would you like to give him?**

Post splenectomy pt should receive Pneumococcal vaccine or Meningococcal vaccine.

Q.56: This child presented with Hydrocephalus. This device is to decrease the intracranial pressure.

1. **What is this device?** External Ventricular Drain (EVD).
2. **Mention one indication to use it.**

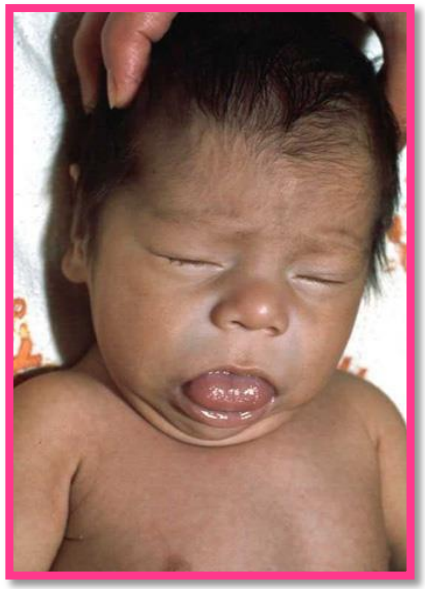
   Infected shunt or obstruction.

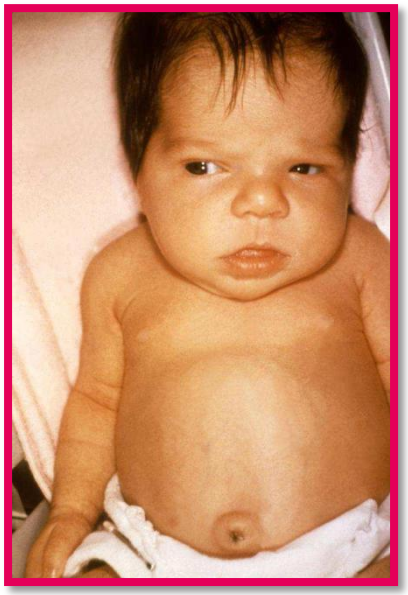
Q.57: Mention 3 moderate side effects for DTP.

The Jordanian National Immunization Program			
Age	Recommended Vaccines		
First Month	BCG		
61 Days	DPT-HBV-Hib	IPV	
91 Days	DPT-HBV-Hib	IPV	OPV
121 Days	DPT-HBV-Hib	OPV	
9 Months	Measles	OPV	
18 Months	DPT	OPV	MMR
6 Years (First Grade)	Td	OPV	
15 Years (10th Grade)	Td		

Seizure, High fever, Non-stop crying (Ref.: CDC.gov)

Q.58: A 1 month old infant presented with Hx. of weak cry & hypo-activity since birth.





1. **Mention 2 signs.** Macroglossia, Umbilical hernia.
2. **What's your Dx.?** Congenital Hypothyroidism.
3. **What lab test you want to do?** TFT (serum T 3,T4, TSH).
4. **What's the expected result?** High TSH & low T3 & T4.

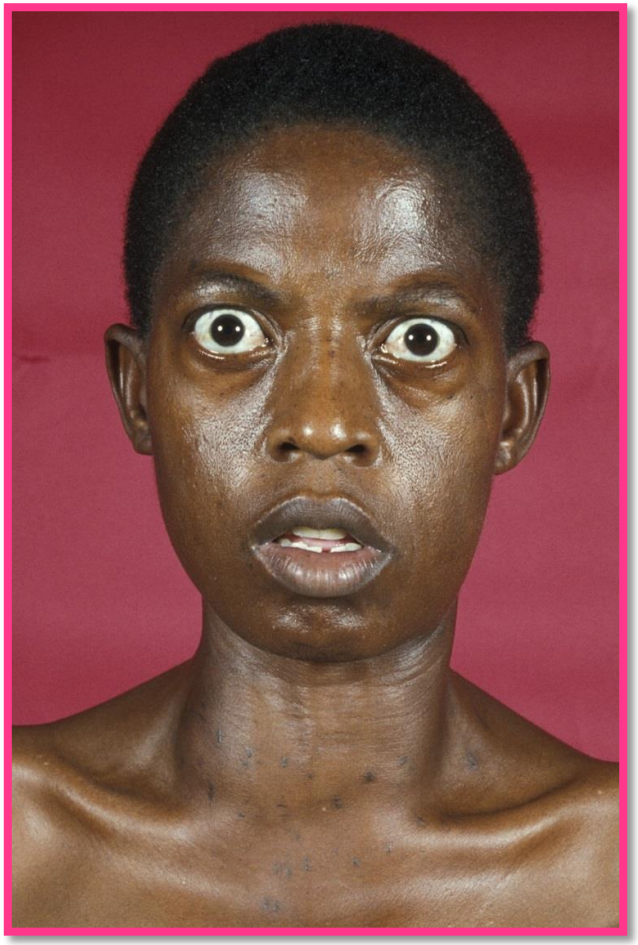
Q.59: A 12 YO female. Hx of wt. loss & diarrhea for 2 months. Heart rate = 130

1. **What's the abnormality in the picture?**

   Exophthalmous, Neck mass.

2. **Name 2 other findings in examination.**

   Tachycardia, hand tremor, led retraction & lag.



Q.60:

Pt with Biliary atresia & liver failure. There was a Na, K, Mg, Ca, PO4 & ALP values, everything was normal except the ALP was high.

What is your Dx?

Q.61: ABG results for a pt with chronic renal failure, on diuretic therapy.

pH= 7.57, CO_2= 42 (Normal), HCO_3= 33 (increased)
K+ (decreased)

1. **What's your Dx?** Uncompensated "1 mark" metabolic alkalosis.

2. **What's the cause in this case?** Diuretic therapy (Hypokalemia).

3. **Give 2 other possible causes.**

   Cystic Fibrosis, Barter Syndrome …

Q.62:

pH = 7.05, PCO_2 = 10, HCO_3 = 5.

1. **What are the abnormalities in this ABG?**

   Partly compensated metabolic acidosis.

2. **What are 2 most common cause of this ABG in pediatrics?**

   DKA, chronic Renal Failure, Diarrhea.

Q.63: ABG results for a child.

pH: 7.22, $PaCO_2$: 60mmHg, HCO_3^-: 27 mEq/L, Base excess: 2 mEq/L.

1. **How do you read this ABG?**

   Partially-compensated Respiratory Acidosis.

2. **Mention 3 possible causes for that.**

   Any cause of reduced ventilation (GBS, narcotic overdose, MG,…).

Q.64:

A child presented with abdominal pain, & vomiting. ABGs: low pH, low HCO_3, low CO_2, base deficit = -30. (picture of DKA).

1. What's the metabolic finding? Uncompensated metabolic acidosis.
2. Explain this finding.

Q.65:

pH=7.5, Pco2=30, HCO3=22, BE=10

1. **Read this ABG.**
   Non-compensated respiratory alkalosis.

2. **Mention 2 causes.**
   1) Hyperventilation.
   2) Panic attack.
   3) Acute anemia.
   4) Salycelate overdose.

Q.66: Pt presented with exacerbation, managed with salbutamol Neb. & Oxygen.

pH=7.37, Po2= 120, Pco2= 44, HCO3=22

1. **What's your ABG interpretation?**
   Impending respiratory failure.

2. **What's your next step of management?**
   Admission to ICU, Mechanical ventilation.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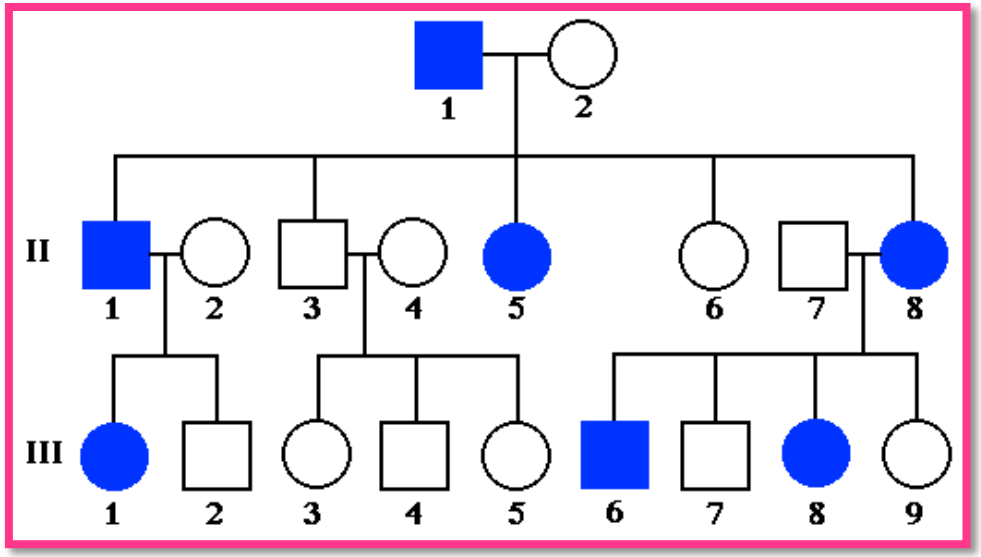
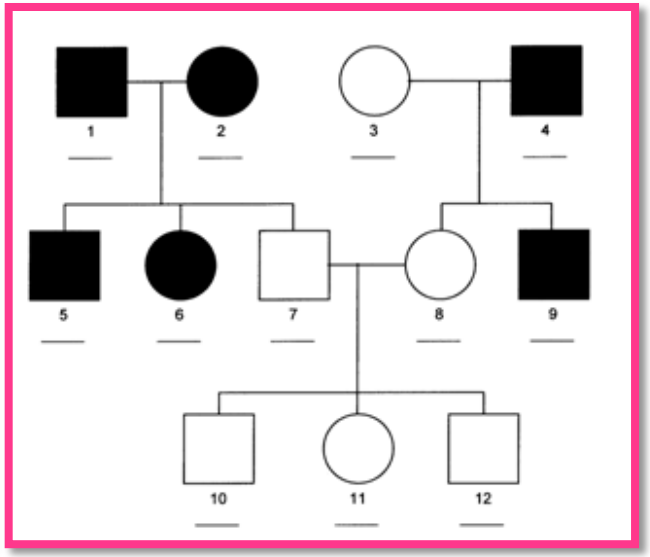
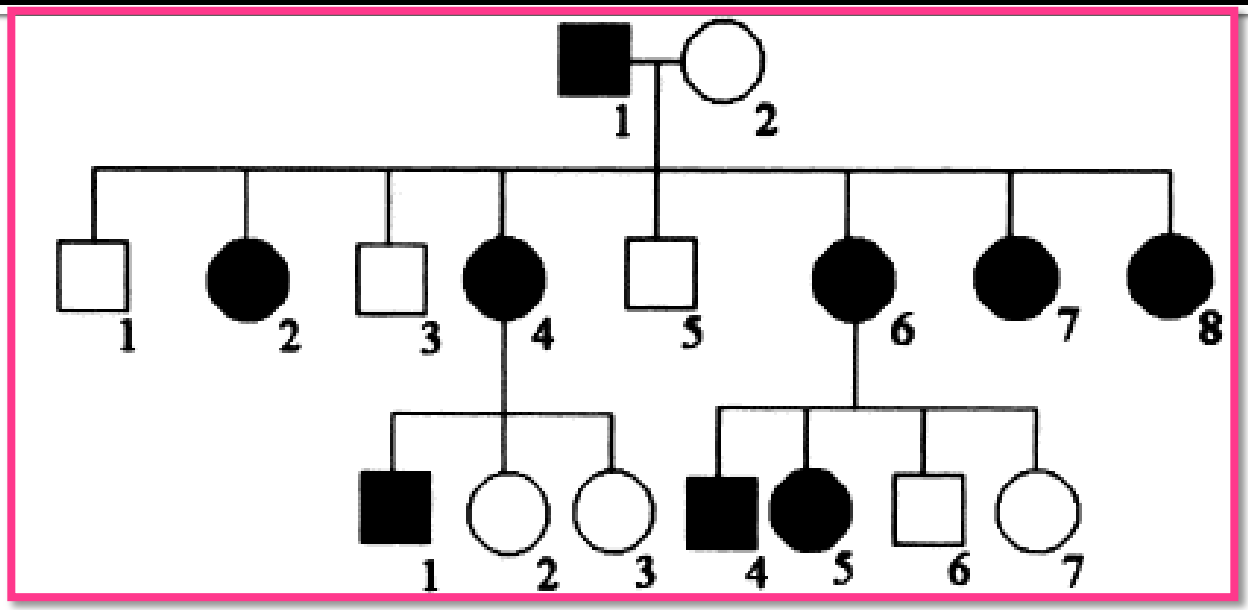
Q.67:





1. **What's the mode of inheritance? AD.**
2. **Give 2 examples.**
    1. Neurofibromatosis-1.
    2. Marfan's syndrome.
    3. Huntington'disease.

Q.68:



1. **What's the type of inheritance?** X-linked Dominant.
2. **Mention one example.**
   Fragile X syndrome, Alport disease, Rett syndrome.

Q.69:

1. **What is the mode of inheritance?**

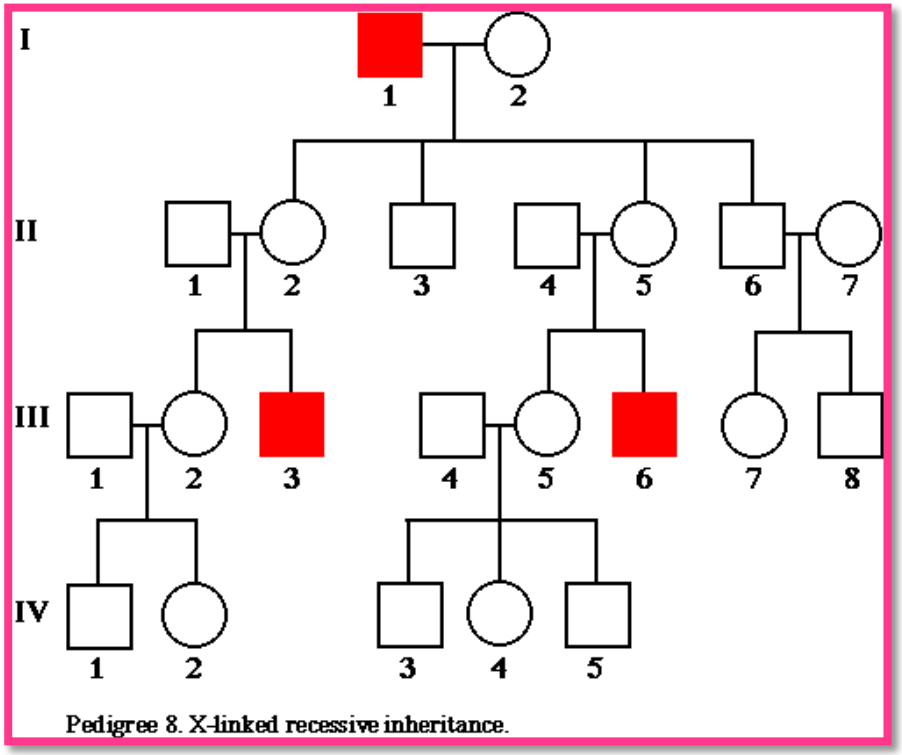
   X-linked recessive.

2. **Give 2 examples.**

   G6PD, Hemophilia A & B.

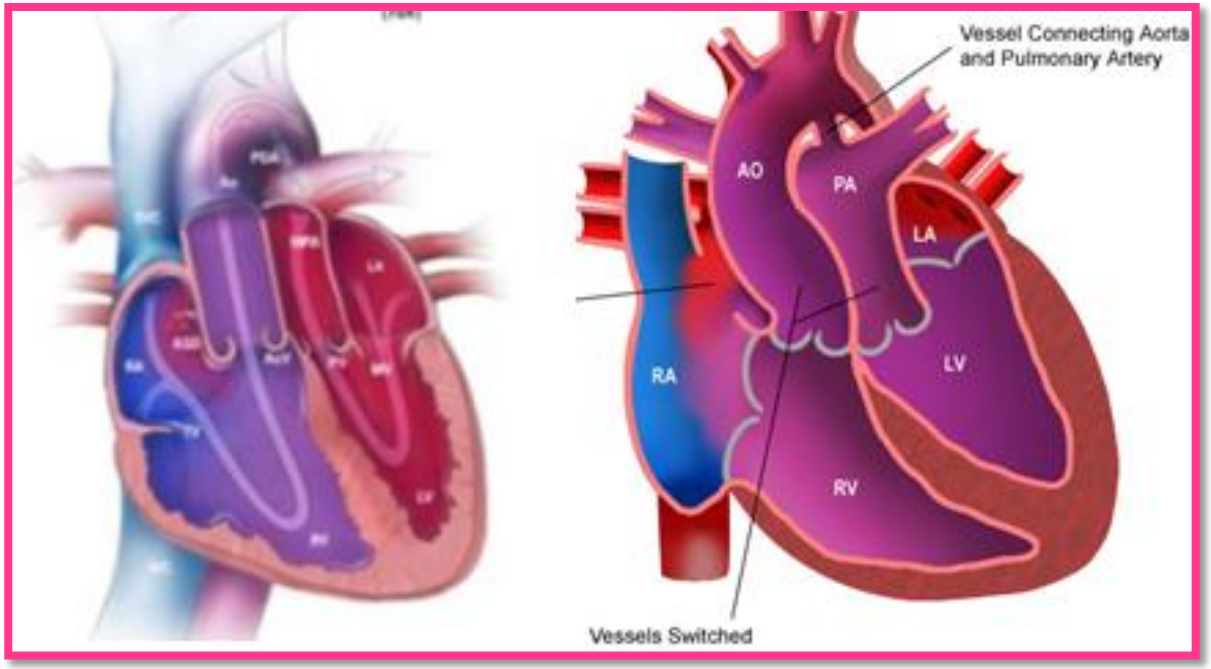
3. **If father was affected, what's the % to have a male with the disease?**

   Zero percent.



Pedigree 8. X-linked recessive inheritance.

Q.70:

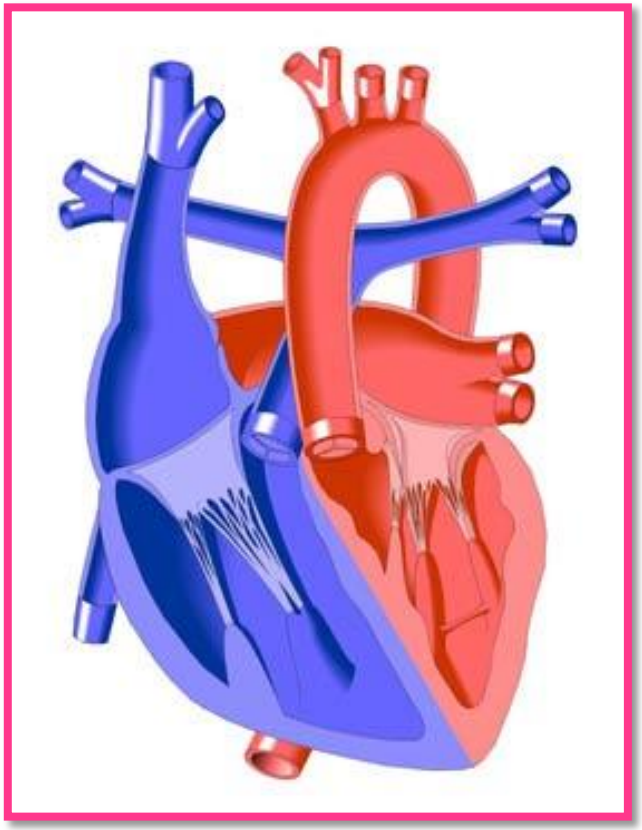


1. **What's your Dx.?** Transposition of great vessels.
2. **What's the most common presentation in neonates?** Cyanosis.
3. **What do you give immediately after birth?** Prostaglandin (PG E1).

Q.71: A cartoon drawing for a 1-day old neonate heart. He was cyanosed, with O2 sat. of 75% & PaO2 = 85 mmHg.

1. **What's the CXR finding?**
   Egg-on-string.

2. **What's the cause of his cyanosis?**
   Two parallel circuits.

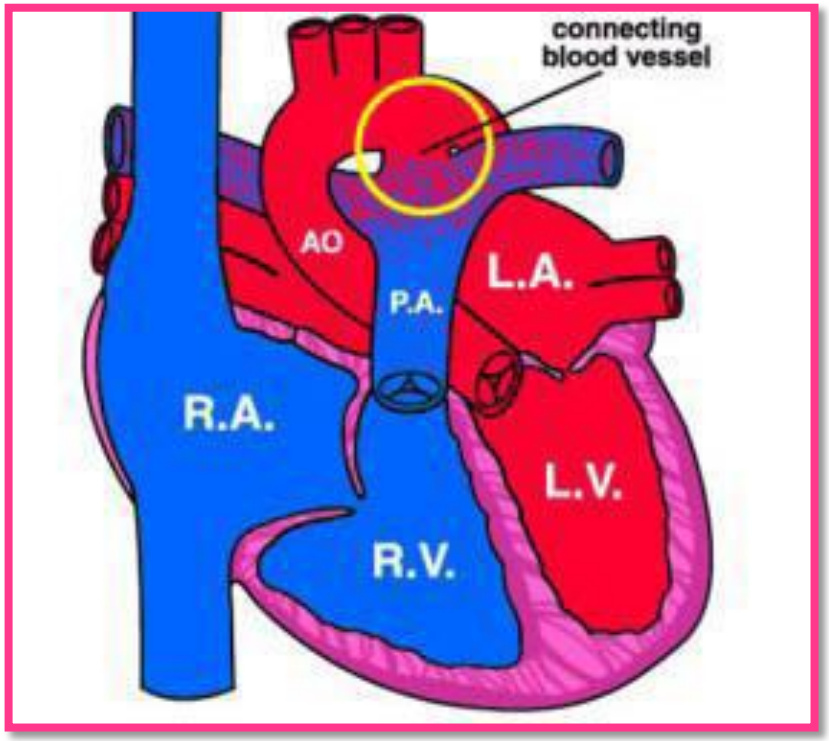


Q.72: A cartoon drawing for PDA with coarctation of aorta.

1. **What's your Dx?**

   PDA.

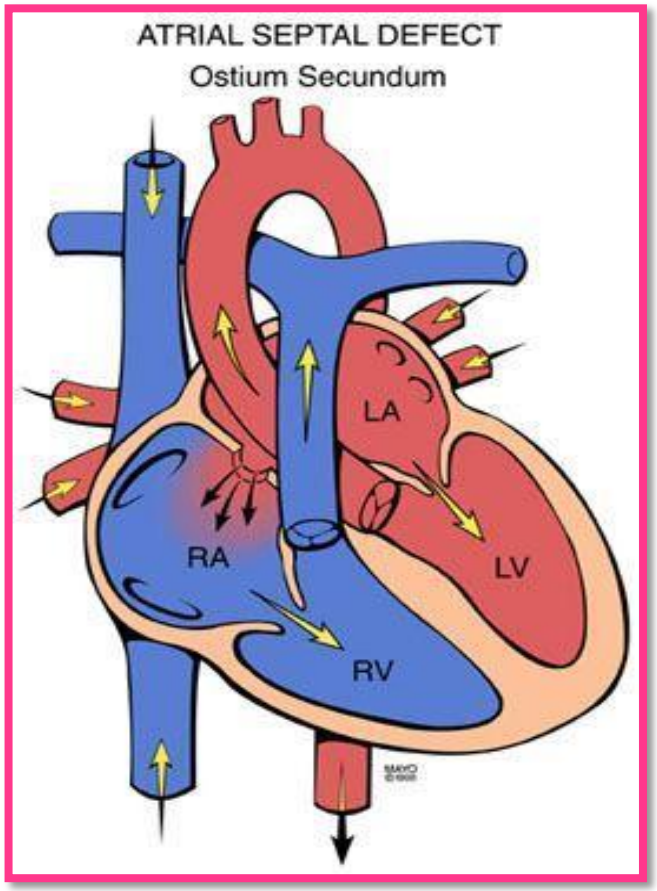
2. **Mention 2 signs on physical exam.**
   1. Hypertension.
   2. Radio-femoral delay.
   3. Machinery murmur at infra-clavicular area.
   4. Bounding pulse.



Q.73: A cartoon drawing for 4 YO healthy boy.

1. **What's this? ASD.**

2. **Give 2 findings upon examination?**
   1. Ejection Systolic murmur.
   2. Fixed splitted S2.

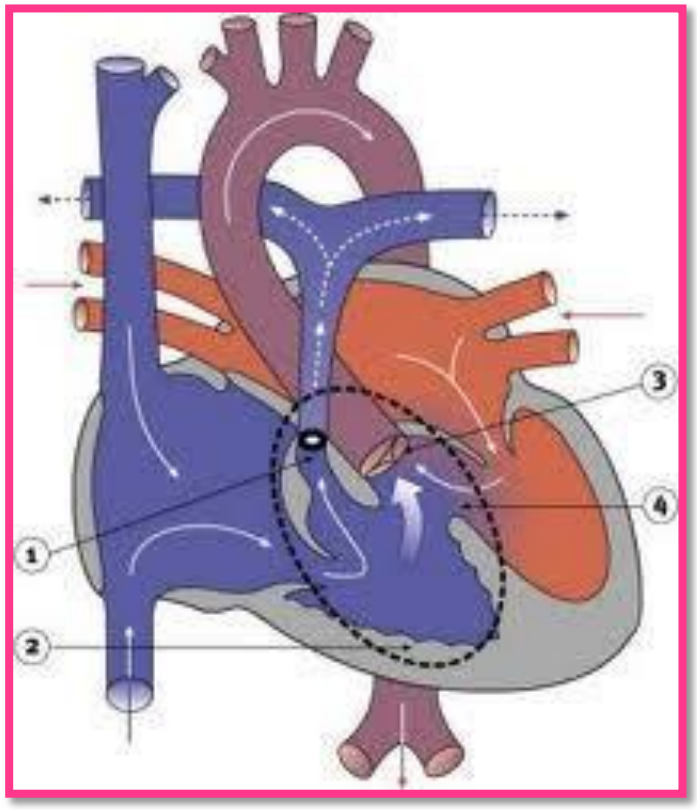


Q.74:

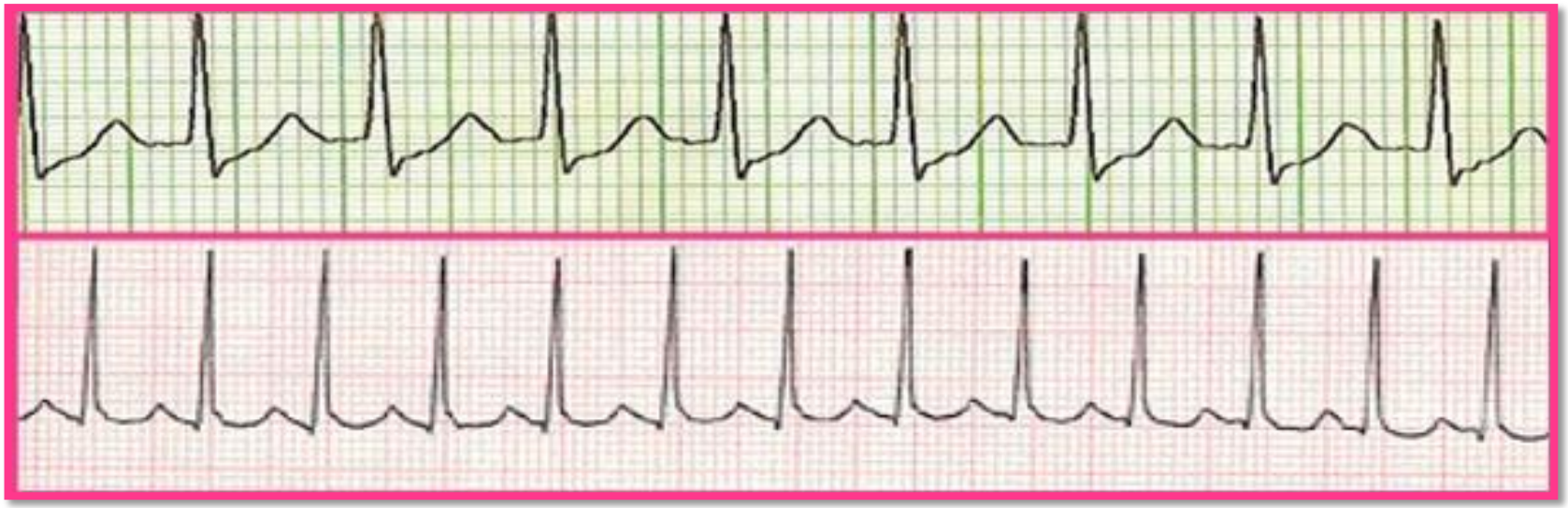
1. **What is the disease?** TOF.

2. **Give 3 findings of CVS physical exam.**
   1. Ejection systolic murmur.
   2. Thrills.
   3. Single S2.
   4. Cyanosis.

3. **Give 2 complications.**
   Clubbing, FTT.



Q.75: A 11 YO male, (Supra-ventricular Tachycardia).



1. **What's the minimum rate for Dx of this condition in infants?** 220

2. **Name 2 drugs used in tt.**
   Adenosine, Amiodarone, Propranolol …

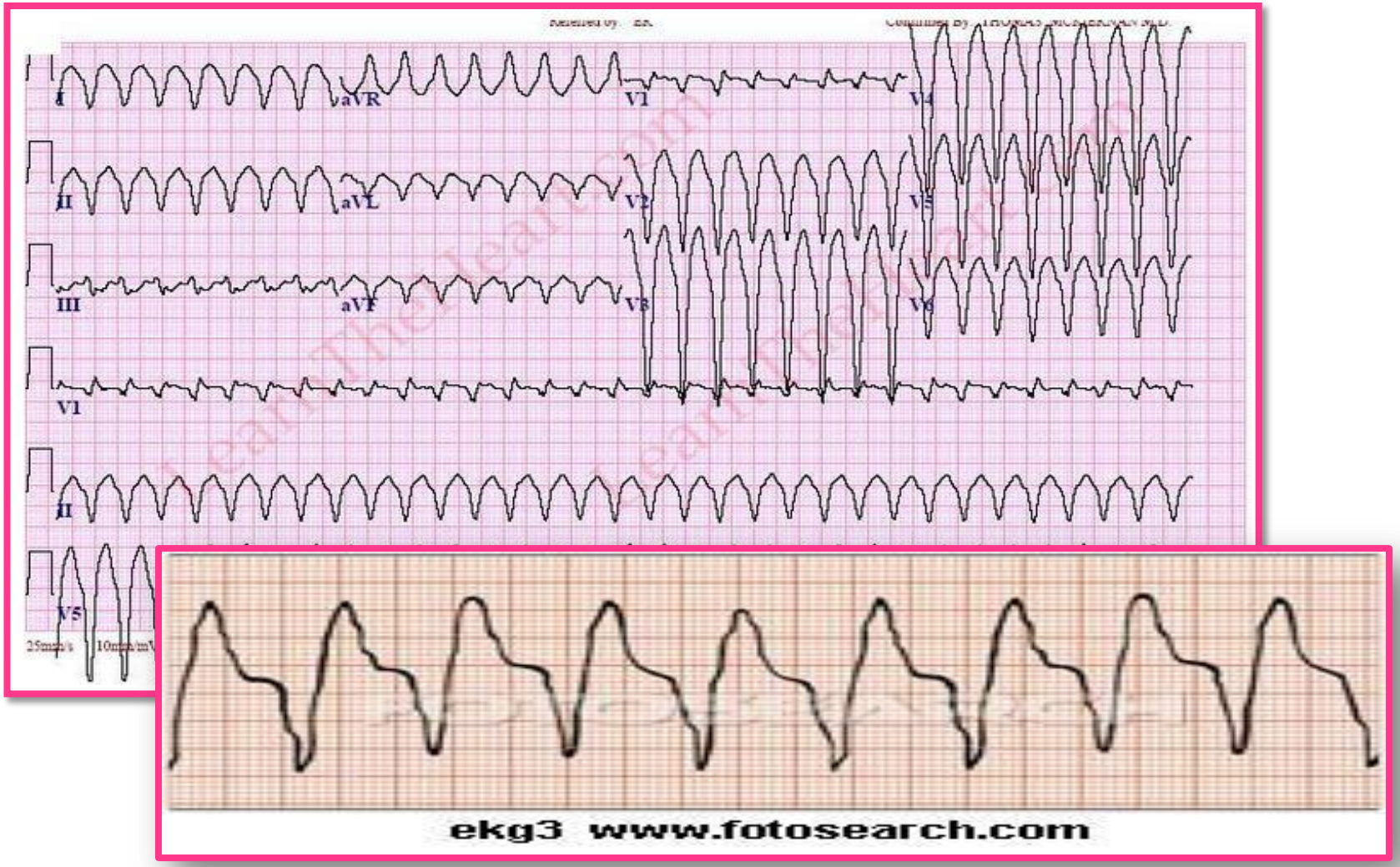
3. **What's the presentation?**

   Palpitation, loss of consciousness.

4. **What's the most dangerous complication?**

   Heart block (not sure!).

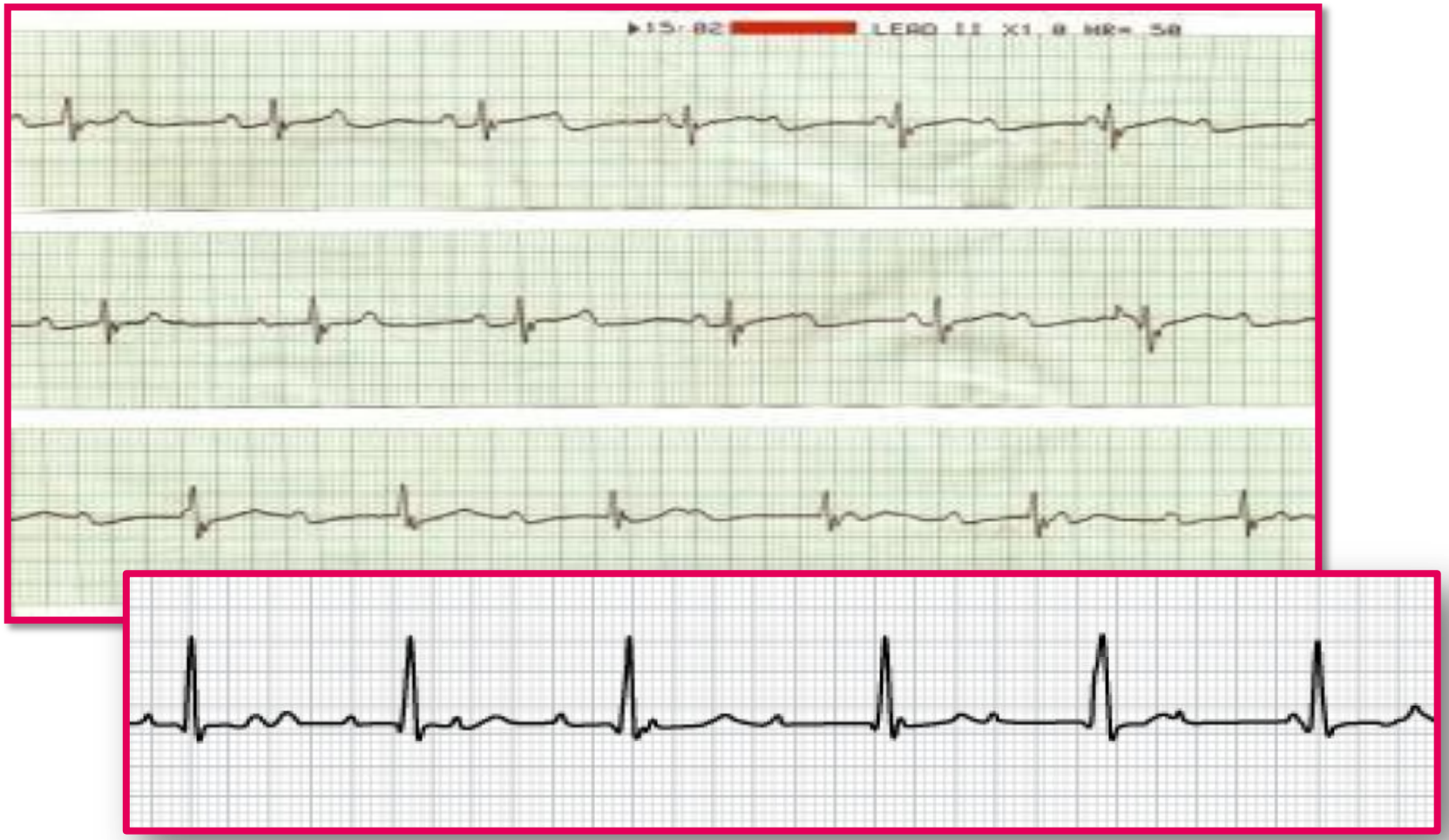
Q.76: ECG diagrams, A&B. One minute duration between obtaining ECG "A" & ECG "B" with Hx of drug used for A. This is A.



1. **What's your Dx.?** Ventricular tachycardia.
2. **If the pt is stable, give 2 options for the tt.**
    1. Synchronized Electrical Cardio-version.
    2. Defibrillation.
    3. Cardiac ablation.
    4. Anti-arrhythmic drug therapy.

3. **What was the drug?** Lidocaine, Amiodarone, Procainamide.

Q.77:

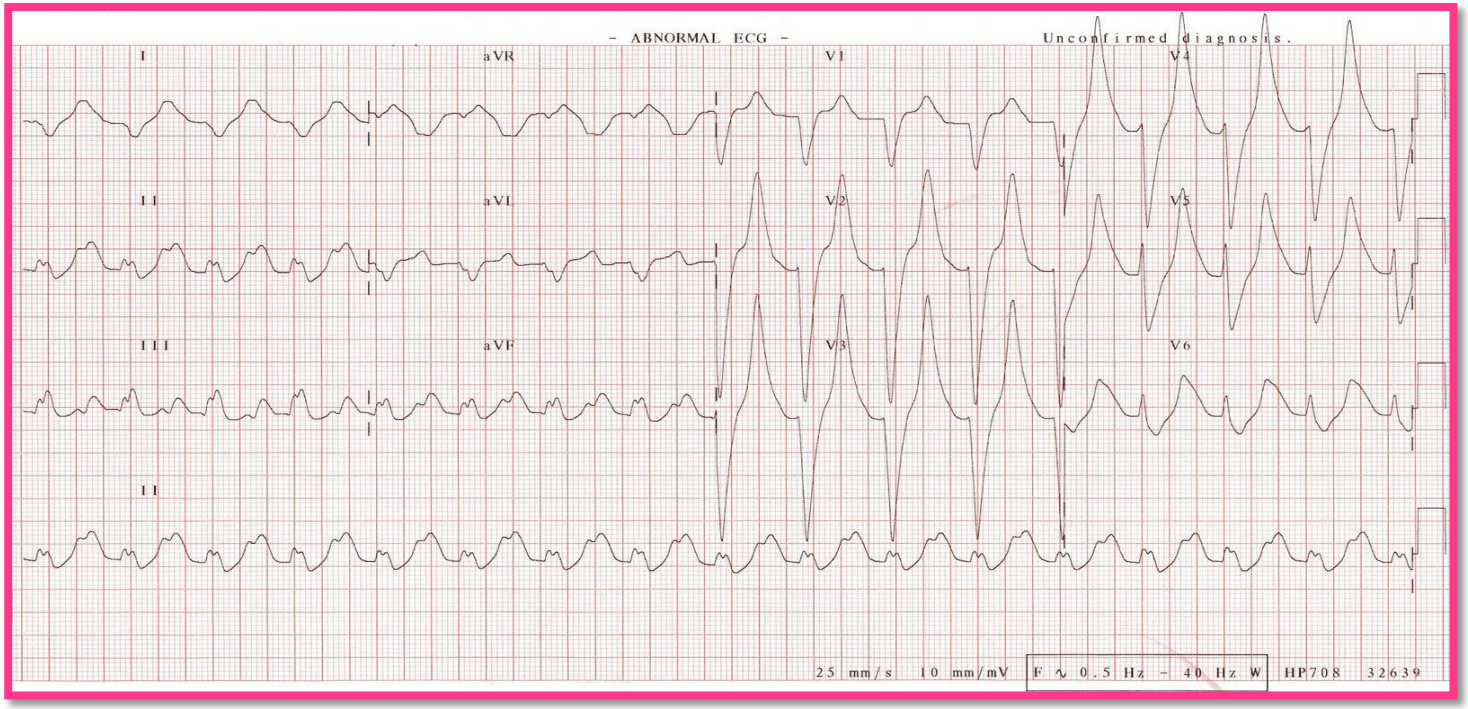


1. **What's the major abnormality in this ECG?**
   Bradycardia.

2. **What's your Dx?** **Congenital Complete Heart block.**
3. **Mention 1 cause.** Maternal SLE.

4. **Give 2 lines of tt.**
   Corticosteroids (Dexamethasone), Immune globulin intravenous. (Not sure!)

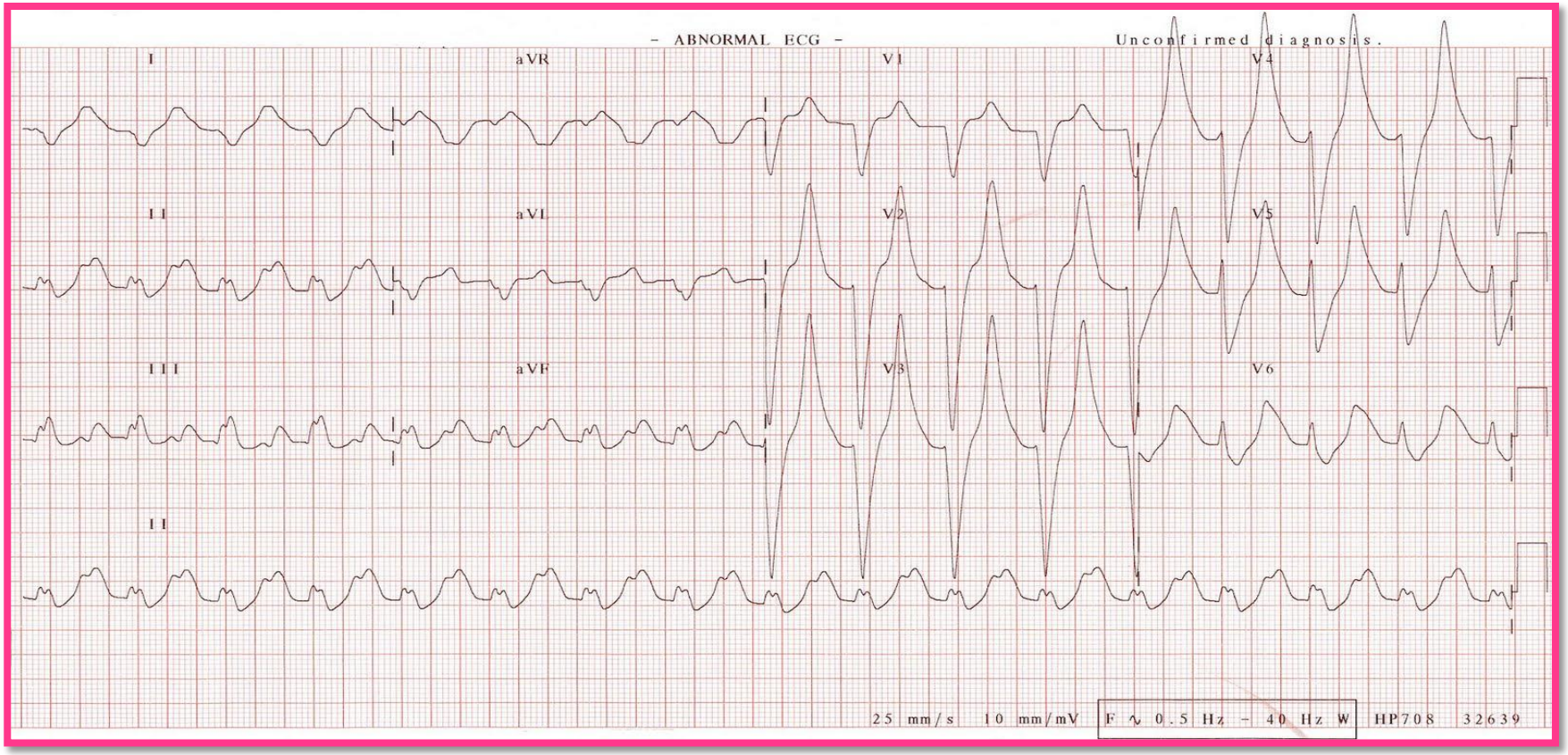
Q.78: Pt presented with renal failure & this ECG.



1. **What's your 1st investigation?** Serum Potassium level.
2. **Mention 2 lines of management.**

   Ca gluconate, Na bicarbonate (or insulin or Beta-agonist like salbutamol).

Q.79: Pt of lymphoma on chemotherapy presented with this ECG.



1. **What's your Dx.?** Hyperkalemia.
2. **What's the cause?** Tumor Lysis Syndrome.

Q.80: CSF results for a 5-day old neonate who complained of vomiting.

* WBC: 155/µL
* Neutrophils: 70%
* CSF glucose: 2 mmol/L
* Protein: 80 mg/dL
* RBC: 0/ µL
* Lymphocytes: 30%
* Serum Glucose: 5 mmol/L

1. **What's your interpretation?**
   Leukocytosis, High neutrophiles, High protein & glucose concentration.

2. **What is the Dx?** **Acute bacterial meningitis.**

3. **Mention the most specific tt.**
   Ampicillin + a 3rd generation cephalosporin.

Q.81: CSF results for a 5-day old neonate.

WBCs = 22, RBC= 0 , proteins= 50, Sugar= 3, Blood sugar= 5.

1. **What's your interpretation?** Normal CSF "for neonate".
2. **Give 2 other CSF tests you will order.**
   1) Gram stain.
   2) CSF Culture.
   3) PCR.
   4) Latex agglutination.

* Remember .. In neonates (<7 days) WBC's: up to 30, RBC: up to 50.

Q.82: CSF results.

Results go with *viral meningitis*, RBC +ve.
He had one attack of convulsion.

1. **What is the causative agent?** Herpes simplex.
2. **What is the treatment?** Acyclovir.
3. **Is there a need for anticonvulsants?** No need.

Q.83: Urinalysis results for an 8YO male with diarrhea & vomiting.

High specific gravity.
Otherwise normal analysis.

1. **What is your interpretation to this urine analysis?**

   Increase in the specific gravity, otherwise it's normal.

2. **Give 2 possible reasons for this abnormality in this pt.**

   Concentrated urine due to dehydration, diarrhea, vomiting, excessive sweating,

Q.84: A mother of a 6-month old baby comes to you on Summer asking about vaccinations.

1. **Mention 3 vaccines not in JNP you can give him.**
    1. Rota virus vaccine.
    2. Conjugate Pneumococcal Vaccine.
    3. Meningococcal vaccine.

2. **She asks about vaccine prevents gastroenteritis, do you give him?** Yes, I'll give him Rota virus vaccine.

3. **He did not receive his BCG, do you give him now?**

* The idea is to choose vaccines appropriate for age & season.

Q.85:

A long Hx of a 4YO boy who developed high fever & rash, admitted to PICU where he developed thrombocytopenia, respiratory distress & others!

- **Explain what happened.**
  Meningio-coccemia , leading to respiratory distress & DIC!

Q.86:

A case of seizure with lab values.
Has hypocalcemia.

1. **What's your Dx.?** **Hypoparathyroidism.**
2. **What's the next step lab test you want to do?**
   Parathormone Level.

Q.87: A baby who had RTA & underwent brain resection 2 days ago. Urine output increased to 6L.

Na = 155 (high), Cl = 110, K = 4,
Urine specific gravity = 1.003 (low).

1. **What's the Dx.?** Diabetes insepidus.
2. **What's the tt?** Desmopressin.

Q.88: What's abnormal in this neonate? mention 5 from the list.

- Hb=12 (low).
- HC=35
- Glucose=3 mmol/L
- Sub-conjuctival hemorrhage (Abnormal).
- Cephalohematoma (Abnormal).
- 2 veins 1 artery (Abnormal).
- Epestein pearls (Abnormal).

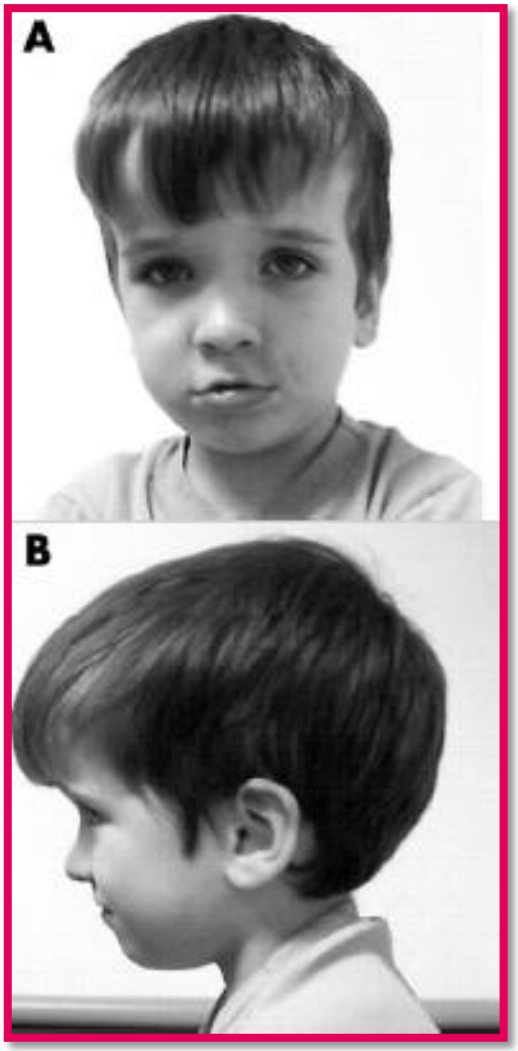
Q.89: Growth chart of head circumference to age, the HC at 11th month became above 97th centile.

1. **What's your comment (what's that called)?** Macrocephaly.

2. **What's the most likely cause of this presentation?** Hydrocephalus.

3. **Mention 2 signs.**
   Sun set eyes, Papillodema.

4. **Mention 2 symptoms.**
   Vomiting, Headache.




ابحَث عَن إيمَانَك إذا كُنتَ قَلِقَاً
وَحِينَمَا تجِدُ إيمَانُكَ سَتَجِدُ نَفسَك

Q.90: Developmental assessment.

1. **When does this reflex disappear?** 3- 6 months.
2. **What's the age of this child (Lt.)?** 5-6 months.

***Note** : Most of us answered Q2 as 4 months, but this is the Dr answer!

Q.91:

- **What are the reflexes & what's the estimated age?**
  - Pulled to sit without head lag at age (3-4) months.
  - Walking or stepping reflex is present at birth; & disappears at 4-6 weeks.

Q.92:

1. **What's the developmental milestone in each pic.?**
   1. Cruising.
   2. Mature pincer grasp.
2. **Estimate the age of this child.** (No range, Same child)

   10 months.

Q.93:



1. **The age of this child is at least …**
    1. 3 years.
    2. 3-4 months (head & chest above body level).
    3. 9 months (say bye bye).

Q.94:

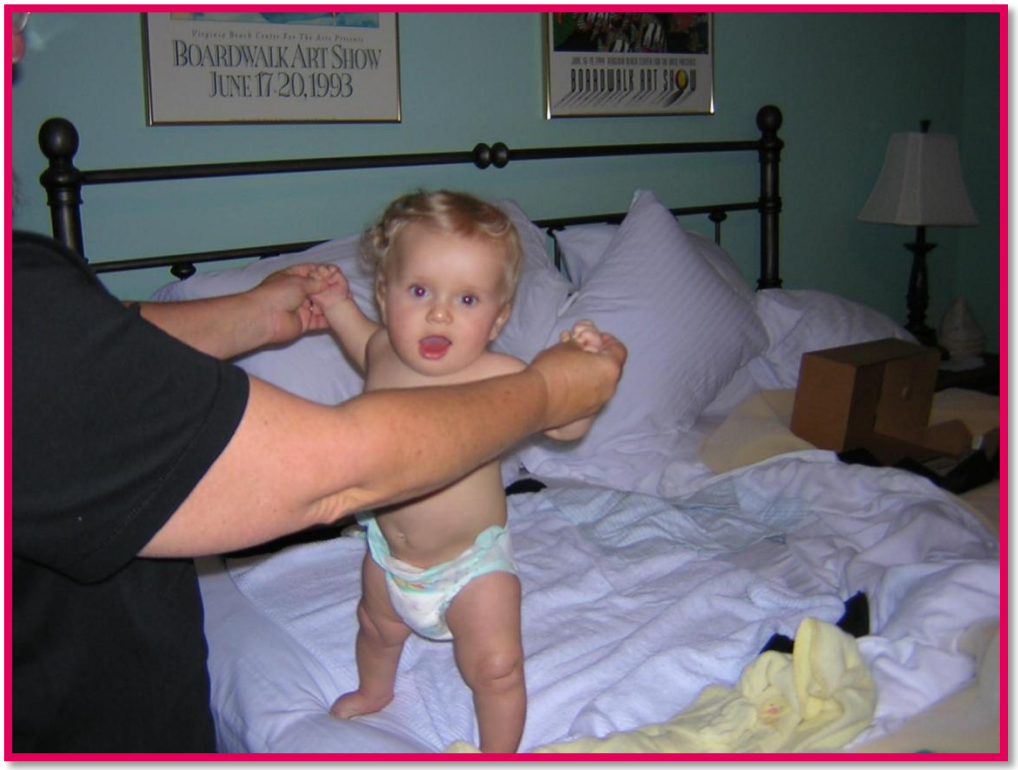
- **What's the age of this baby?** 4-5 months (mouthing).

Q.95:

- **What's the age of this baby?**

9 months (Separation Anxiety).

Q.96:



- **What's the age of this baby?**
  Around (9 – 10) months.

Q.97:

Age= 2 years

Age: 10-11 months

Q.98:

Age= 1 year

Reflex: ATNR, disappears at 3-4 months

Age: 2 months

ATNR: Asymmetrical Tonic Neck Reflex.

Q.99:

Age: 12 months

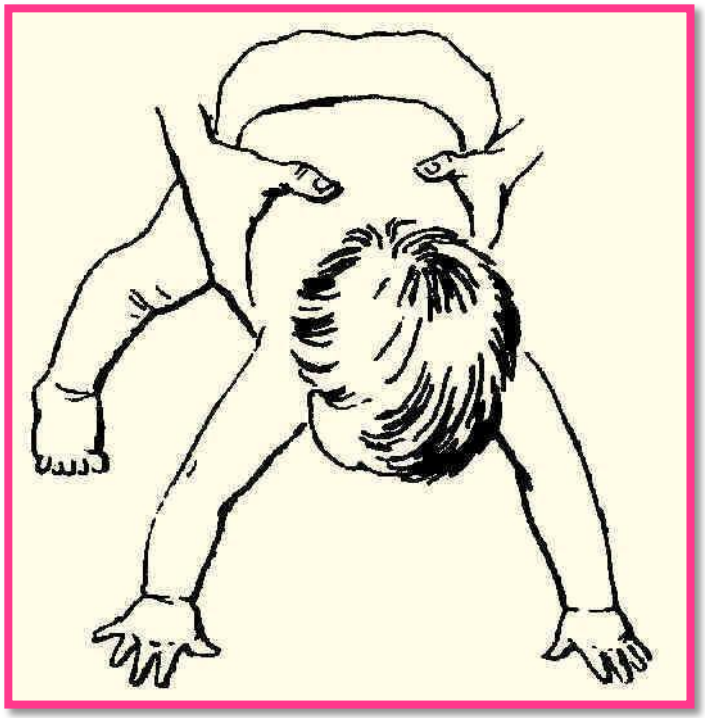
"Mature Pincer Grasp"

Age: 6-7 months

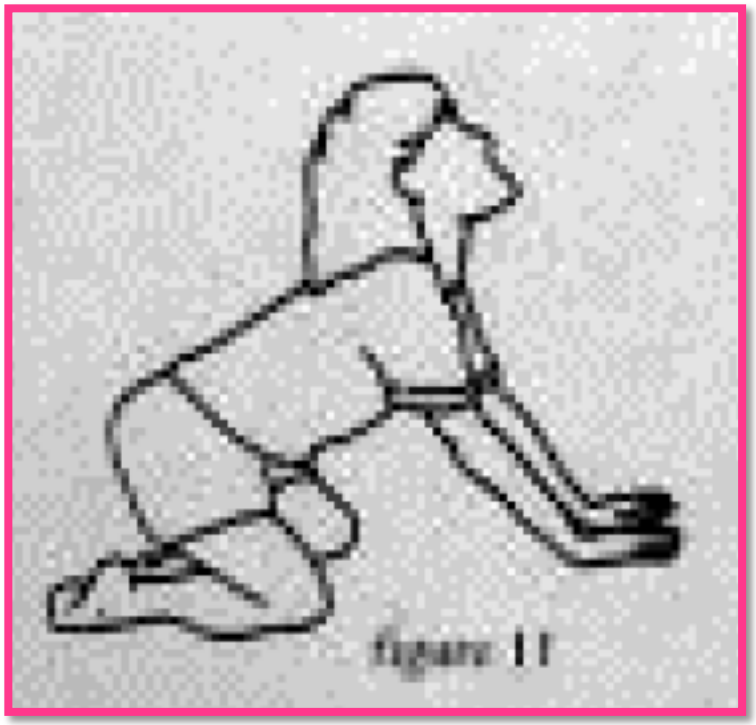
"Prefers mother"

Age:

Q.100:



Parachute Reflex

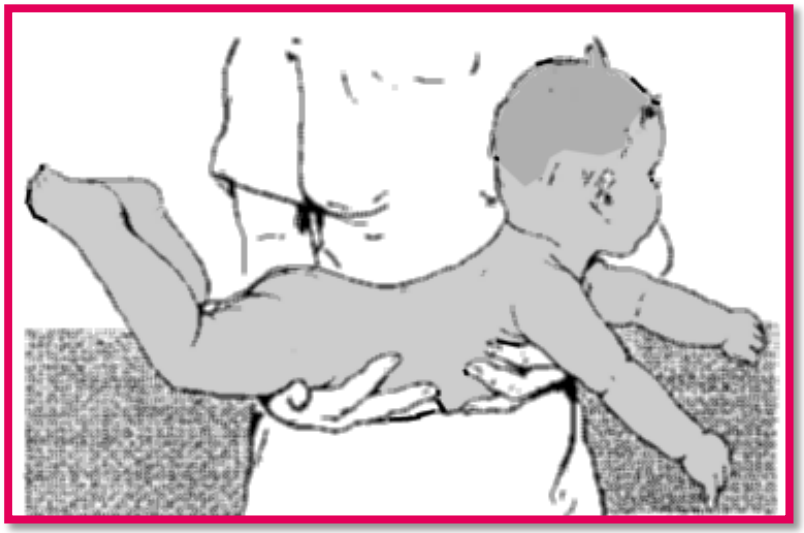


Symmetric Tonic Neck Reflex

Appear at 6 – 7 months.

Q.101:

Palmar grasp Reflex
Disappears at 3 months.

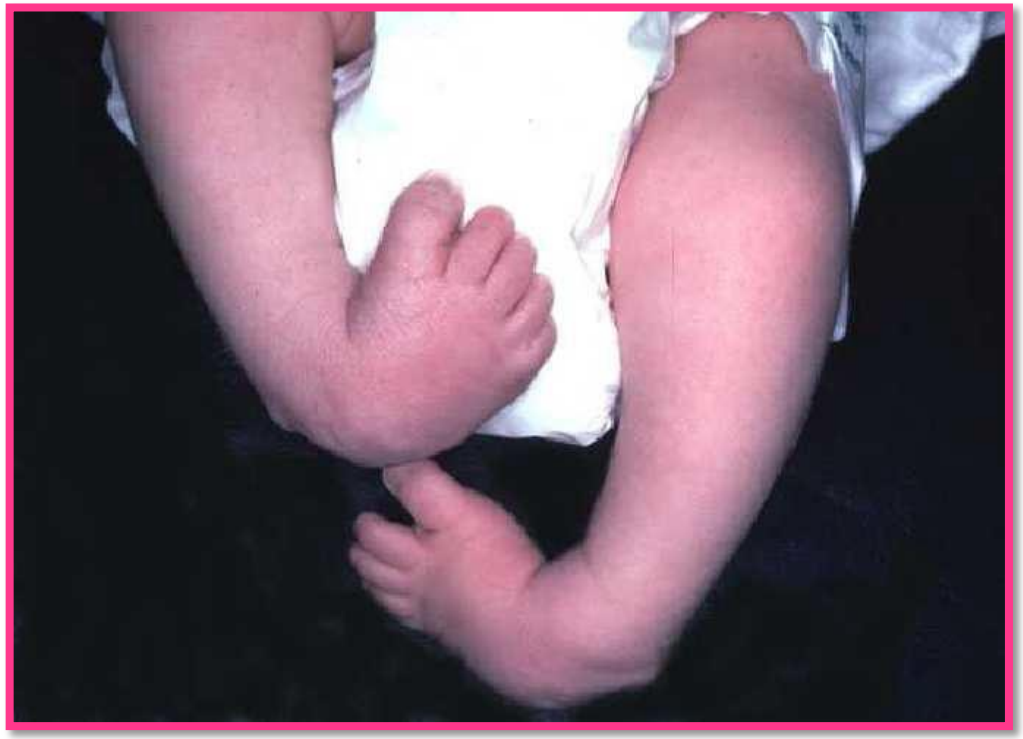


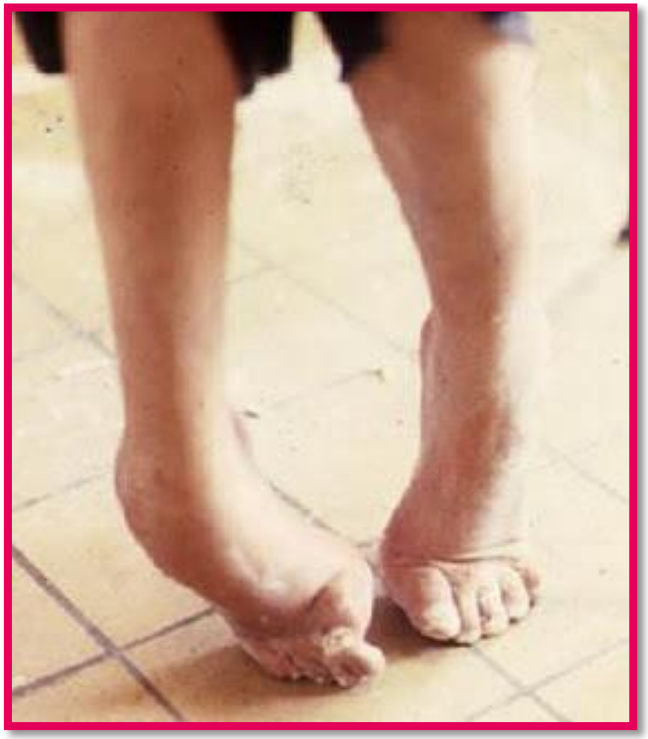
Landau reflex.
Develops at 3-10 months &
lost at 36 months.

Q.102:

1. **Mention 2 clinical findings in the physical examination.**
   Head Lag, C-shape or Drapes over in horizontal suspension.
2. **What's the cause of these manifestations?** Hypotonia.

Q.103: Dx.: Bilateral Club Feet "TALIPES EQUINOVARUS"



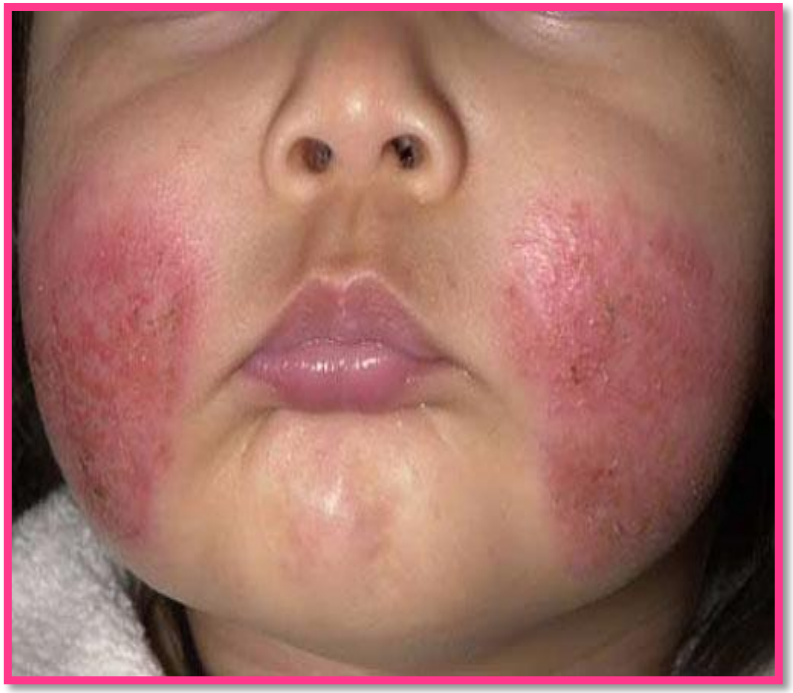


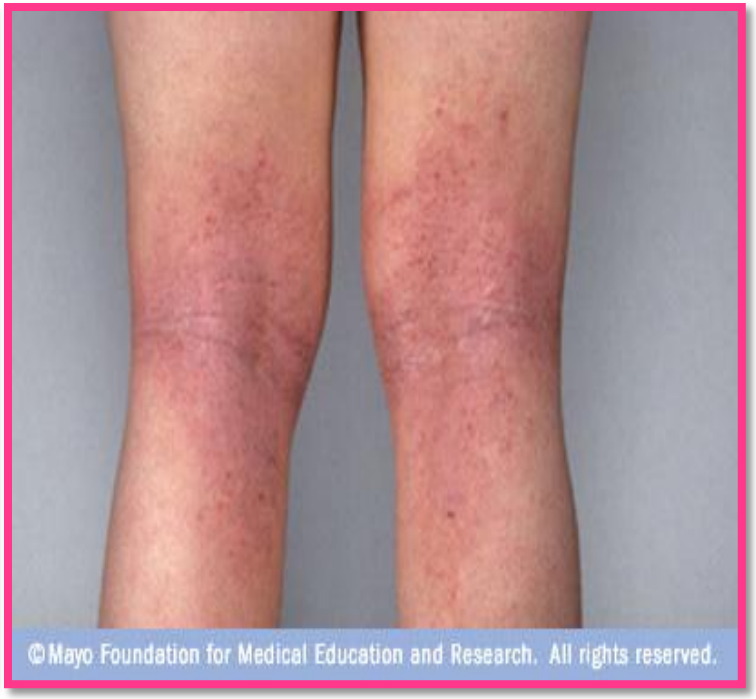
1. **What's the etiology for this condition?**
    1) **Congenital** (75%, usually an isolated abnormality).
    2) **Teratologic** (associated with a neuromuscular disorder, such as myelomeningocele, arthrogryposis, or other syndromes).
    3) **Positional** (normal foot that was held in the deformed position in utero.).

2. **What are the complications of both treated or untreated pts?**
    1) Untreated: severe disability.
    2) Treated: recurrence & stiffness.


Smile
its Sunnah

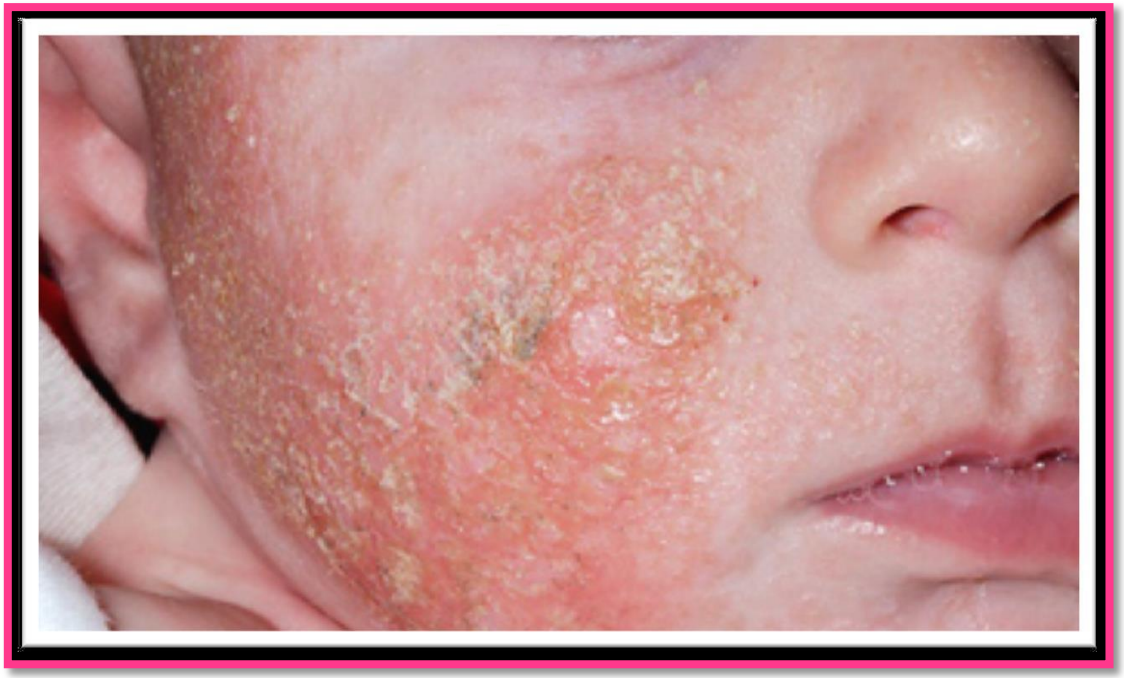
Q.104:





1. **What's the Dx?** Atopic dermatitis/Eczema.
2. **Mention one line of management.** Corticosteroids.

Q.105:



- **What's the tt of this disease?**
  Topical corticosteroids (not sure!)

Q.106:

1. **What's your Dx.?**
   Rt. Facial Palsy.

2. **Mention the cause of that problem.**
   Birth injury (Injury To facial nerve).

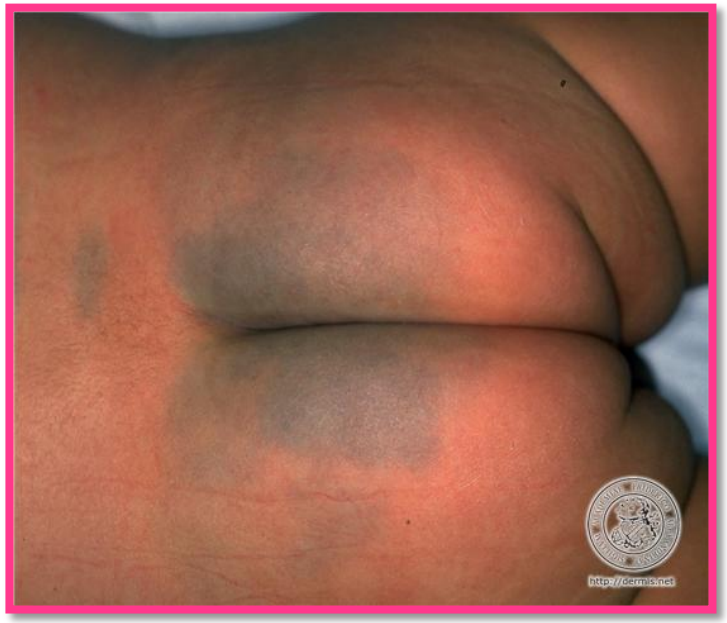
Q.107:

1. **What do we call this vaccine?** OPV.
2. **What's the age of this child?** 91 days (& more).

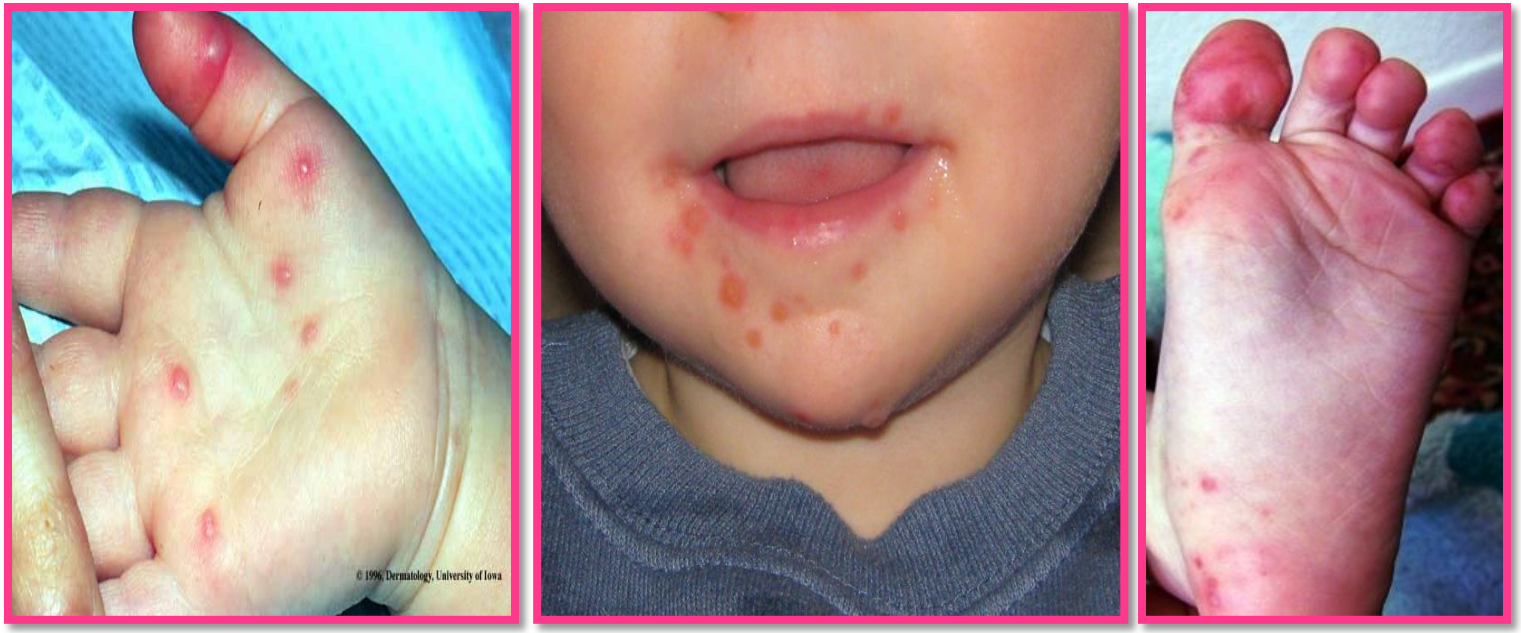
Q.108:

1. **What's the Dx.?**
   Mangolian spots.

2. **What you want to do for this pt, & why?**
   Nothing, because it normally disappears 3–5 years after birth.



Q.109:

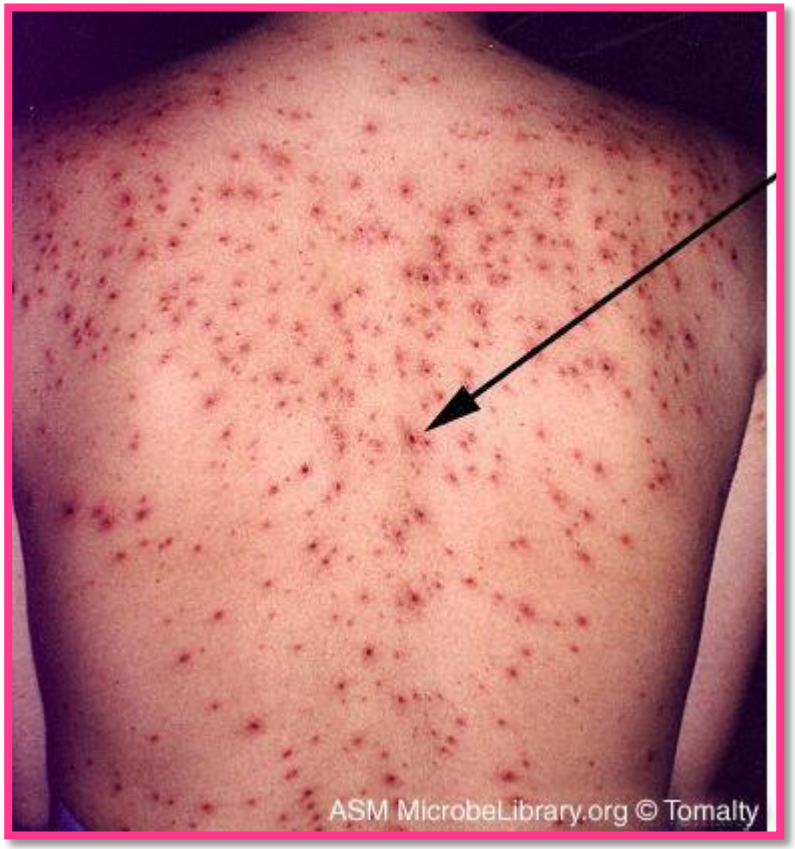


1. **What's the Dx?** Hand-Foot-Mouth disease.
2. **What's the causative micro-organism?**
   Coxsackie virus A & enterovirus.

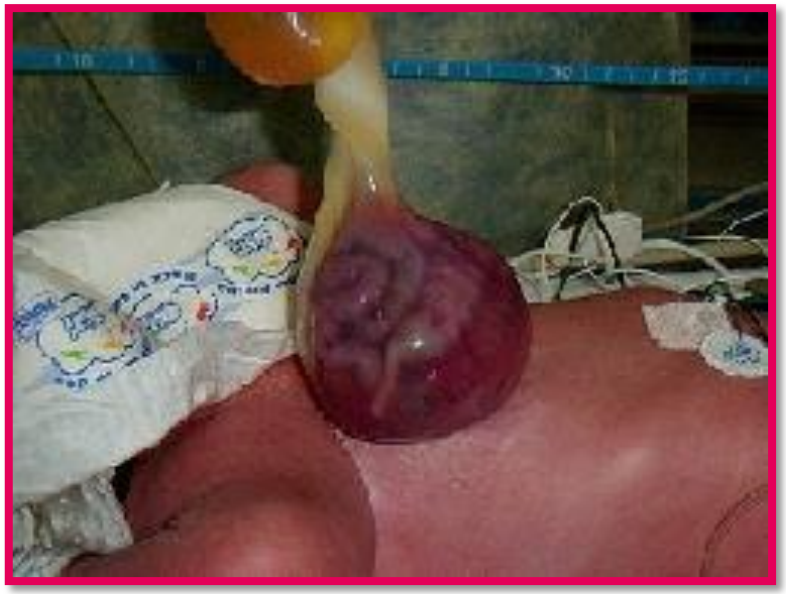
Q.110:

1. **What's the name of this disease?**
   Chickenpox.

2. **What's the virus?**
   Varicella zoster virus.



Q.111:



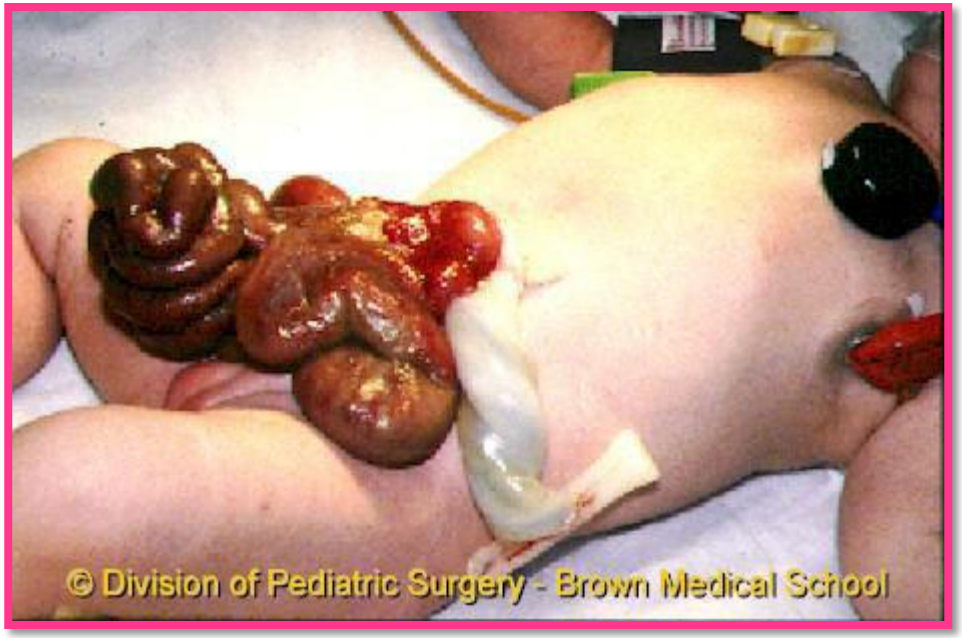
1. **What's your Dx.?** Omphalocele.
2. **What other findings could be found in this pt?**
   1) Cardiac defects.
   2) Beckwith-Wiedemann syndrome (somatic overgrowth, hyper-insulinemic hypoglycemia, risk for Wilm's tumor).
   3) Intestinal complications.

Q.112:

1. **What's your Dx.?** Gastroschisis.
2. **What's the importance of this condition?**

   Association with intestinal necrosis; although it's not associated with extra-intestinal anomalies, but segments of intestinal atresia are common.

Q.113:



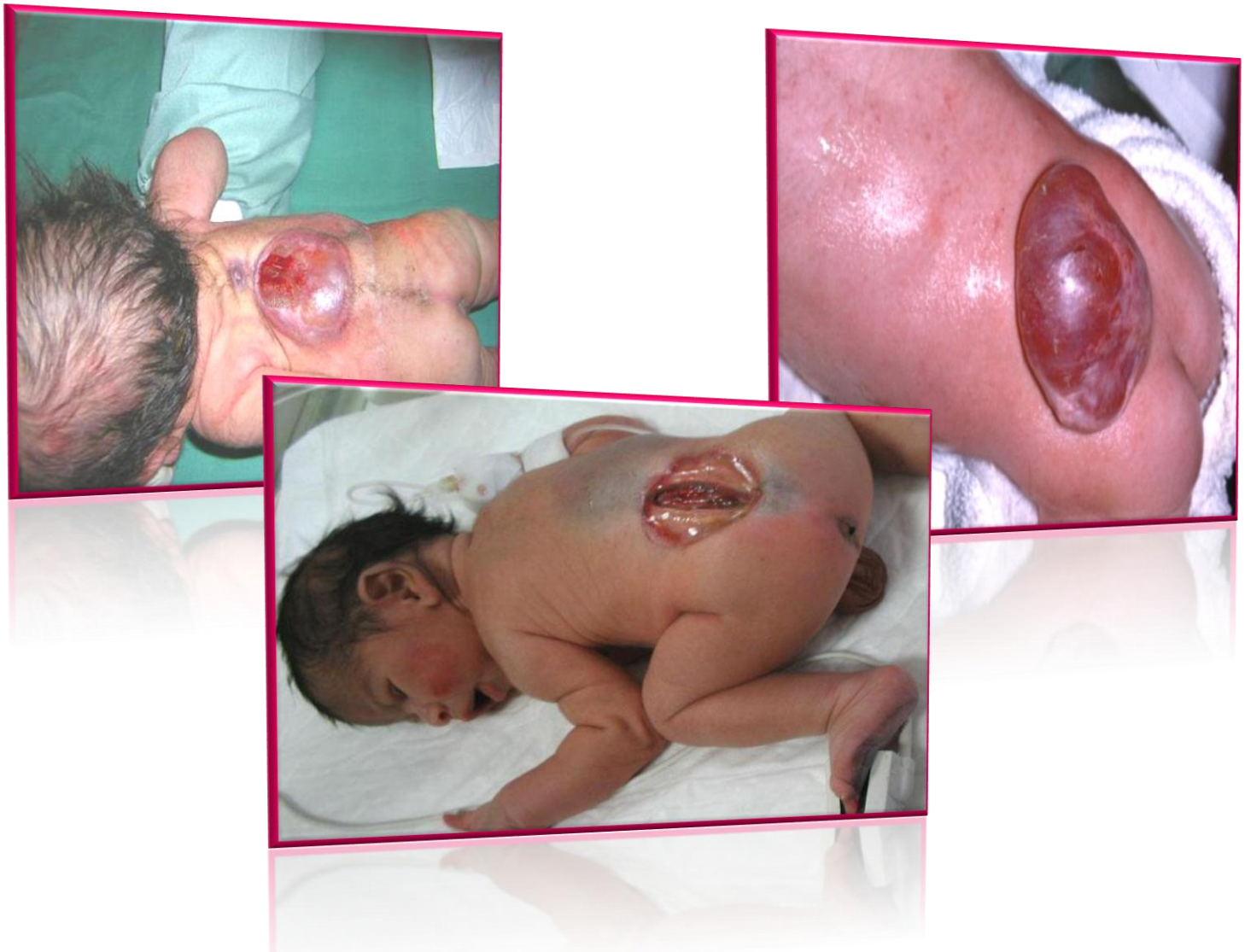
1. **Give 2 DDx.**
   Gastroschisis, Omphalocele.
2. **What's the most important pre-op step of management?** Covering.

Q.114:

1. **What's your Dx.?** Unilateral complete cleft lip.
2. **What are the risk factors to have this condition?**
   1) Genetic (1st degree relatives, monozygotics "60% concordance").
   2) Environmental (drugs "phenytoin, valproic acid, thalidomide", maternal alcohol & tobacco use, dioxins & other herbicides, & possibly high altitude).
3. **What's the tt? & when to be performed?**

Surgical closure; is usually done by 3 months of age.

Q.115:



1. **What's the Dx?** **Meningomyelocele** (caused by hydrocephalous craini).

2. **Mention 2 associated conditions or abnormalities.**
   Arnold chiari, Renal abnormalities.

3. **Mention 2 complications of such condition.**
   1) Arnold-chiari malformation of brainstem.
   2) ***Lower limb hypotonia (total paralysis)***.
   3) Loss of sensation in lower limb.
   4) Incontinence of bowel & bladder.
   5) Hydrocephalus & weakness of face & swallowing.

Q.116: Infant with head bulging in the 1st week of life.

1. **What's the Dx.?**
   Cephalhematoma.

2. **Mention 2 complication that may occur in that pt.**
   Anemia , Jaundice, Hypotension, Osteomyelitis, Meningitis.

3. **Mention another DDx for this case.**
   Capput saccidanum.

Q.117: Growth chart of 11YO child with sudden decrease in Ht. He became less sociable & after tt, he shows improvement in growth.

1. **What's your Dx.?** Hypothyrodism.

2. **Give 3 physical signs you may find while examining him.**
   1) Bradycardia.
   2) Hair loss.

Q.118:

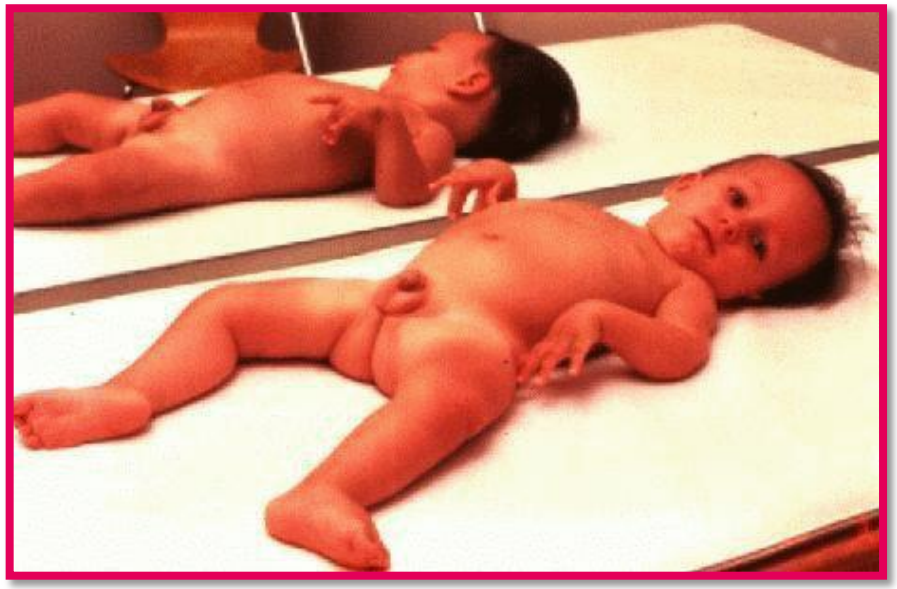
1. **Describe the abnormality in the picture.**

   Absent thumb.

2. **Name the condition associated with this abnormality.**

   Fanconi's anemia.

Q.119:



1. **What's the name of this sign?** Frog-like Posture.
2. **Mention 4 causes.**

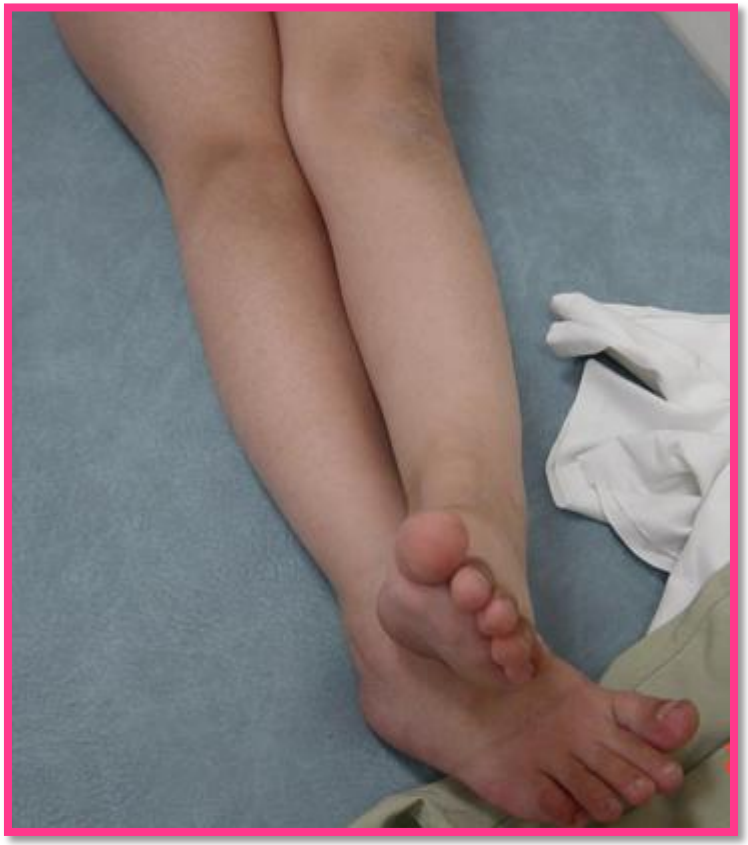
   Hypotonia, Congestive heart failure, Fulminant scurvey, Incorrect sleeping position.

Q.120:

1. **What's the name of this sign?**

   Scissoring Posture.

2. **Mention 4 causes.**
   1) Spastic CP.
   2) Cervical spondylosis with myelopathy.
   3) Spinal cord trauma or tumors.
   4) CVA, MS …



Q.121:

- **What is The most Prominent feature in this child?**

Muscle Wasting.

Q.122: This anemic child comes to you with splenomegaly.

1. **What is the type of his anemia?**

   Thalassemia Anemia.

2. **What is the diagnostic test in this case?**

   Hb-electrophoresis.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Q.123: A tall male with long hands (not this pic) & his brother have the same findings with pan systolic murmur.

1. **What's the syndrome?**

   Marfan's syndrome.

2. **Mention 2 other organs you want to examine.**

   Eye, Mouth, Joints.

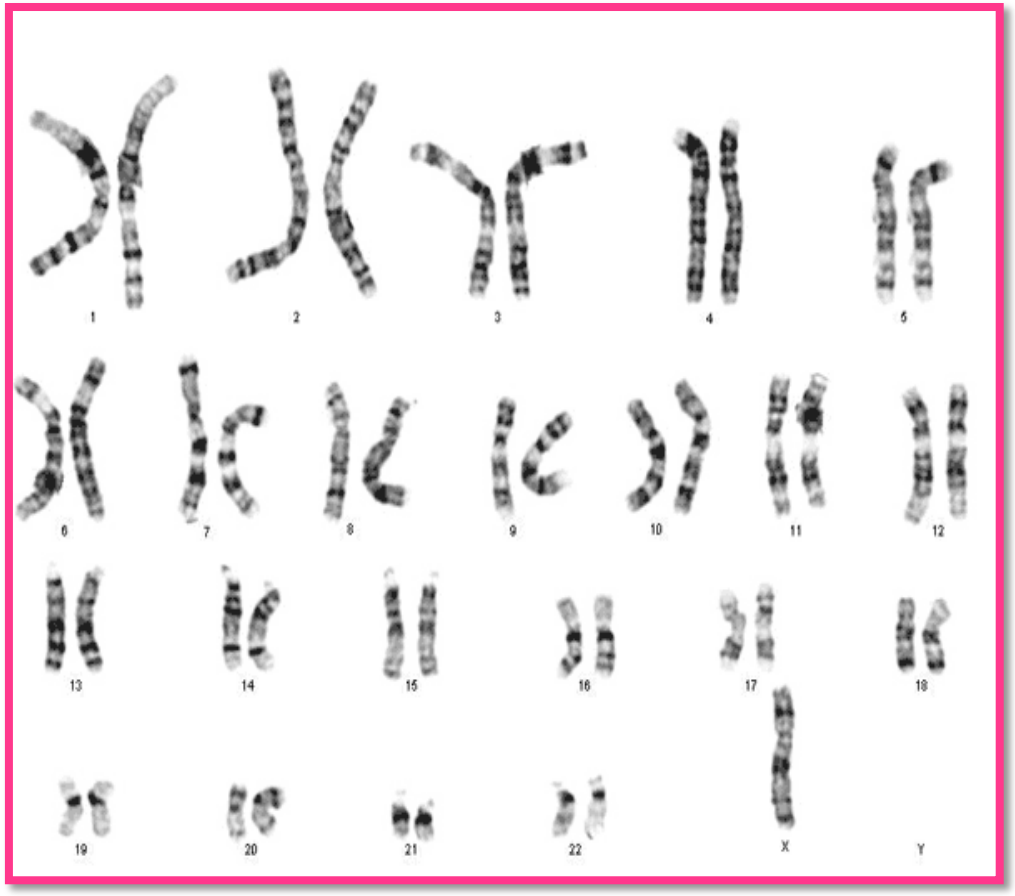
Q.124: A preterm infant was put on ventilator & given surfactant then died.

1. **Mention 2 clinical features about this case.**

   Bilateral renal agenesis (BRA), clubbed feet, pulmonary hypoplasia, Skin fold, & cranial anomalies related to the oligohydramnios.

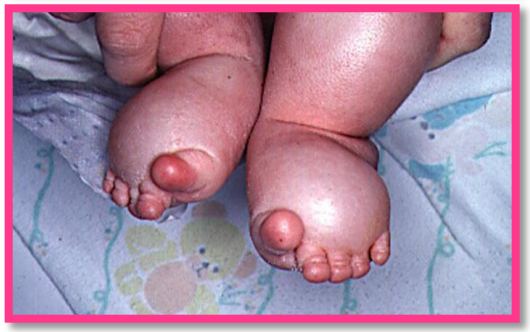
2. **What's your Dx.?** Potter's syndrome.

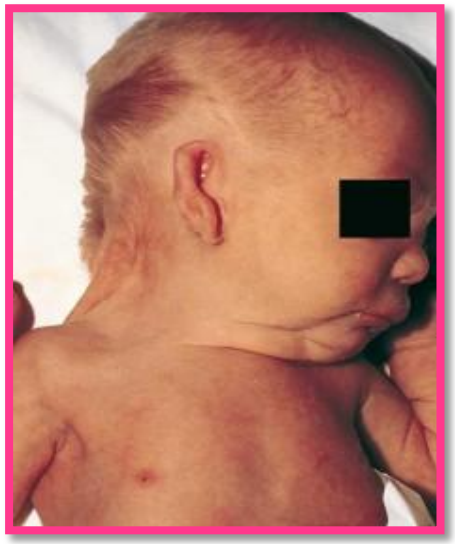
Q.125: This Karyotype indicates which syndrome?



- **Turner syndrome.**

Q.126: Turner's Syndrome.



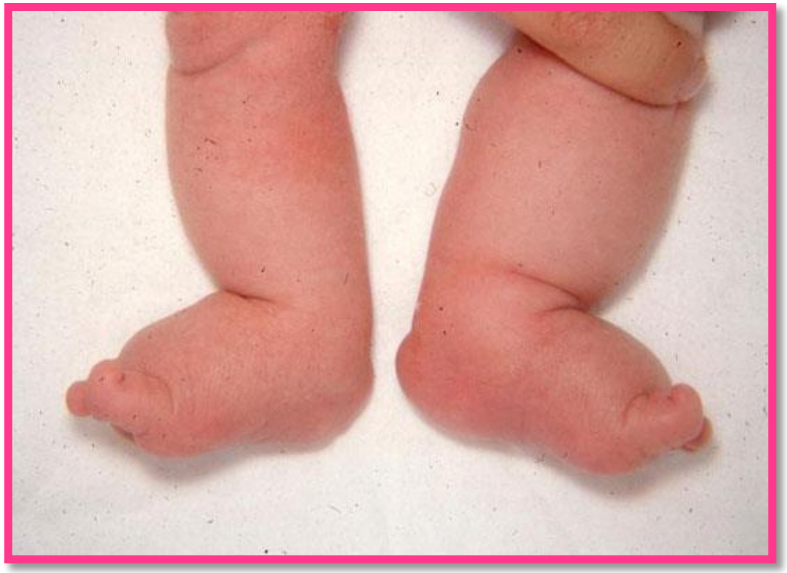


1. **Mention 3 signs that you can see.**

   Webbed neck, Wide-spaced nipples, Lymphedema of the limbs, Low hair line.

2. **Mention Single best test to diagnose.** Karyotyping.

Q.127:



1. **What's the name of this syndrome?** Turner syndrome.
2. **What's the main CVS abnormality in this pt?** Coarctation of the aorta (most common).
3. **Name other associated congenital defects.**

   Bicuspid aortic valve; later in life, post-stenotic aortic dilation with aneurysm may develop. Also renal anomalies e.g. horseshoe kidney.

Q.128:

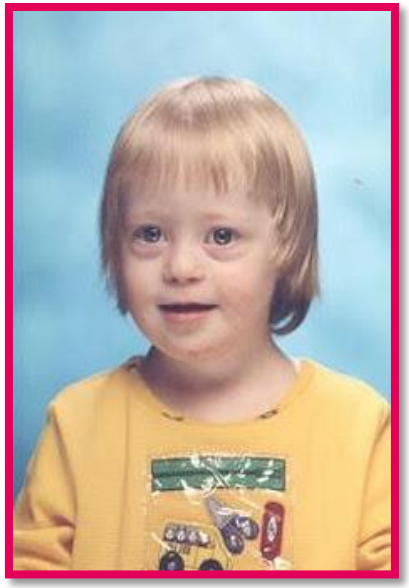
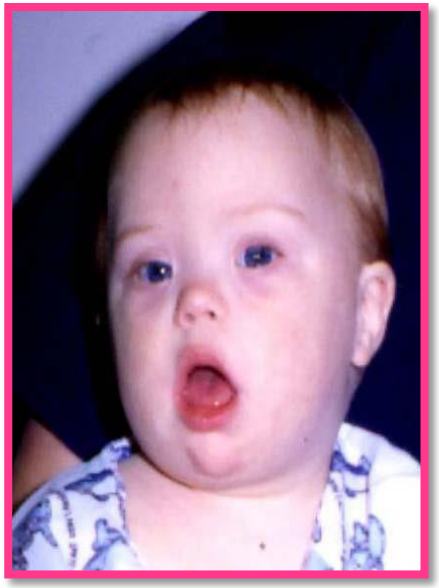
1. **What is the main abnormality that you can find it in this pt?**

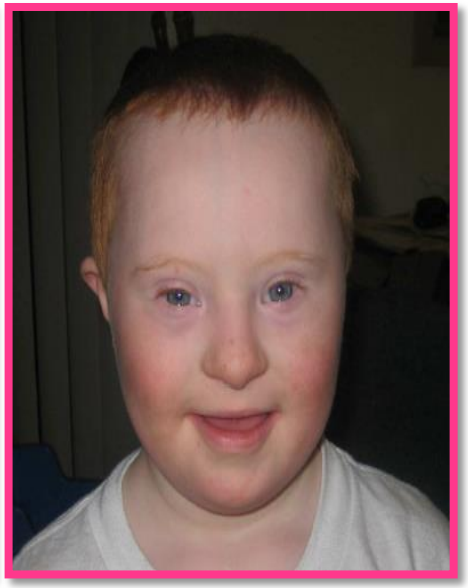
   CVS abnormality (VSD).

2. **Name the test you want to confirm your Dx?**

   Cytogenetic test.

Q.129:



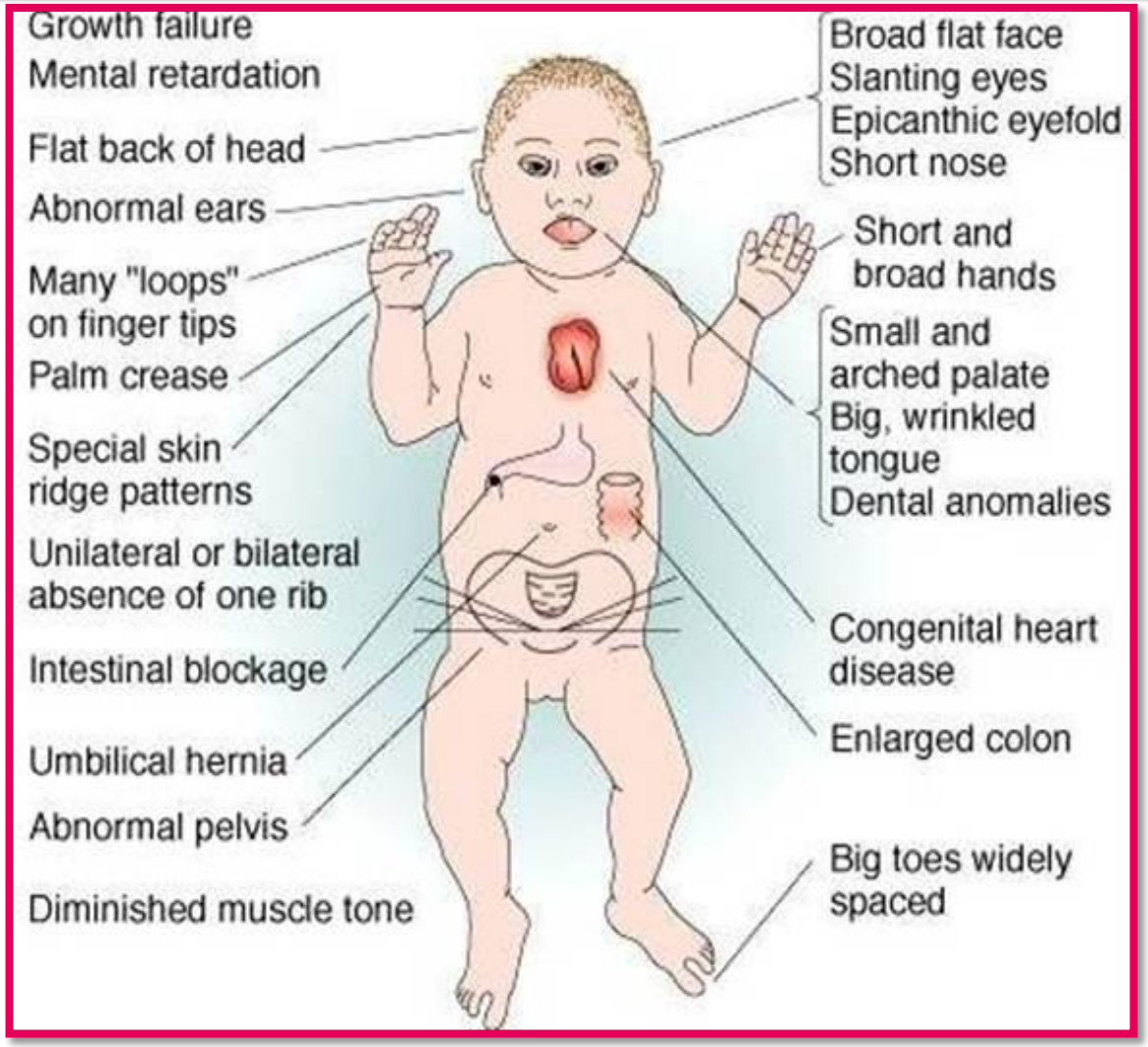
1. **What's the most common cardiac anomaly associated with this problem?** AV canal.

2. **Mention 3 signs you can find at the hand.**
   Clindactaly, Cemian creases, Short fingers.

3. **What syndrome is this? Down's Syndrome.**
4. **What is the chromosomal defect here?**

   Presence of an extra copy of genetic material on the 21st chromosome, either in whole (trisomy 21) or part (such as due to translocations).
5. **Name 2 congenital defects that are associated with this condition.**

   AV canal (aka endocardial cushion defect), VSD, ASD, valvular disease, duodenal atresia, annular pancreas, & imperforate anus.
6. **Give other 4 physical findings related to this disorder.**


Growth failure
Mental retardation
Flat back of head
Abnormal ears
Many "loops" on finger tips
Palm crease
Special skin ridge patterns
Unilateral or bilateral absence of one rib
Intestinal blockage
Umbilical hernia
Abnormal pelvis
Diminished muscle tone
Broad flat face
Slanting eyes
Epicanthic eyefold
Short nose
Short and broad hands
Small and arched palate
Big, wrinkled tongue
Dental anomalies
Congenital heart disease
Enlarged colon
Big toes widely spaced

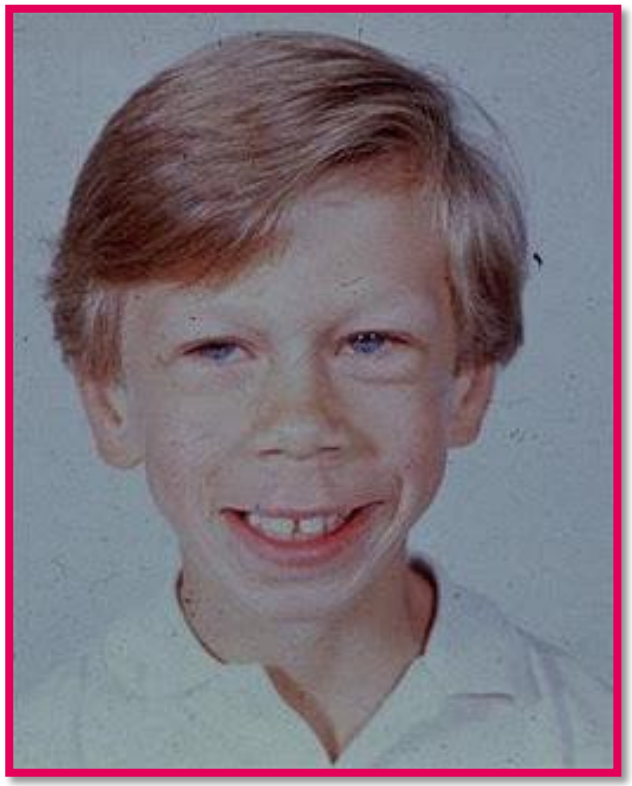
Q.130:

1. **What's the name of this syndrome?** William's syndrome.

2. **What's the chromosomal defect here?** A small deletion of chromosome 7q11.

3. **Name 2 associated congenital defects.**

   Supra-valvular aortic & pulmonic stenosis & peripheral pulmonic stenosis.

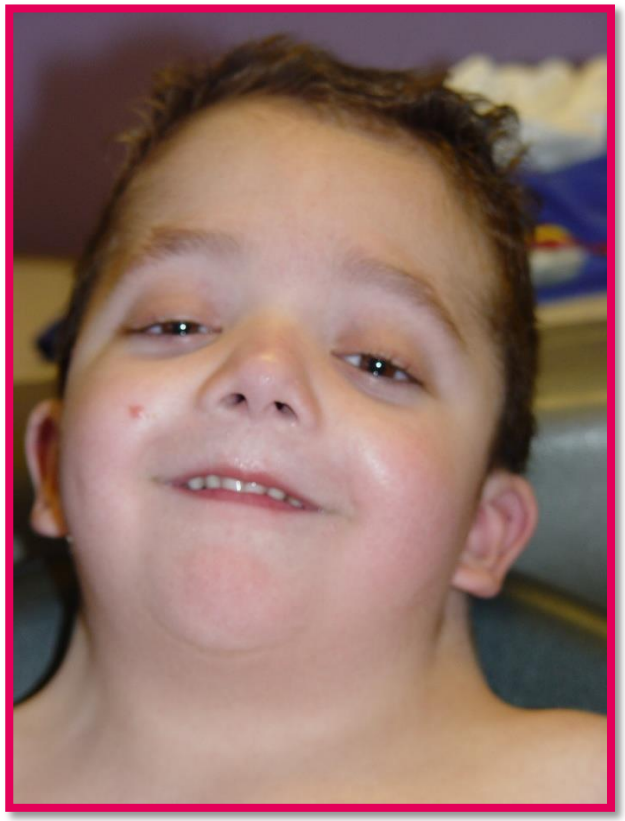


Q.131:

1. **What's the name of this syndrome?** Noonan's Syndrome.

2. **What's the chromosomal defect here?** Autosomal dominant (AD) congenital disorder.

3. **What's the male:female ratio of incidence?** 1 : 1 … as it's AD.



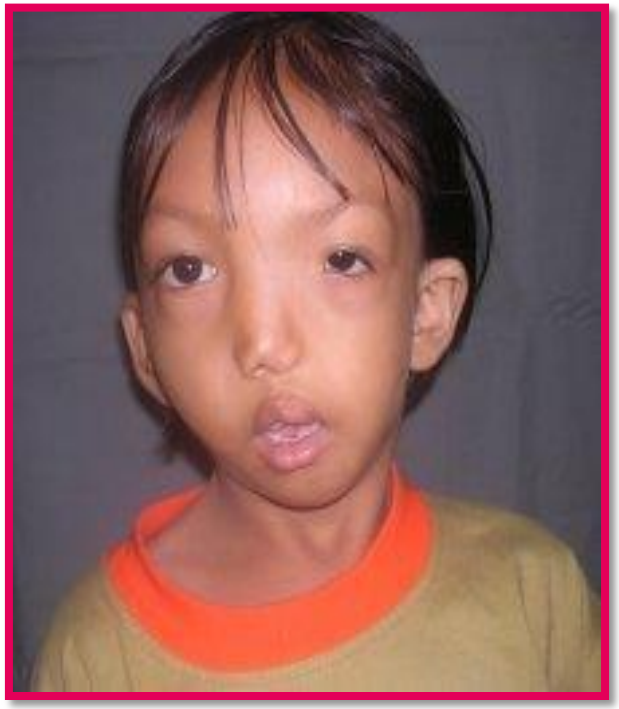
* Sometimes; described as "the male version of Turner's syndrome".

Q.132:

1. **What's the name of this syndrome? Goldenhar Syndrome.**

2. **Name 2 clinical manifestations maybe found in this pt.**

   Limbal dermoids, pre-auricular skin tags, & strabismus.



* Note: "Chief markers of Goldenhar syndrome are incomplete development of the ear, nose, soft palate, lip, & mandible on usually one side of the body".

Q.133:

1. **What's the name of this syndrome?** Crouzon Syndrome.
2. **Name 2 clinical manifestations maybe found in this pt.**

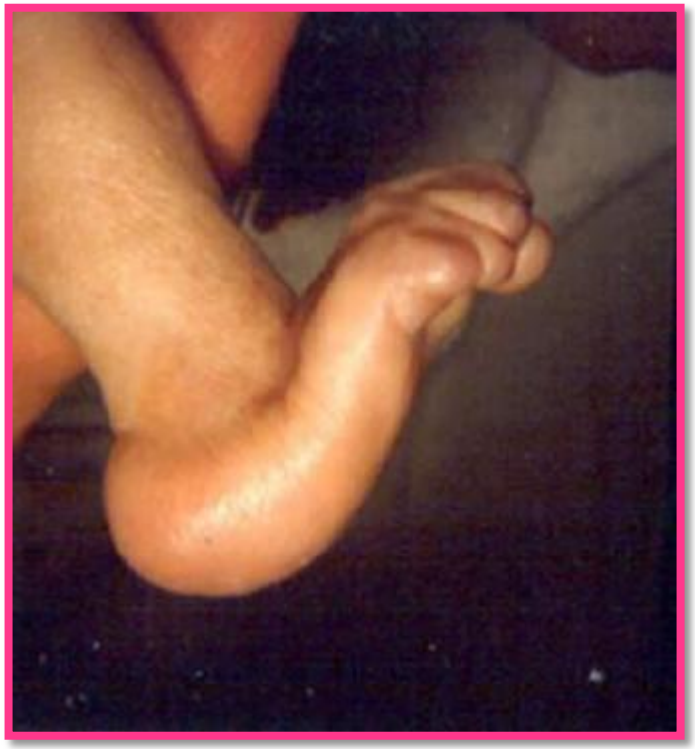
Low-set ears, brachycephaly, Exophthalmos, hypertelorism, hypoplastic maxilla.

Q.134:

1. **What's the name of this sign?**
   Rocker bottom feet.

2. **What's the most likely Dx.?**
   Edwards syndrome (Trisomy 18).

3. **Give other 2 physical findings related to this disorder.**
   1) Microcephaly.
   2) Ocular hypertelorism.
   3) Low-set, malformed ears.

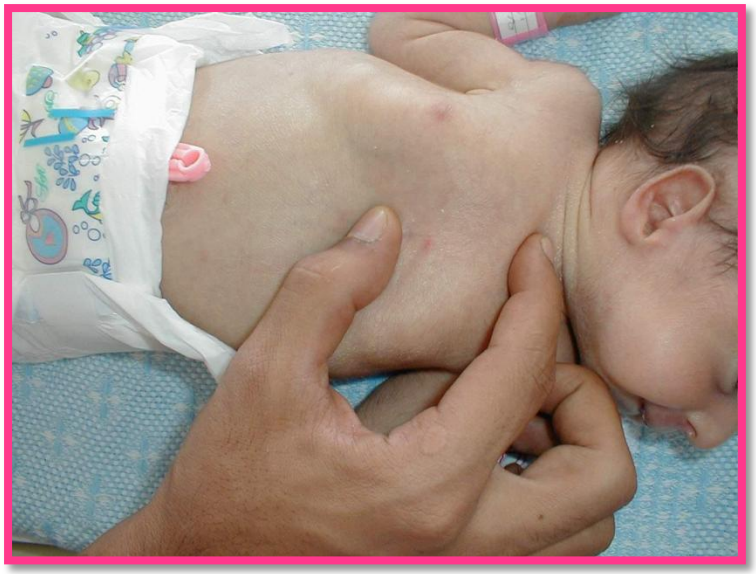


Q.135:

1. **What's the name of this sign?** Short sternum.

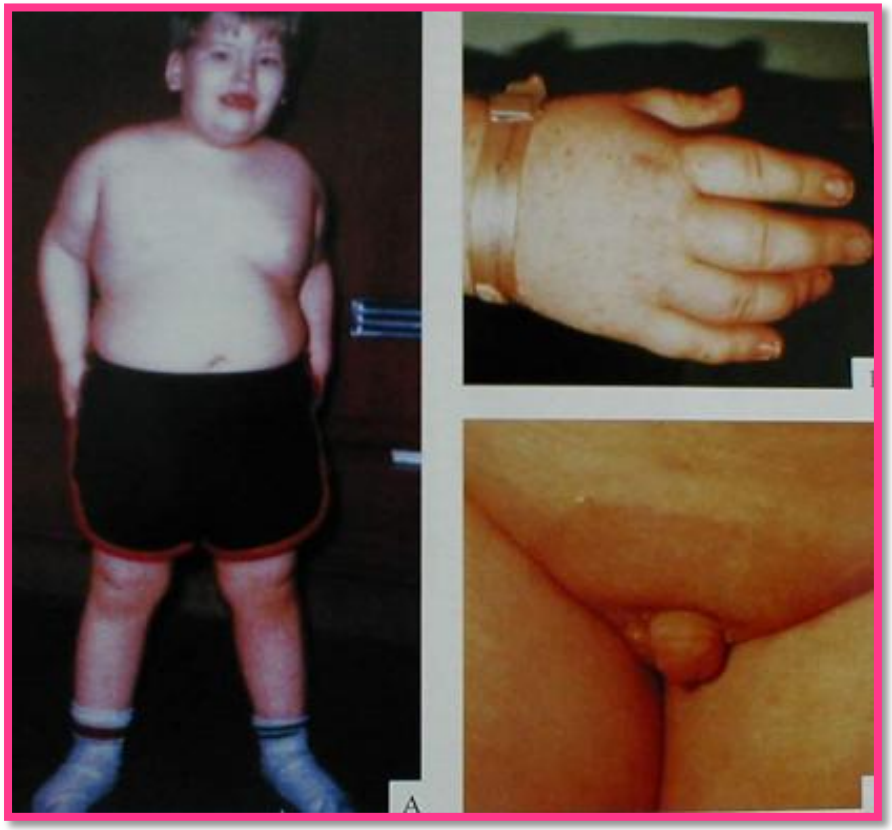
2. **What's the most likely Dx.?**

   Edwards syndrome (Trisomy 18).

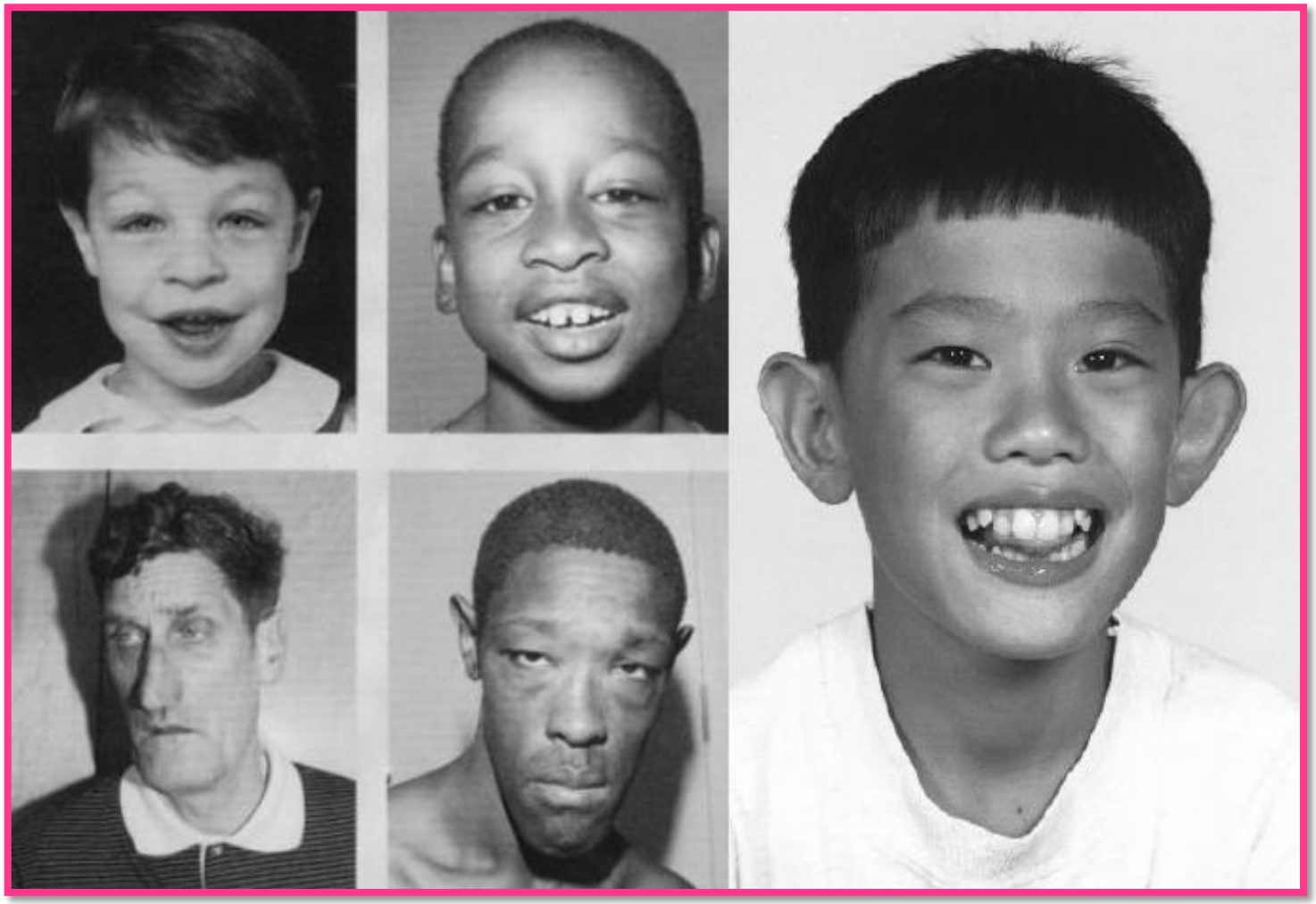


Dx.: Angelman Syndrome

Dx.: Prader-Willi Syndrome



Dx.: Fragile X Syndrome



Q.136: Mention 2 of WHO recommendations to promote breastfeeding.

1. **Initiation of breastfeeding within the 1st hour of life.**
2. **Exclusive breastfeeding** ***(that is the infant only receives breast milk without any additional food or drink, not even water).***
3. **Breastfeeding on demand** ***(that is as often as the child wants, day & night).***
4. **No use of bottles, teats or pacifiers.**

** This answer is from WHO website.*

Q.137:

1. **What's this sign?** Gower sign.
2. **What's the disease that causes it?** Proximal muscle wasting.

Q.138:

1. **What's the name of this test?** Babinski sign.

2. **Mention 2 abnormalities you expect to find in the lower extremities of this child.**
   Clonus, Hyper-reflexia «brisk tendon reflexes».

Q.139:

1. **What's the name of this test?** Distraction test.

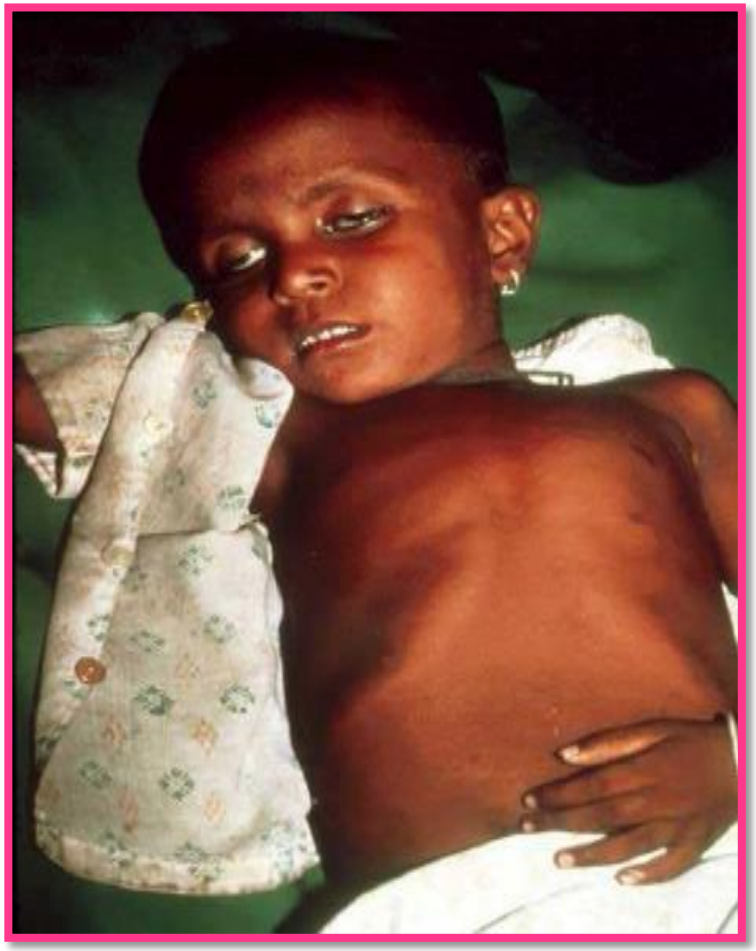
2. **What does it test for?**

   Auditory function, hearing, cochlear branch of vestibulo-cochlear nerve.

Q.140: A child who has severe gastroenteritis.

- **What's the most important sign seen in the picture?**

  Sunken eyes.



Q.141:

1. **What is the abnormality in the picture?**
   Brush-field spots.

2. **Name the condition associated with this.**
   Down Syndrome.

Q.142: This child didn't take any vaccine till this age. Now he's presented with paroxysmal cough & coryza.

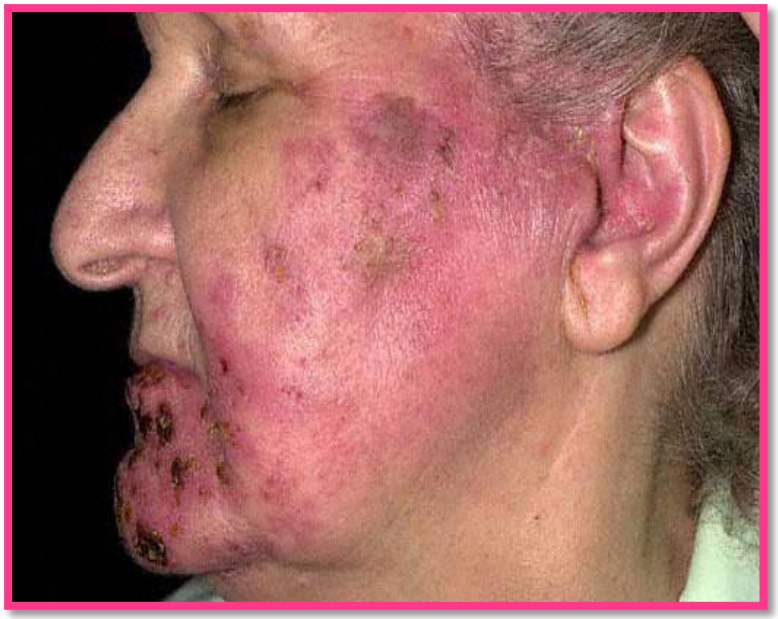
1. **What is your spot Dx?**

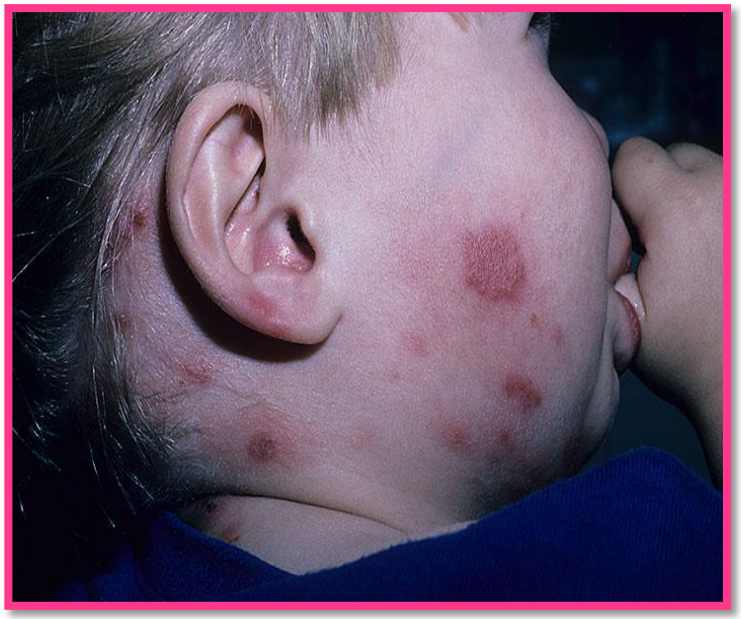
   Pertussis , Whooping cough.

2. **What is the cause of this condition?**

   Bordetella pertussis.

Q.143: *Imagine that it's a picture of a baby! :)*

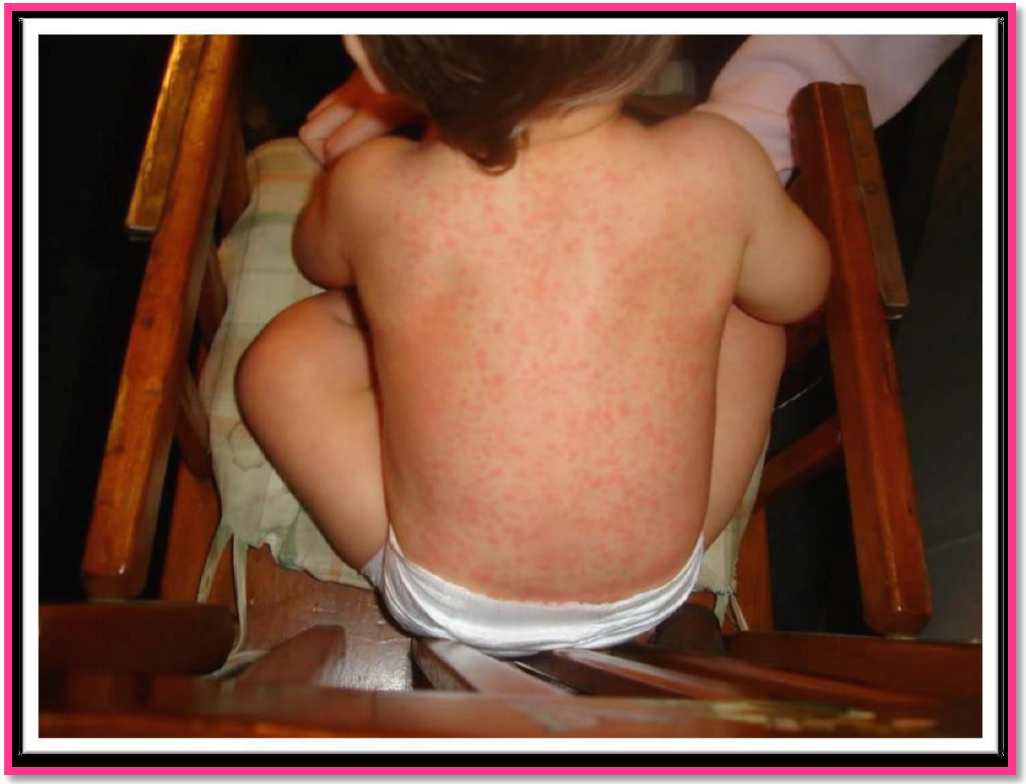




1. **Name the disease.** Shingles.
2. **Mention 2 specific features for this disease.**

   Dermatomal distribution, cluster of vesicles on an erythematous base.

Q.144: 3 days duration fever treated with Amoxcllin. & after that this rash appeared.



- What's your Dx.? Roseola Infantum.

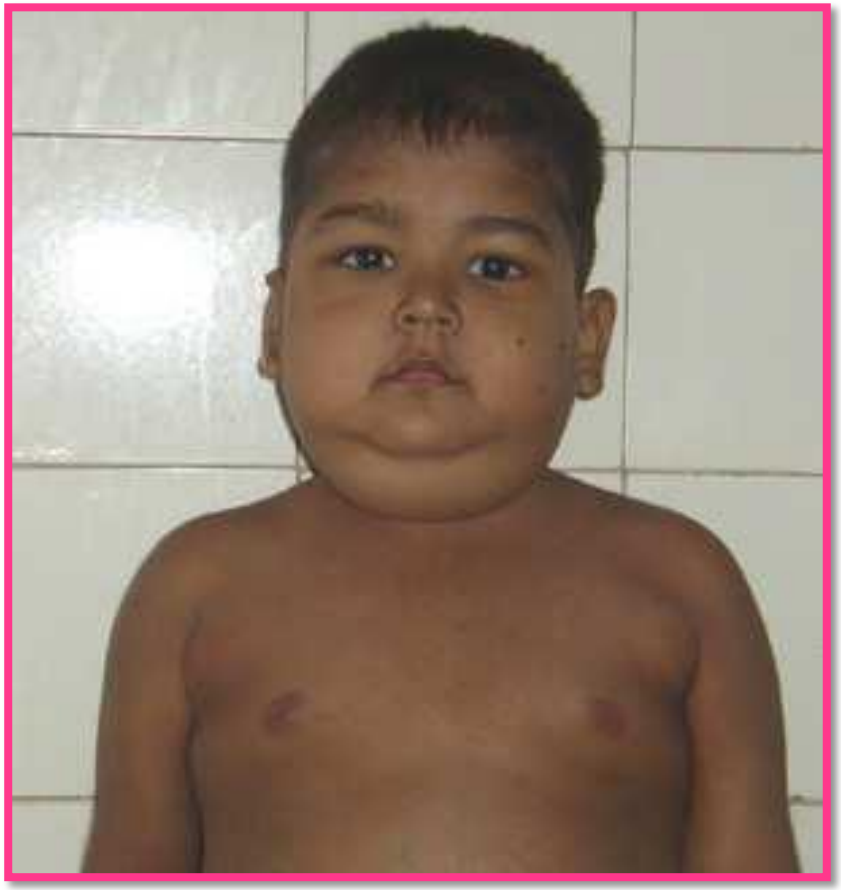
Q.145:

1. **What's the medication has he been taking?**

   Corticosteroids.

2. **What's the vital sign you want to monitor?**

   Blood pressure.



Q.146:

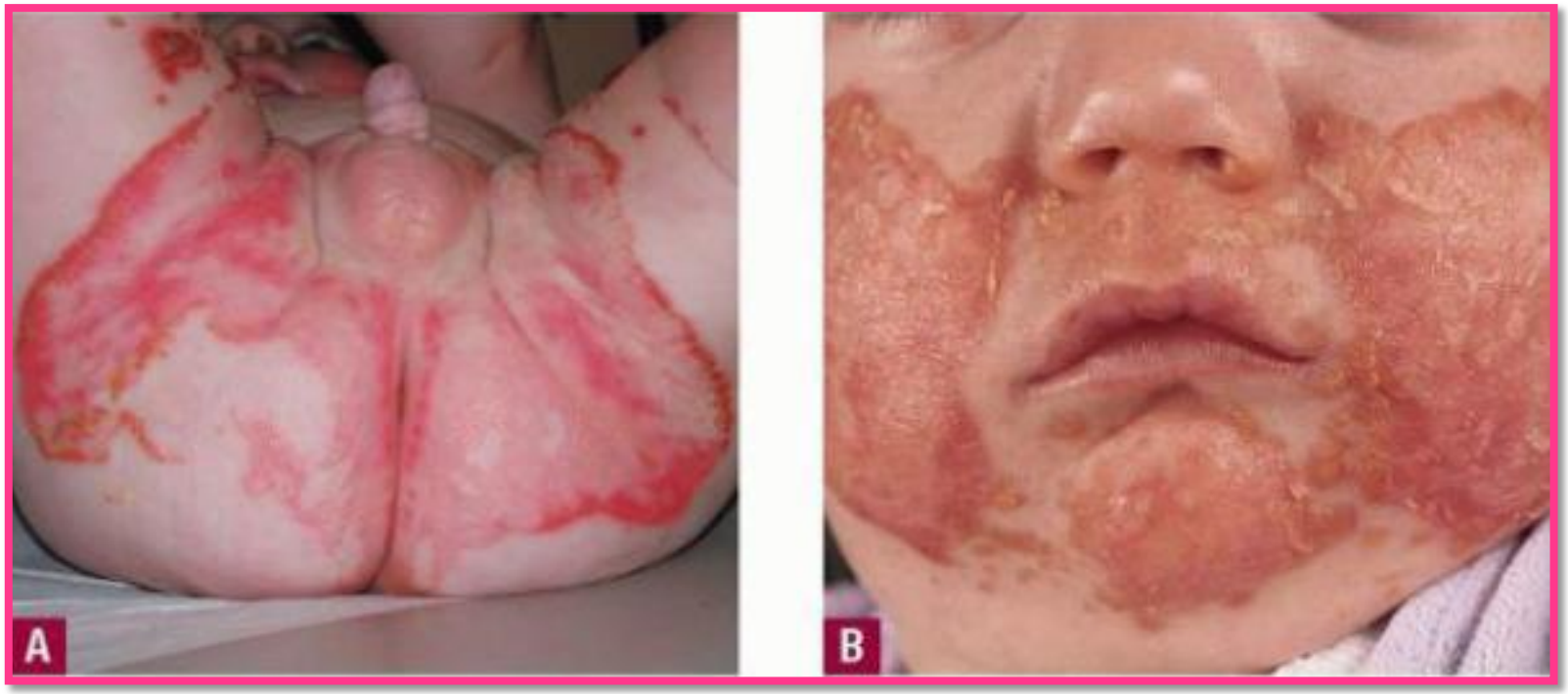
1. **What's the most likely Dx.?**

   Congenital Cushing syndrome.

2. **Mention 2 abnormal vital signs in this baby.**

   High body temperature, High blood pressure, High heart rate.

Q.147: A 7 month-old boy has weepy, crusted dermatitis around his nose, mouth & peri-anal area as you can see.



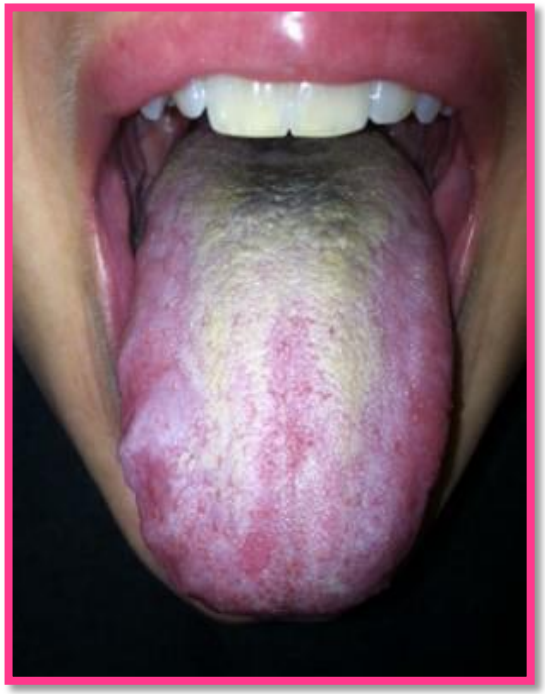
- **What's the Most likely nutrient to be deficient?**

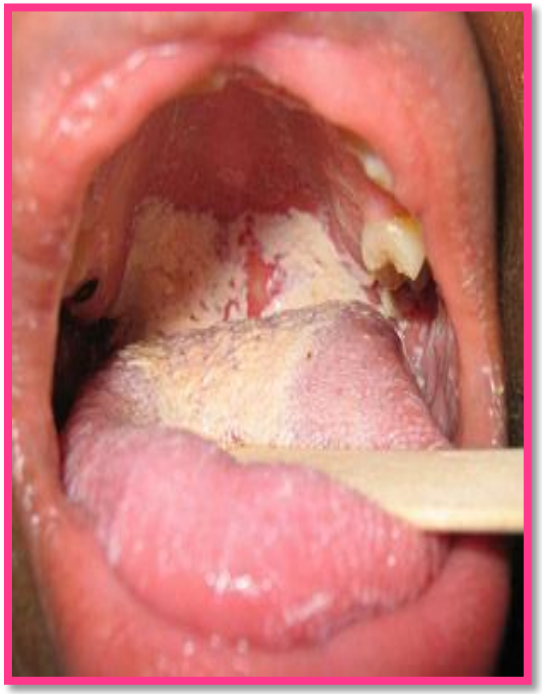
(Acrodermatitis enteropathica) give supplementation of Zinc.

Q.148: A breast-fed baby presents with this rash.

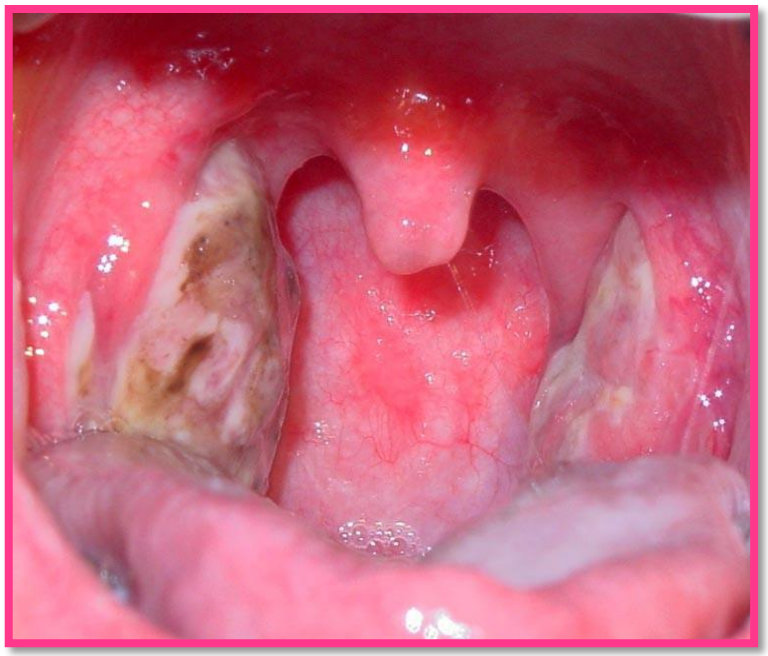
1. **What is this?**
   Oral thrush secondary to Candida (mucosal candidiasis).

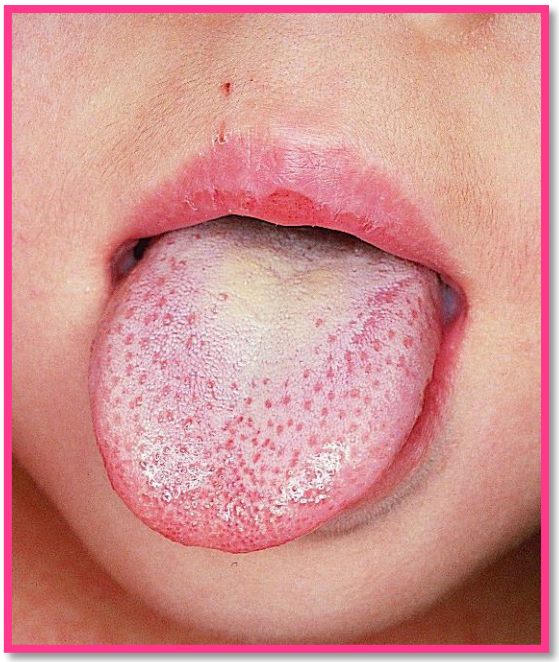
2. **What's the cause?**
   Oral Candida/ fungal infection.





Q.149: This 5 YO boy presented with cervical lymphadenopathy, & mild splenomegaly.





- **What investigation would you like to ask for?**

Infectious mononucleosis.

Diagnosed by +ve Paul-Bunnell heterophile antibody test, Mono test, PCR.

Q.150: This baby took a vaccine. & after 6 wks he developed this lesion with axillary LNs enlargement.

- **What is your spot Dx?**

  Post-BCG vaccine abscess formation with regional lymphadenitis.

Q.151:

1. **Mention 2 clinical findings in this pt.**

   Hand Clubbing, Cyanosis.

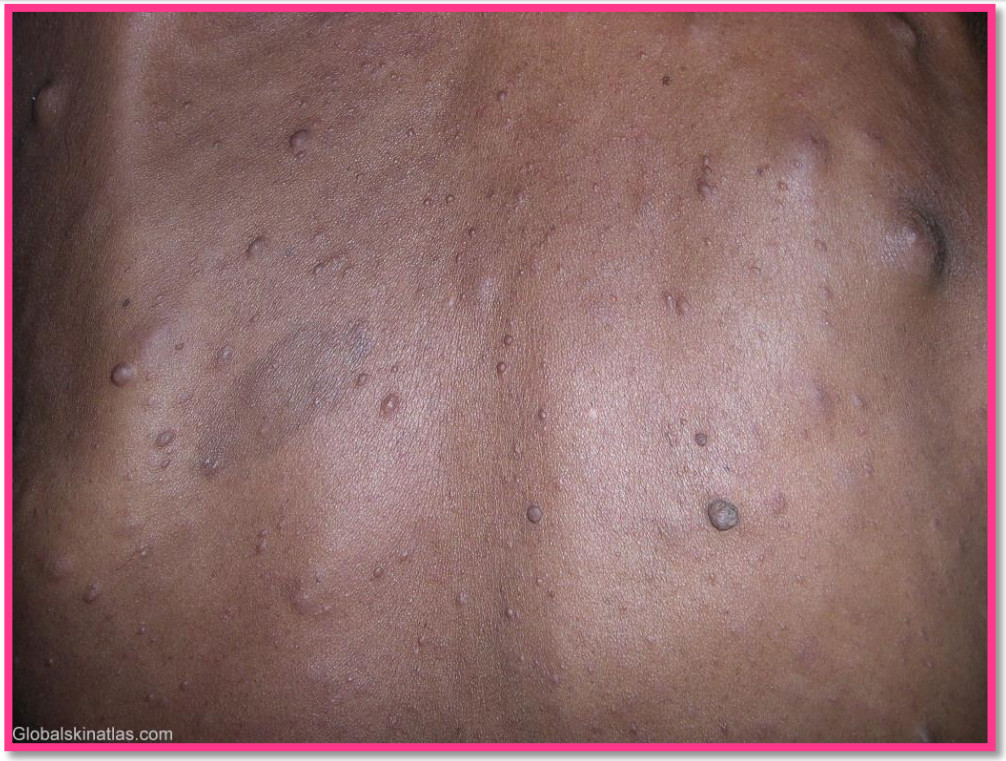
2. **Mention 2 diseases cause it.**

   Cystic Fibrosis, Infective endocarditis.

3. **What system do you want to examine for this pt?**

   CVS or RS.

Q.152:



1. **Give 2 findings seen in the picture.**

   Café Au Lait Spot, Neurocatunios Nodules.

2. **What's your Dx.?** **Neurofibromatosis.**

Q.153: Infant with recurrent vomiting.

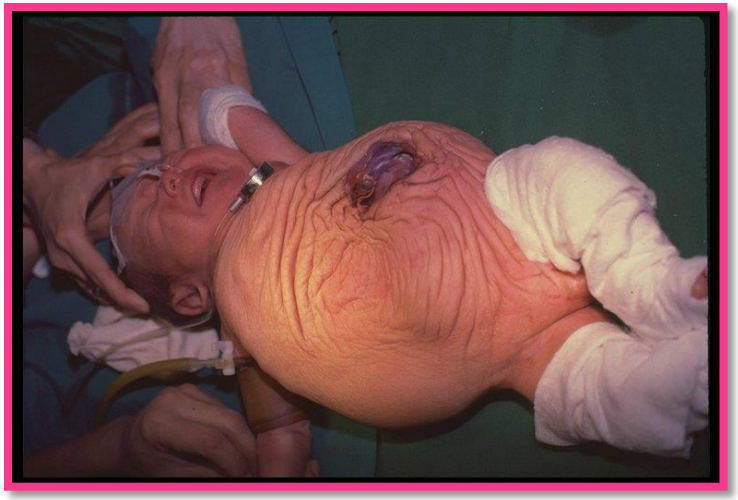
1. **Mention 2 signs rather than signs of dehydration?**

   Dark scrotum, ambiguous genitalia.

2. **Mention one diagnostic test.** Definitive test: measure 17-OH progesterone before & after an IV bolus of ACTH.

* Note: it's a case of **congenital adrenal hyperplasia**.

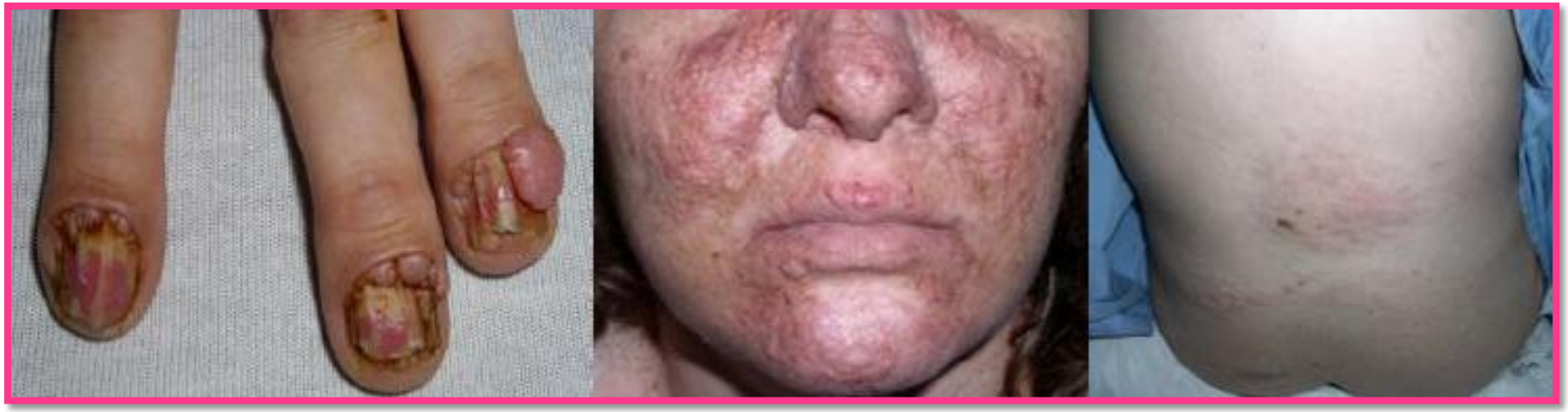
Q.154: Mention 2 genito-urinary anomalies associated with this condition.



1. High grade vesicoureteral reflux.
2. Neurogenic (distended, large) bladder.
3. Un-descended testes in males.
4. Hydronephrosis.

** *The condition is:* ***Prune-belly syndrome****: a rare, genetic, birth defect affecting about 1 in 40,000 births!*

Q.155: Mentally retarded, his brother has similar condition (Autosomal Dominant).



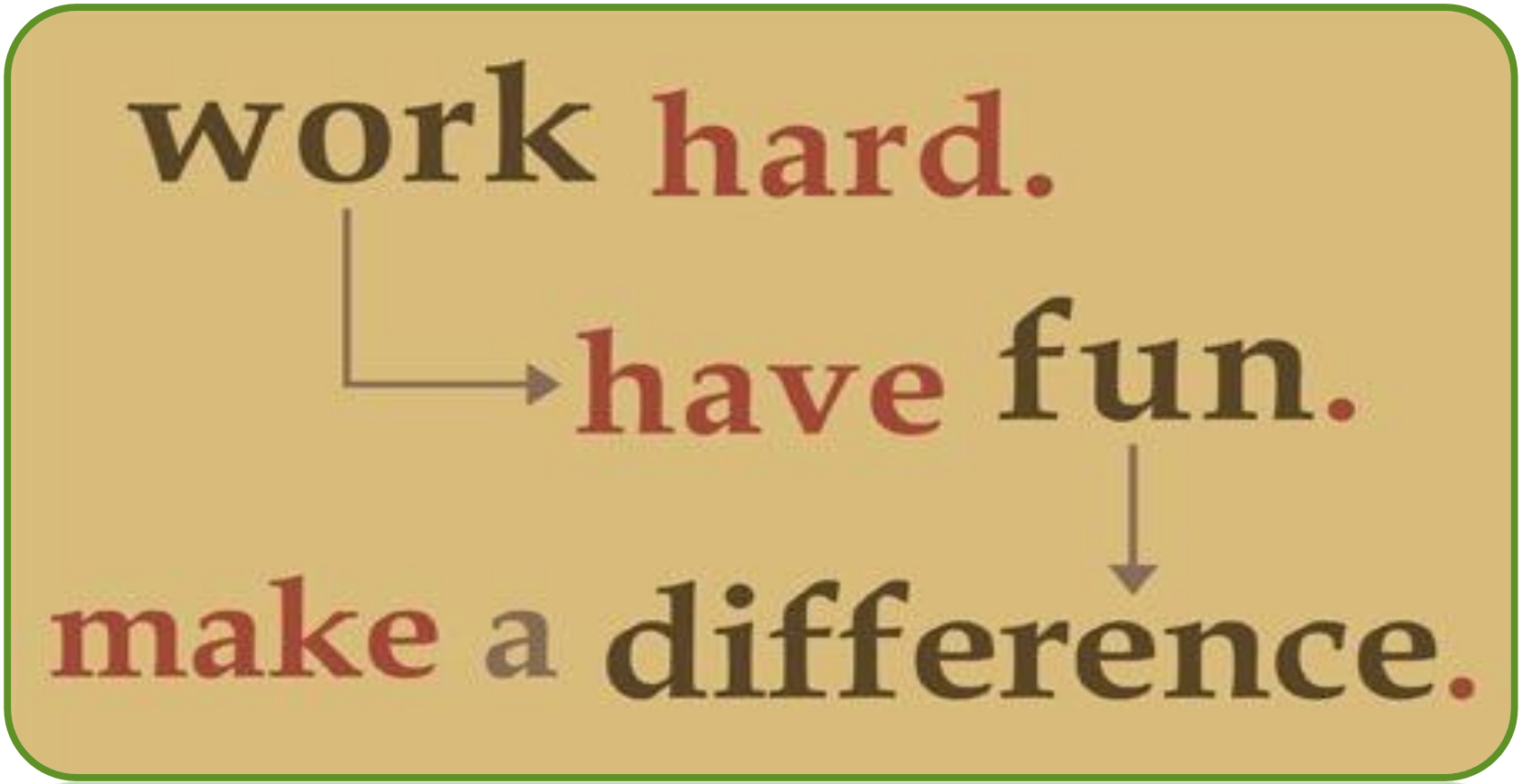
1. **Mention 2 signs.**

   Ungual fibromas, Adenoma sebaceum, Shagreen patch.
2. **What's the Dx.?** Tuberous sclerosis.

3. **Name 2 other investigations you will order to look for more signs.** Brain MRI , kidney CT.

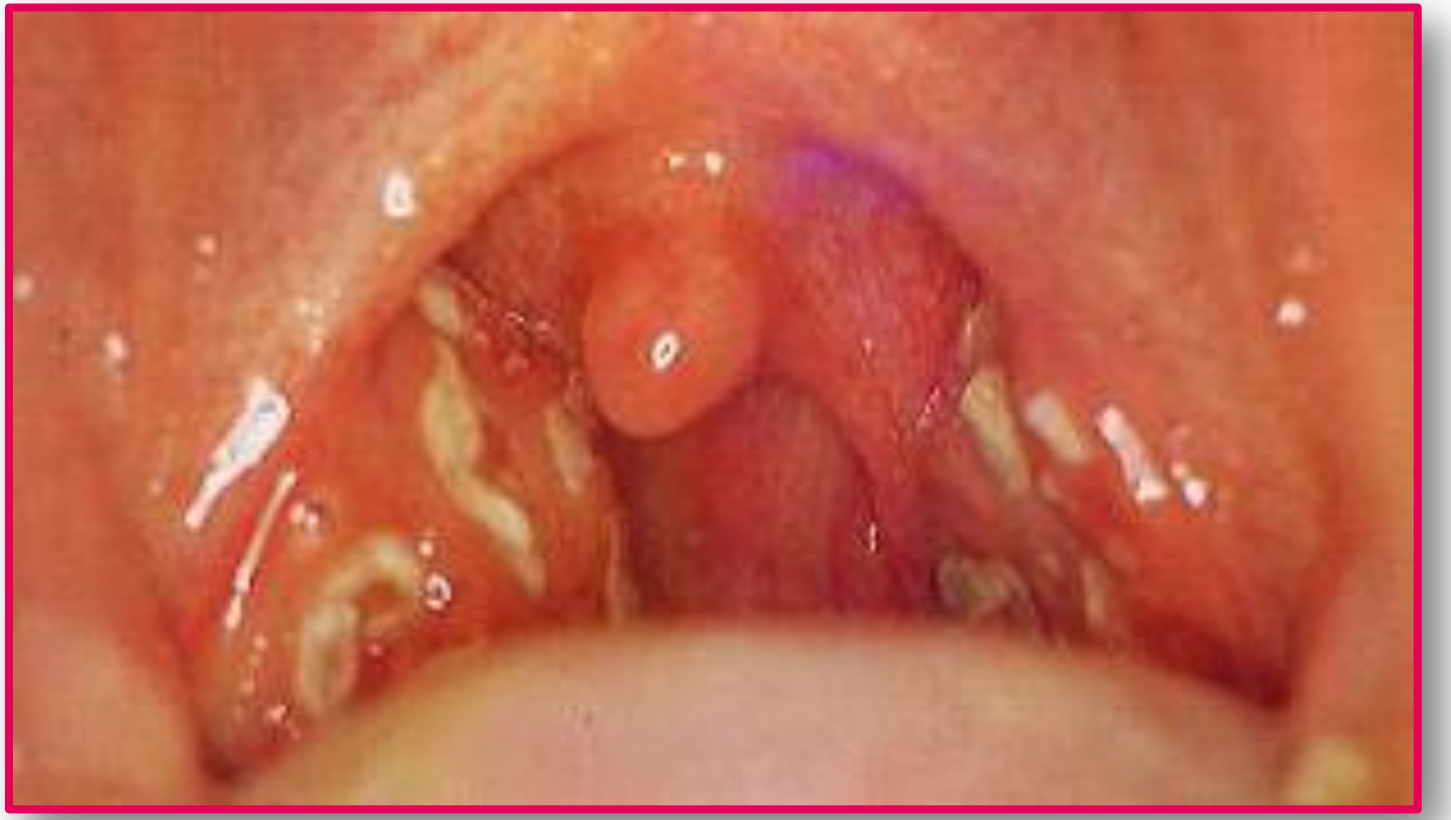
Q.156:

- **After doing hearing tests, what's the next step you must do?** Renal US, Renal study, KFT.

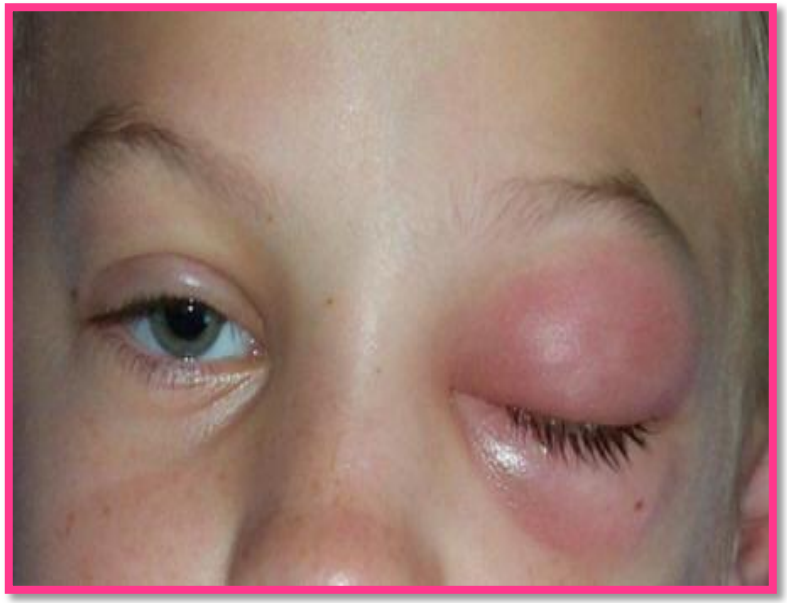

work hard.
have fun.
make a difference.

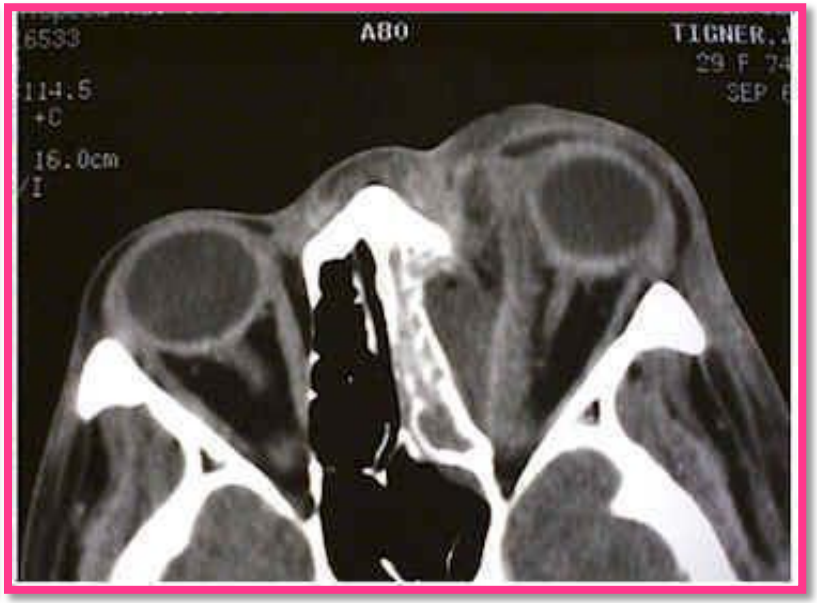
Hyper-telorism & Flat nasal bridge

Dx.= Acute Follicular Tonsillitis.

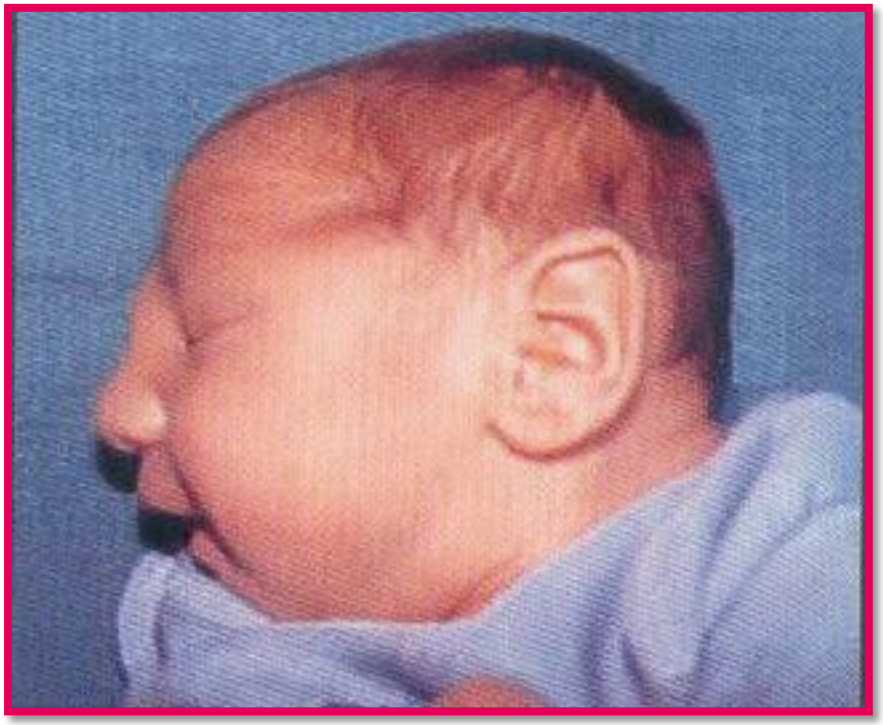


Dx.: Orbital Cellulitis

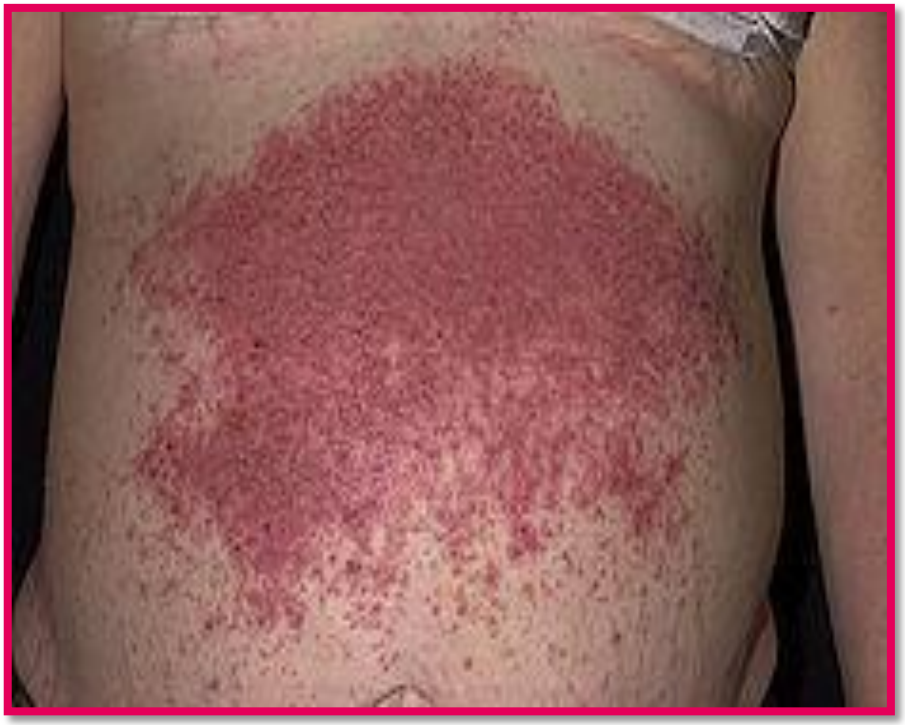




Microcephaly

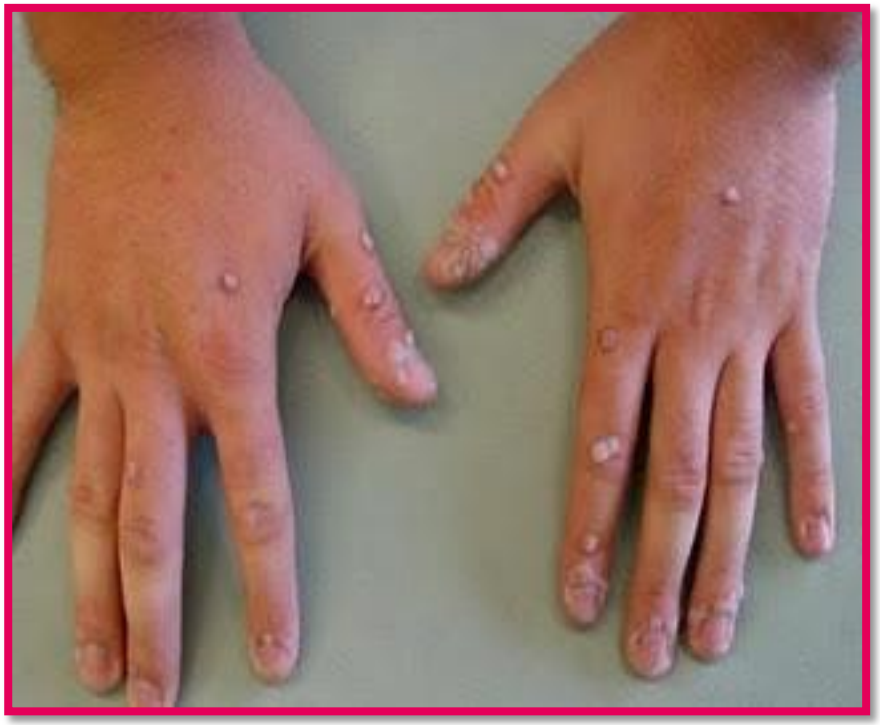


Dermatitis Herpetiformis

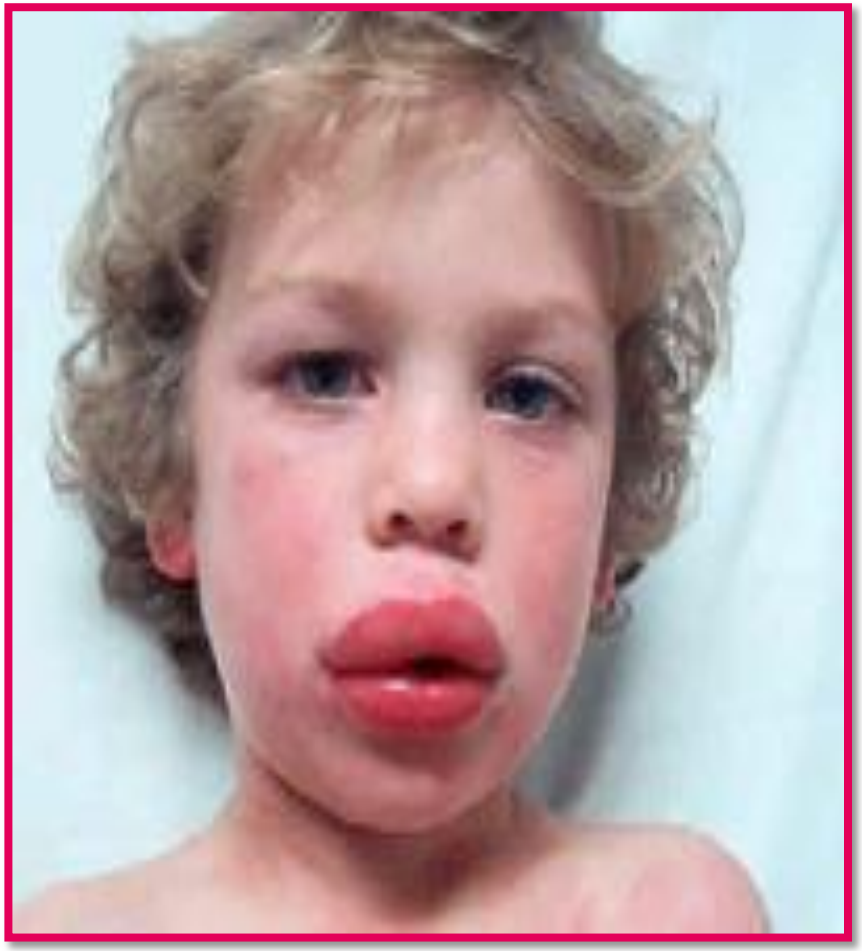


5th Disease

Warts

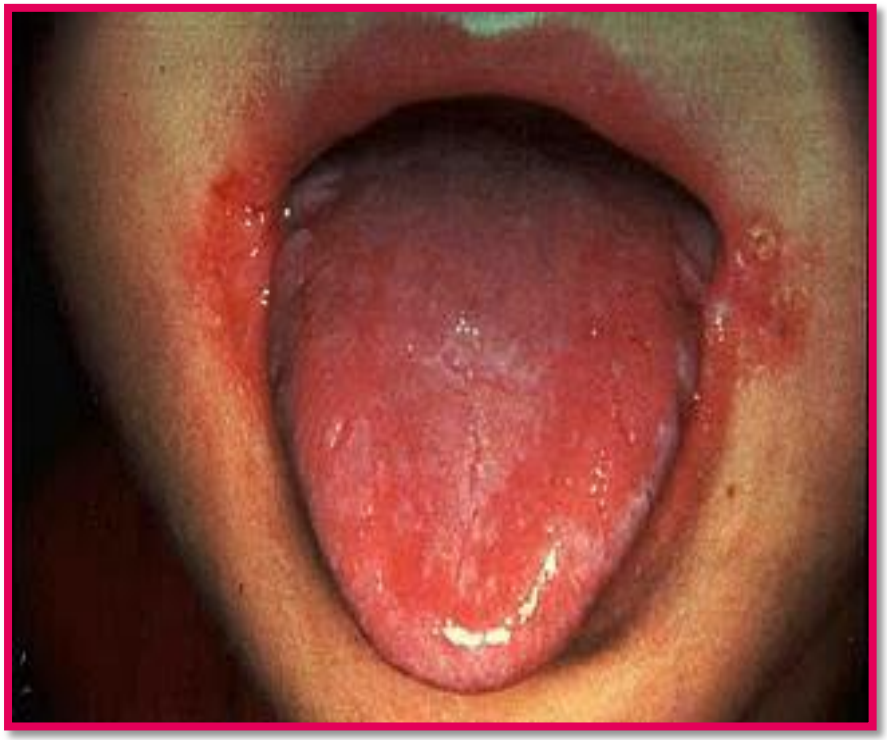


Angioedema

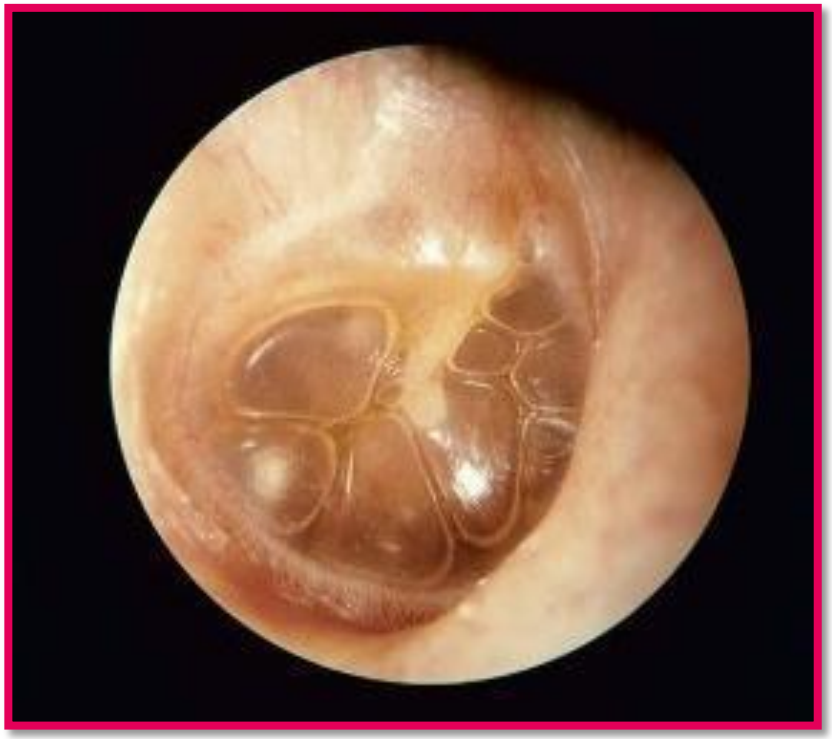


Holoprosencephaly

Angular Chelitis

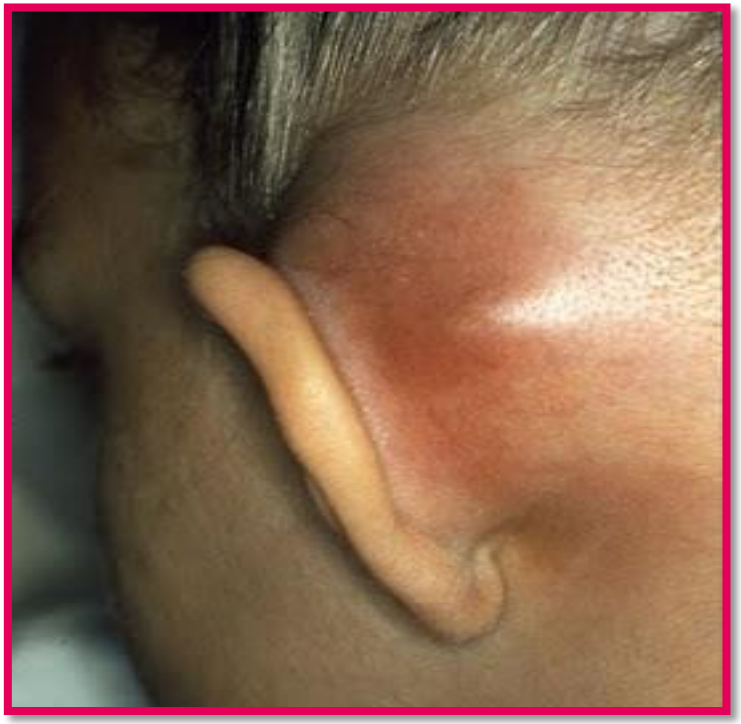


Serous Otitis Media



Nasal Polyp

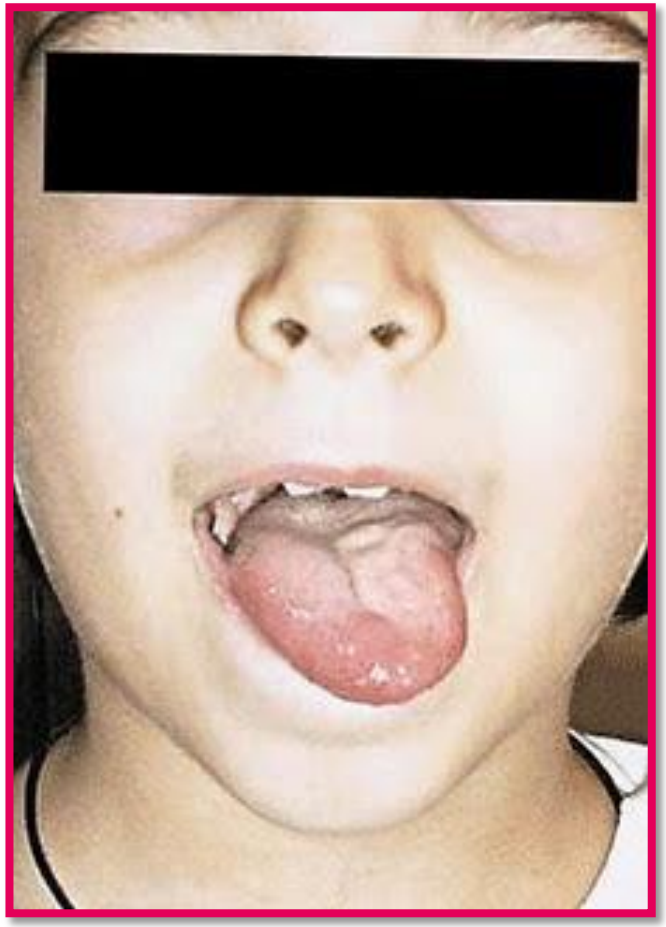
Mastoiditis



Erb's Palsy

Kwashiorkor

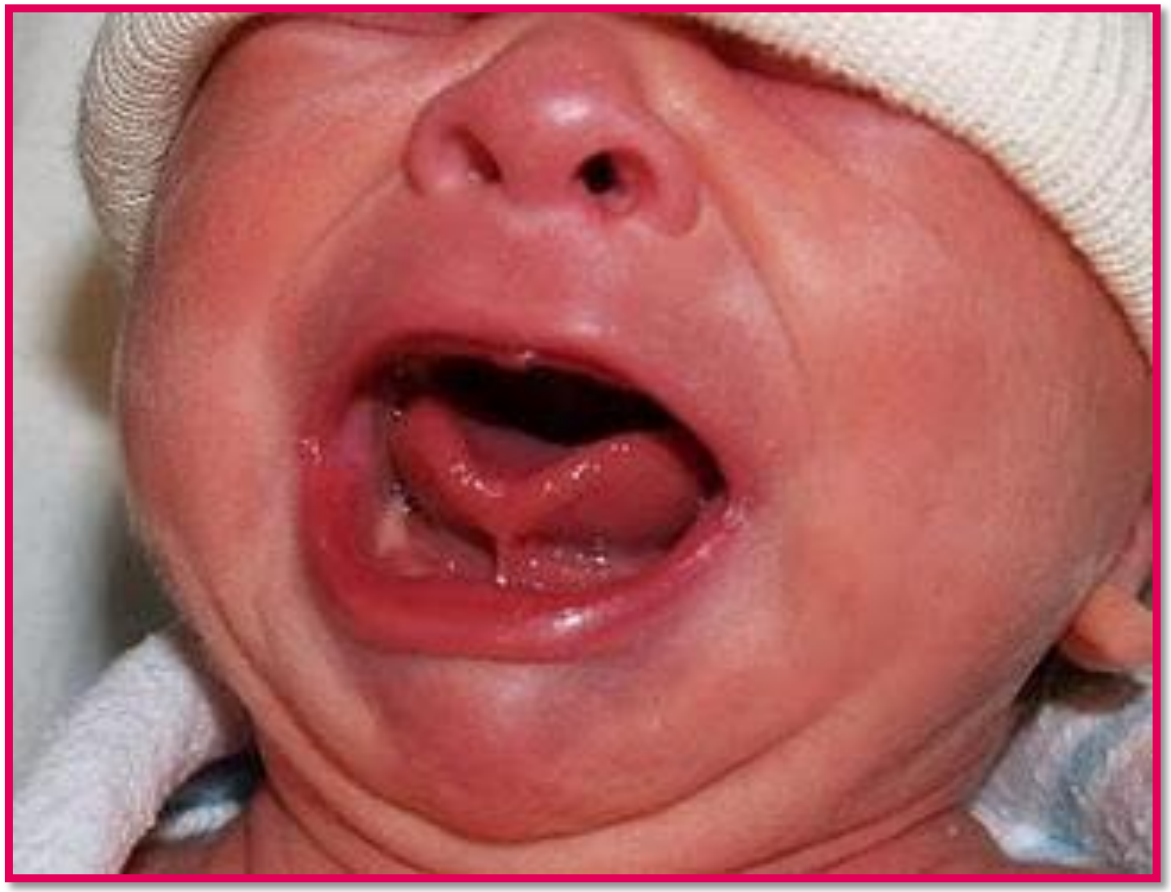
Lt. Hypoglossal Nerve Palsy



Lt. Vagus Nerve Paralysis

Dx.= Measles (Koplik's Spots)

Dx.= Ankyloglossia "Tongue Tied"



اذكرونا بدعوة .. :)

المعصية لها توبة ,,,
والحزن له فرج ,,,
والإكتئاب له راحة ,,,
والضيقة لها سعادة ,,,
وكل شئ له حل ,,,

فقط ثق بالله

واصبر فإن الله مع الصابرين

The End .. :)

تتقدم لجنة الطب البشري من جميع الزملاء
والزميلات من الدفع السابقة بأ سمى معاني الشكر
والامتنان لجهودهم في جمع هذه الأسئلة فلولاهم
لم يكن لهذا العمل أن يرى النور .. :)
فشكراً جزيلاً لهم