

Flag question



The most likely diagnosis based on the shown laryngoscopy

The most likely causative organism is:

- ✓ Choose...
- Epiglottitis
- Hemophilus influenzae type b
- Bacterial Tracheitis
- Staphylococcus aureus
- Croup
- Parainfluenza

Choose...

Question 8

Not yet answered

Marked out of 2.00

Flag question

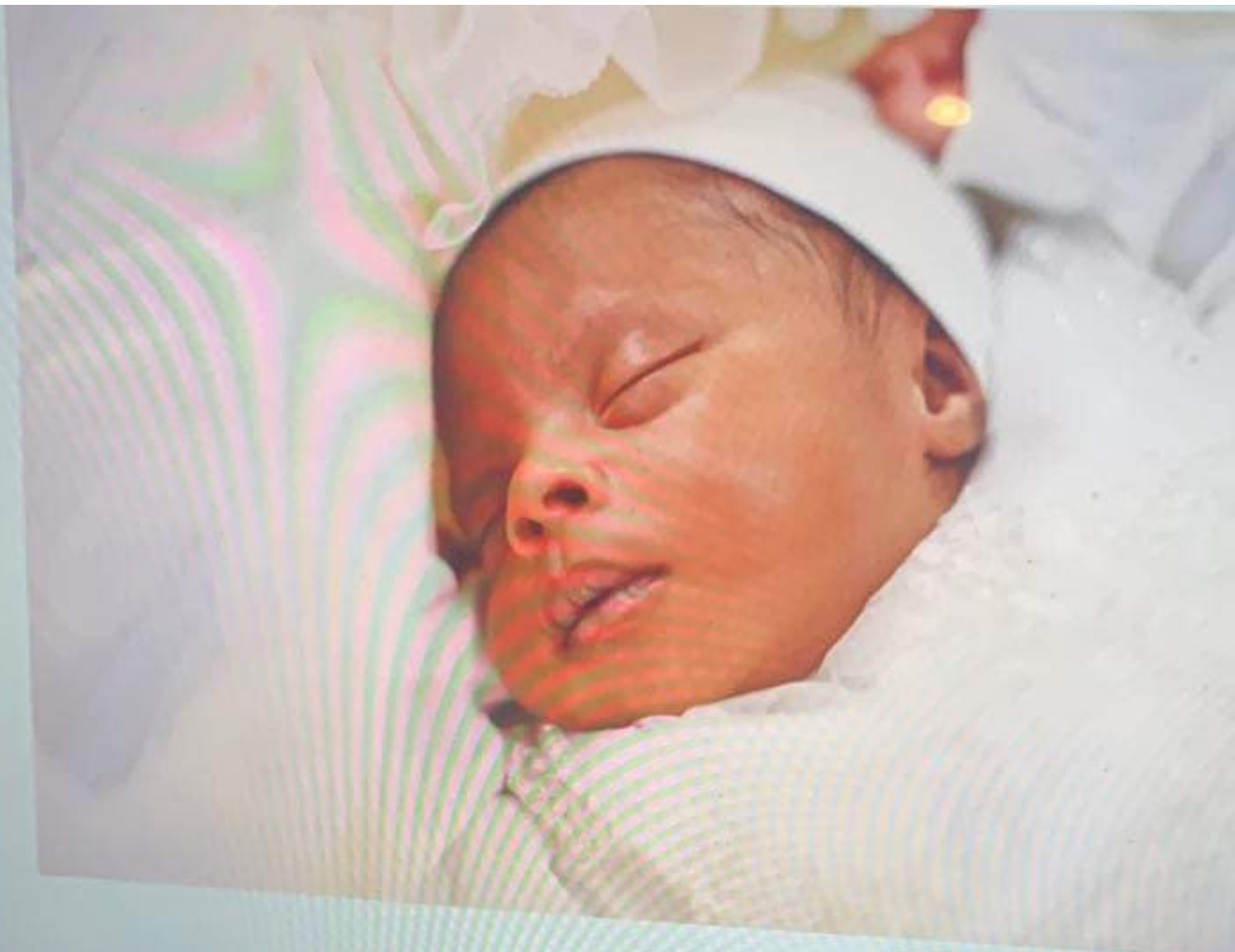
A 10 year old child presented with jaundice. Abdominal exam showed splenomegaly in addition to the shown findings.



The correct diagnosis is:

Which of the following is one of baseline investigations for this condition?

- Choose...
- Enteropathy
- Liver cirrhosis
- Viral hepatitis
- Fecal alpha 1 antitrypsin
- Hepatitis A IgM
- Prothrombin time



Degree of dehydration for this patient is:

Calculated fluid deficit for this patient if his weight is 10 kg, is

Choose...

Severe

Mild

500 milliliter

700 milliliter

1000 milliliter

Moderate



Degree of dehydration for this patient is:

Calculated fluid deficit for this patient if his weight is 10 kg, is

Choose...

Severe

Mild

500 milliliter

700 milliliter

✓ 1000 milliliter

Moderate

A 4-day-old full term baby presented with skin discoloration as shown, appeared at age one day of life. Mother blood group is A negative and baby blood group is O positive. Bilirubin was 16 mg/dL.



The most likely diagnosis is:

The appropriate management for this condition is

Choose...

- Rh incompatibility
- Blood transfusion
- ABO incompatibility
- Reassurance
- Physiological jaundice
- Phototherapy

Not yet answered

Marked out of 2.00

Flag question

A full-term baby presented with skin discoloration as shown, appeared at age one day of life. Mother blood group is A negative and baby blood group is O positive. Bilirubin was 16 mg/dL.



The most likely diagnosis is:

ABO incompatibility ⇅

The appropriate management for this condition is:

Phototherapy ⇅

A child presents to the clinic with chronic diarrhea, failure to gain weight in addition to the signs shown slides below.



A 7-year old child presented to the clinic with history of easy bruising, skin rash and gingival bleeding. There is a history of upper respiratory tract infection 10 days ago. No history of pain in his abdomen, joints or limbs. On examination, he was well and had normal examination apart from the signs shown in the slides.



What is the most likely diagnosis?

Idiopathic Thrombocytopenic Purpura

The child was admitted one week later with severe epistaxis.

Which of the following treatment

An 8-year old child presents with chronic Diarrhea and poor weight gain. He has history of repeated chest infections and wet cough. On physical examination his growth parameters were below normal. The two films provided present images of his hands, and a copy of his venous blood gas and electrolytes.



VBG – Serum Electrolytes :

PH 7.51
PCO2 48 mmHg
HCO3 35 mmol/L
CL 76 mEq/L
Na 135 mEq/L
K 2.8 mEq/L

What is the specific treatment of choice to stop his diarrhea and improve weight gain ?

Cholestyramine

What is the likely diagnosis of this child ?

Cystic Fibrosis

Next page

Marked out of 100
Flag question

tonsillitis one month ago, the urine color and microscopy shown below.



- Choose...
- Micrition cystourethrogram
 - Bacteria
 - Ca oxalate crystals
 - RBC casts
 - Renal ultrasound
 - ASD titre

What is the pathology seen in the urine -microscopy film ?

Choose... 1

Which of the following investigations is helpful to confirm the diagnosis of his condition :

Choose... 1

This is a film of a 2 day-old newborn brought to the clinic with change of his body color noted during the first day of life, increasing in intensity with time. Investigations revealed the following : Mother Blood Group A negative , Direct coombs test :positive, Baby blood group A positive ,Hb 9 g/dl , Bilirubin 20 mg/dl (direct 0.2mg/dl)



What is the likely cause of this pathology in this baby ?

Hemolytic disease of the newborn

One of the following is an expected complication of this condition :

Kernicterus

difficulty of swallowing. On physical examination, he had palpable cervical lymph nodes, his nose examination was unremarkable. The slides below demonstrate findings in throat exam consistent with his diagnosis.



What is the organism responsible for this child's condition?

Group A streptococcus

Specific Treatment of this condition is recommended to prevent ONE of the following complications:

Rheumatic heart disease

A 2-year old child previously healthy presented with fever ,sore throat and decreased oral intake .He developed lesions inside his oral cavity and around the mouth. No skin lesions in other sites. Rest of examinations was normal .



What is the likely cause of this child's condition ?

Primary herpes simplex ⚡

One of the following is the First -line treatment option in this condition :

Hydration ⚡

A 1-year-old infant had history of fever which persisted for 3 days, the temperature decreased to normal on the 4th day. The shown skin rash appeared on the day fever subsided.



The most likely diagnosis is:

The appropriate management of this condition is:

Roseola infantum



Reassurance





Question 8

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A 5-year-old girl presented with history of fever of 6 days duration. She has strawberry tongue and cracked lips. Skin and eye exam are shown.





The most likely diagnosis is:

Scarlet fever

One of the following is a known complication if not treated properly.

Rheumatic fever

Next page



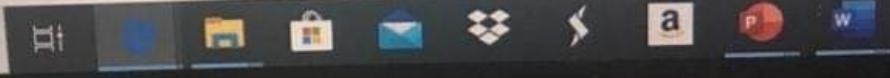


The most likely diagnosis is:

One of the following is a known complication if not treated properly:

- Kawasaki disease
- Choose...
- Measles
- Kawasaki disease
- Coronary aneurysm
- Pneumonia
- Rheumatic fever
- Scarlet fever

here to search



Pediatrics I

Home

My courses

Pediatrics I

Pediatrics - MiniOSCE - 8 June 4 PM

Question 5

Not yet answered

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After the inspection of the back of the baby shown in the picture:



Type here to search





Regarding the diagnosis of the shown picture, one is correct:

This patient should be followed up for one of the following related directly to his condition:

- Choose...
- Height
- Meningomyelocele
- Head circumference
- Meningocele
- Weight
- Spina bifida occulta

Type here to search

Windows taskbar with icons for Start, File Explorer, Mail, Edge, and other applications.

A 2-month old infant presented with history of progressive projectile non-bilious vomiting of 5 days duration. No diarrhea.

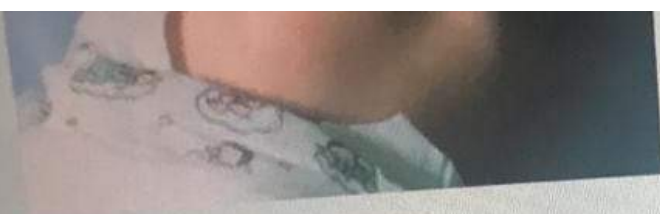


The most likely diagnosis is:

Pyloric stenosis

Venous blood gas of this patient most likely will show:

Metabolic alkalosis



The most likely diagnosis is:

Venous blood gas of this patient most likely will show:

- Choose...
- Pyloric stenosis**
- Metabolic alkalosis
- Respiratory acidosis
- Metabolic acidosis
- Biliary atresia
- Duodenal atresia

to search



Question 1

Not yet answered

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A 6 year old child, presented with the complaint shown in the picture. She had history of decreased urine output and frothy urine since one week.



Most likely diagnosis is:

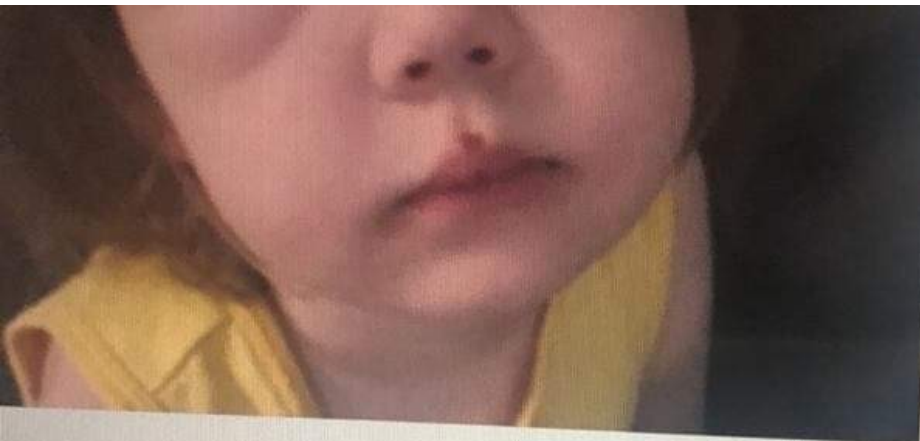
Choose...

Urine test showed one of the following:

Choose...

Type here to search





likely diagnosis is:

test showed one of the following:

Choose...

- Albuminuria
- Elevated spot urine sodium
- Acute renal failure
- Red blood cell casts
- Nephritic syndrome
- Nephrotic syndrome



A 5-month old infant was brought by his parents to the clinic for evaluation of his repeated seizures as well as concerns about his motor development. The Physical signs upon his neurological evaluation is shown in the slides.



What is the likely clinical diagnosis ?

Central hypotonia





What is the likely clinical diagnosis ?

Central hypotonia

Which of the following is the most significant complication of this condition :

Aspiration pneumonia

Flag
Question



Inspection of this patient shows one of the following:

One is correct regarding management of such condition:

Hydrocephaly



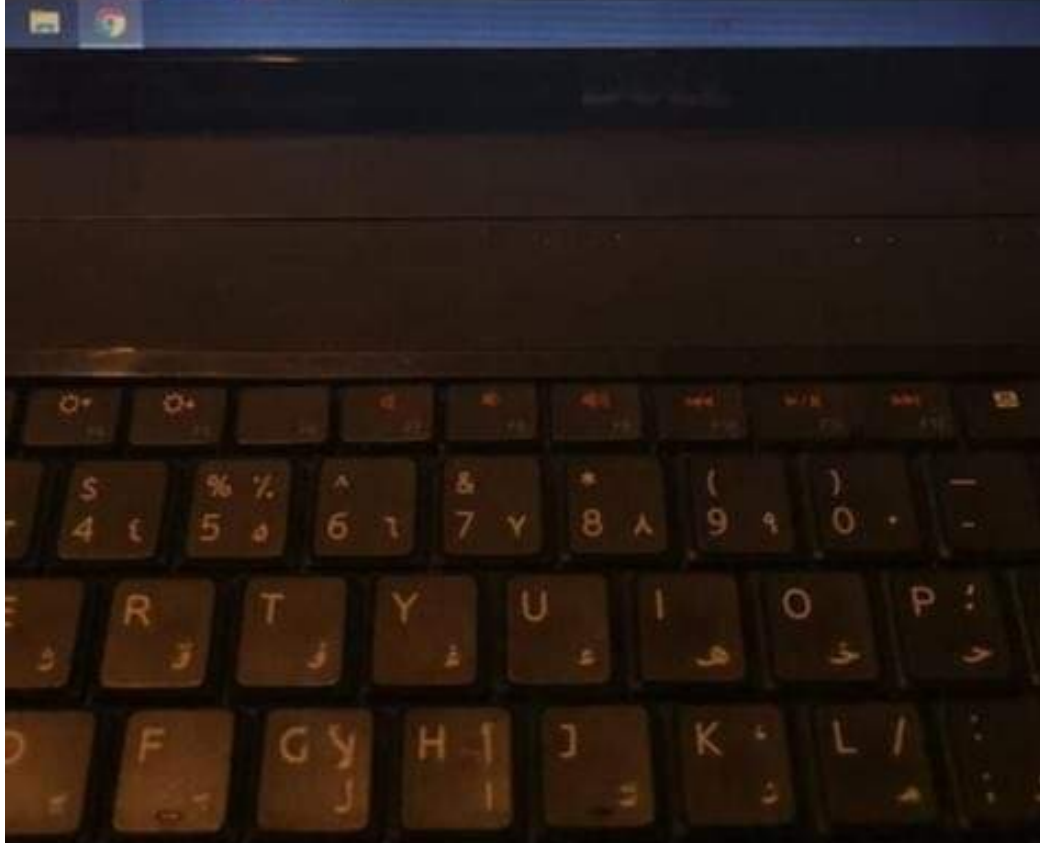
Ventricular peritoneal shunt



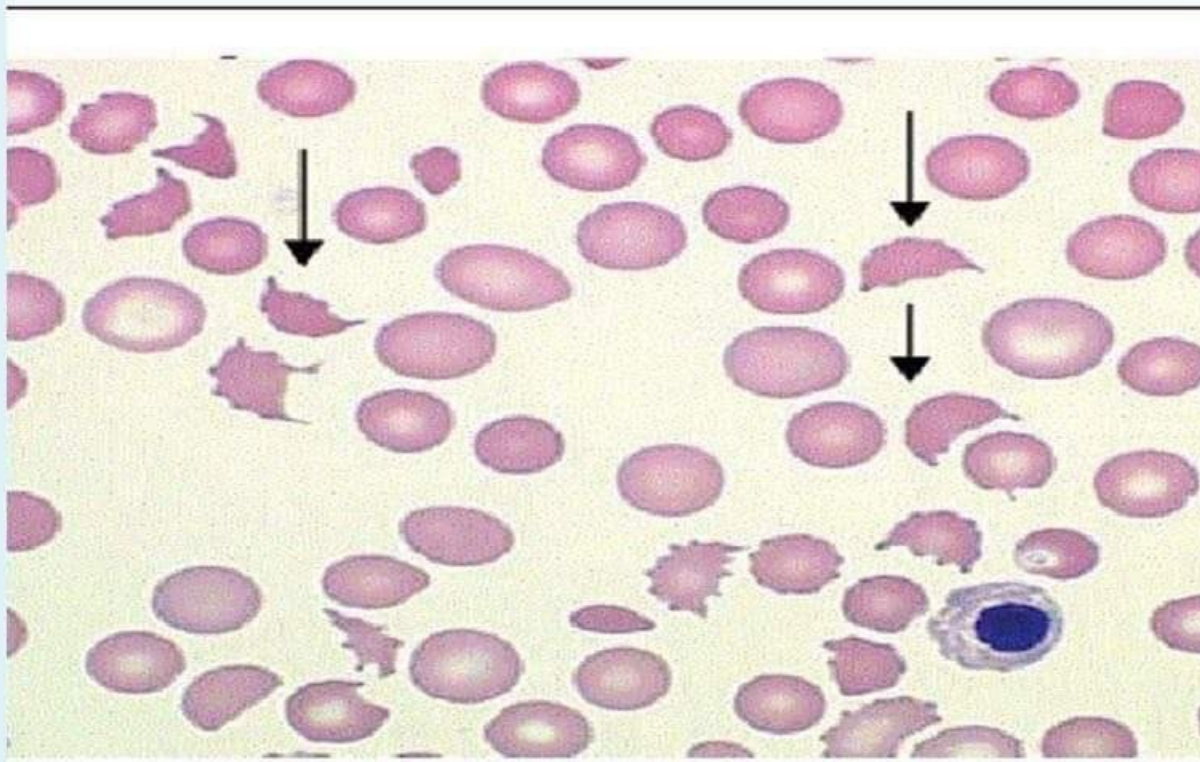
x +

du.jo/mod/quiz/attempt.php?attempt=441079&cmid=256672

This is a photo of a child who was born at 28 weeks gestation and discharged from NICU 3 months after birth. He is now 6-years old and has developmental delay, no history of convulsions. He has the signs seen in the slides.



A 7-year-old child presents with a history of petechial rash, pallor and decreased urine output. He has history of bloody diarrhea one week earlier. His physical exam revealed increased blood pressure. CBC and blood film was performed. The blood film shown in the slide.

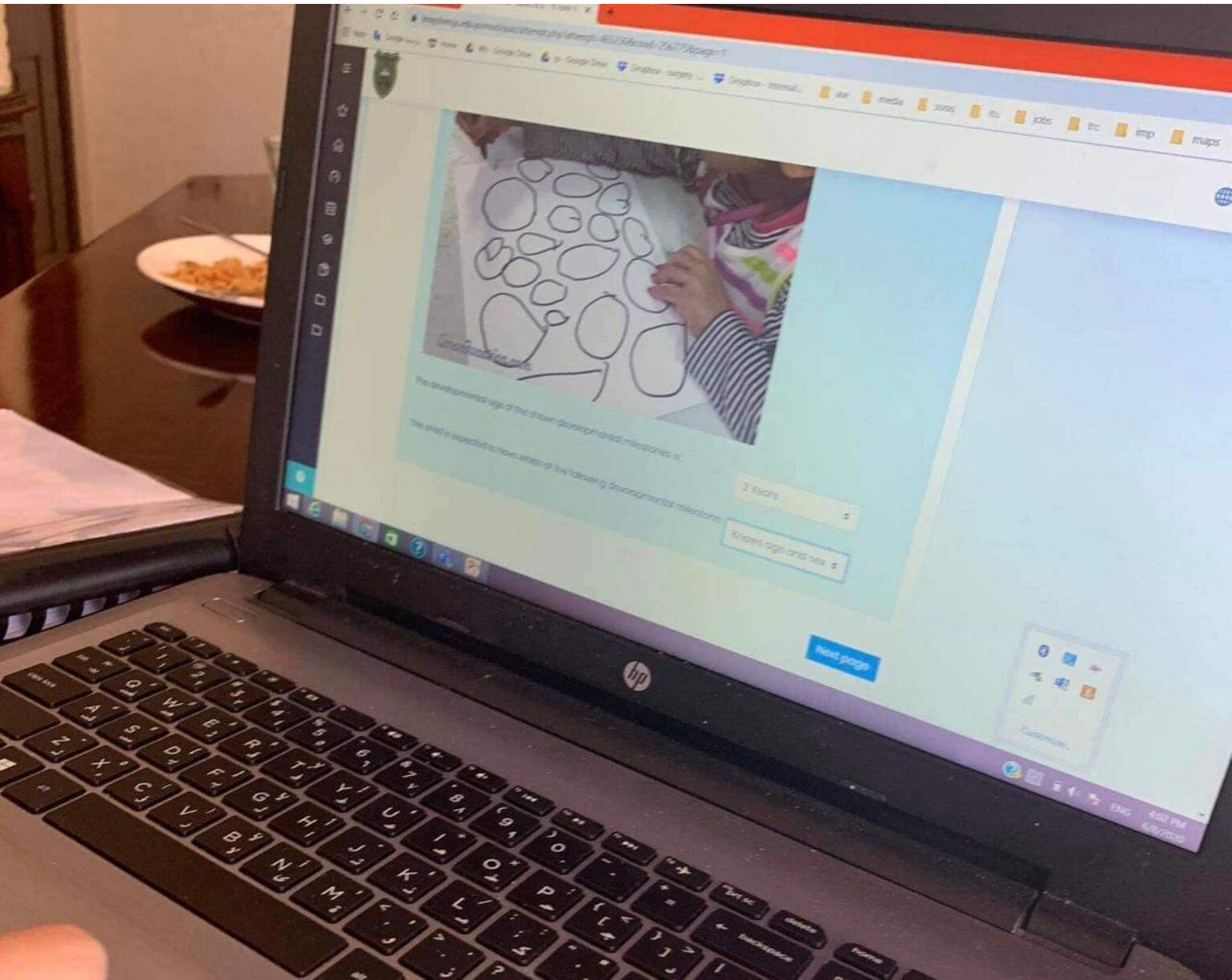


What is the type of cell shown the slide (pointed with an arrow)?

Schistocytes

One of the following laboratory abnormalities is

elevated blood urea nitrogen





What is the Gross-motor -developmental age for these children?

3 years



Which of the following skills can be performed at their age ?

Copy a circle



slides below demonstrates the Gross motor skills of few children .



What is the Gross -motor developmental age for these children ?

3 years

Which of the following skills can be performed at this developmental age ?

Dresses and undresses

Question 7

Not yet answered

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The developmental age of the shown developmental milestones is:

2 years

This child is expected to have which of the following developmental milestone:

Can say sentence of 3 words



developmental age of the shown developmental milestones is:

child is expected to have which of the following developmental milestone:

Choose...

2 years

Can tell story

3 Years

4 Years

Can say sentence of 3 words

Names 4 colors



Marked out of 100
Flag question

tonsillitis one month ago, the urine color and microscopy shown below.



- Choose...
- Micrition cystourethrogram
 - Bacteria
 - Ca oxalate crystals
 - RBC casts
 - Renal ultrasound
 - ASD titre

What is the pathology seen in the urine -microscopy film ?

Choose... 1

Which of the following investigations is helpful to confirm the diagnosis of his condition :

Choose... 1



What is the underlying pathology in this child's condition?

Peripheral hypertonia

Which of the following treatment options LEAST needed in his condition:

Choose...

Next page

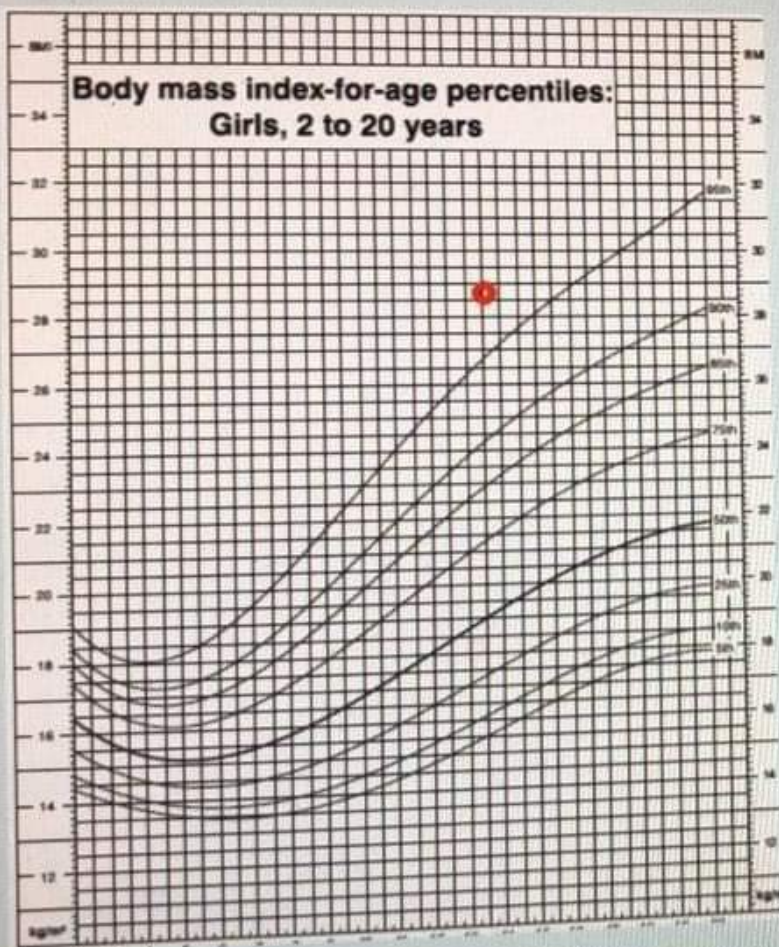
Final Exam - 1 June
8 PM

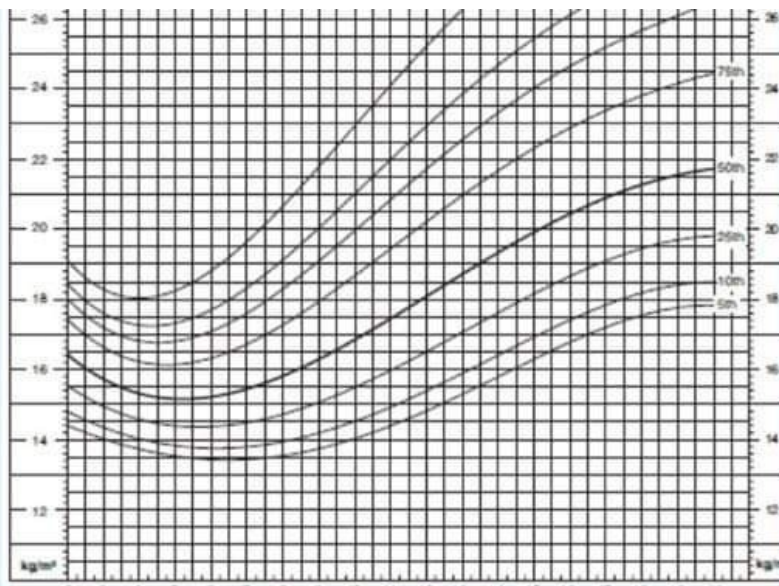
Jump to...

Schedule of Final Exams &
MiniOSCEs ►



A 14 -old girl presents to the clinic with concern about her weight. Her growth parameters are plotted in the relevant charts as shown in the slides .



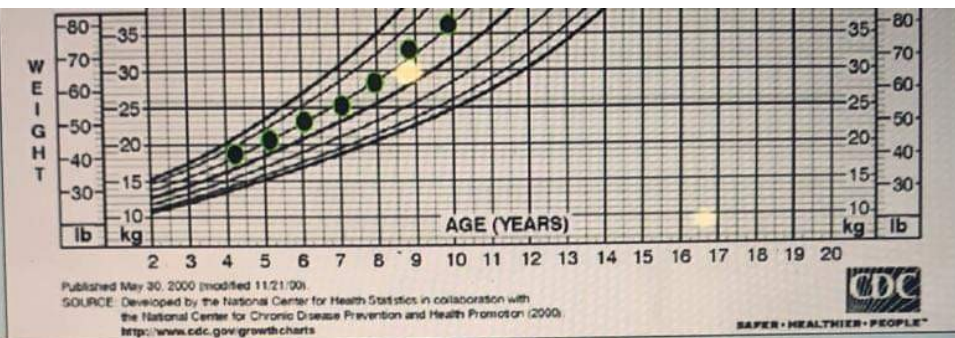


What is the correct interpretation of her growth parameters ?

She is overweight

Which of the following disorders can be associated with this girl's condition ?

Cushing syndrome



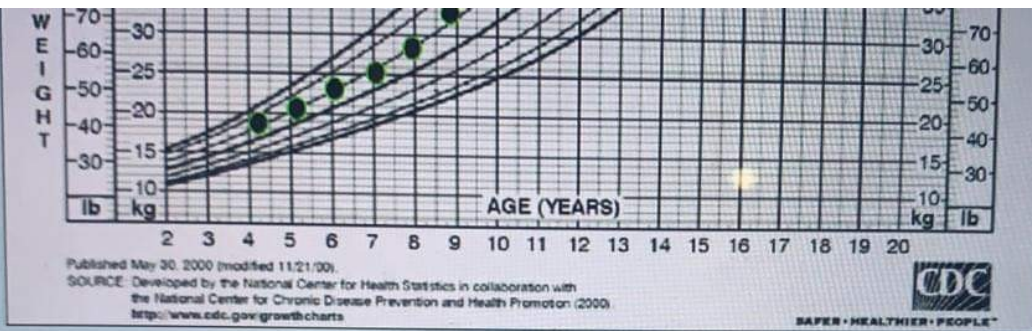
A patient presented with short stature, the growth chart shows his growth pattern over the period of his clinical follow up.

The most likely diagnosis is:

The appropriate management for this condition is

- Choose...
- Growth hormone treatment
- Constitutional delay of growth and puberty
- Growth hormone deficiency
- Familial short stature
- Intramuscular testosterone
- Reassurance

Finish attempt ...



A patient presented with short stature, the growth chart shows his growth pattern over the period of his clinical follow up.

The most likely diagnosis is:

Growth hormone deficiency

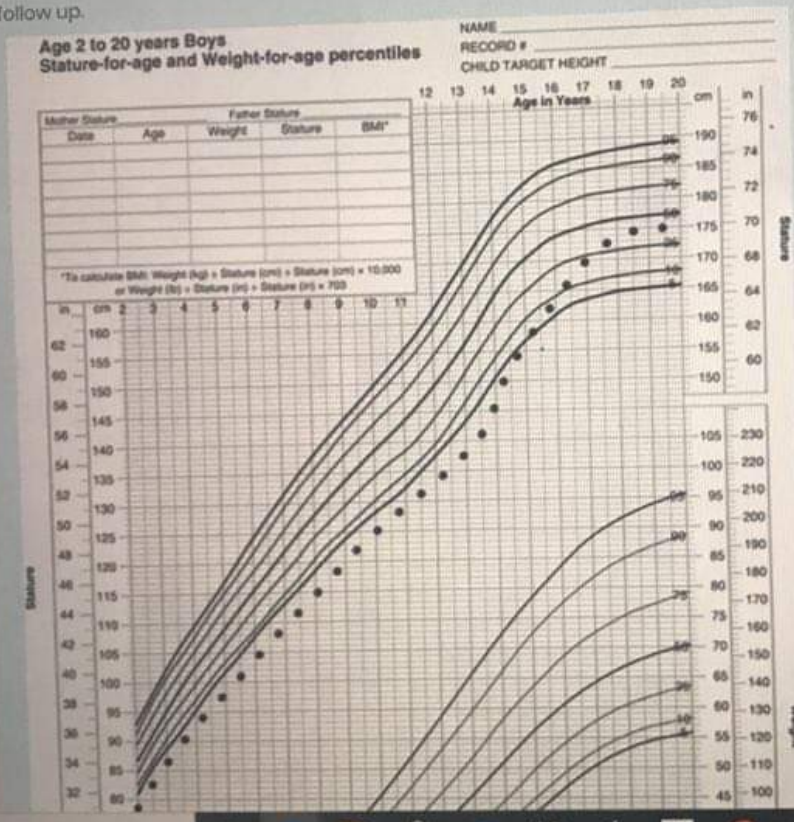
The appropriate management for this condition is:

Growth hormone treatment



Question 10
Not yet answered
Marked out of 2.00
Flag question

A patient presented with short stature, the growth chart shows his growth pattern over the period of his clinical follow up.



Quiz na
0154084
1 2
9 10
Finish att
Time left

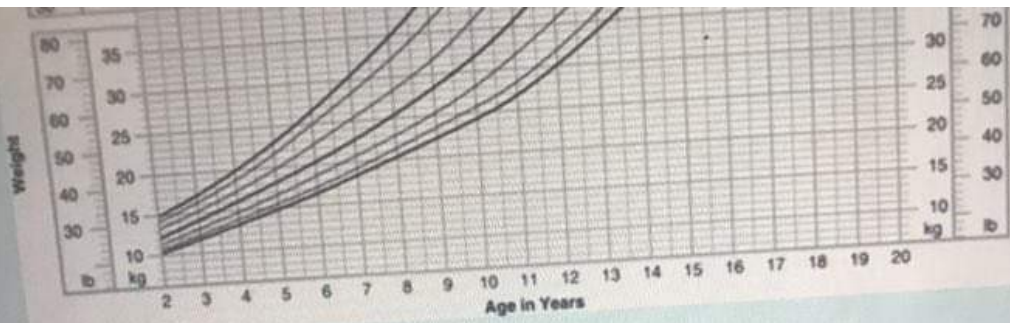


What is the correct interpretation about this child growth?

He is Obese

Which of the following investigations is recommended to perform in his condition :

Lipid profile



The most likely diagnosis is:

The appropriate management for this condition is:

Choose...

- Growth hormone deficiency
- Constitutional delay of growth and puberty
- Reassurance
- Growth hormone treatment
- Intramuscular testosterone
- Familial short stature

Type here to search



Question 6

Not yet answered

Marked out of 2.00

Flag question

A 2-week-old-premature baby, on mechanical ventilator. Pulse oximeter showed sudden drop in oxygen saturation of 45%.



Physical exam of this patient showed one of the following:

Most likely cause of this patient's condition is:

Bronchial breathing on the left chest.

Collapsed lung

Next page

Jump to...

Pediatrics - Final Exam - 14 June 10

AM ▶

An 18-month old child present to the clinic with failure to thrive ,exertional dyspnea and easy fatigability .This was noted since early infancy but progressed over the last few months .On physical examination SPO2 was 92% , the child had tachycardia and a loud pan-systolic murmur on the left lower sternal border .The slide shown is his chest X-ray.



Choose...

Cerebrovascular accident

Eisenmenger's syndrome

Ventricular septal defect (VSD)

Tetralogy of Fallot

Atrial septal Defect (ASD)

Myocarditis

What is the likely cause of this child's condition ?

Ventricular septal defect (VSD)

One of the following is a known complication of

Eisenmenger's syndrome

A 4-year-old child admitted with fever, cough and respiratory distress. A chest film was performed upon admission (Film A). He was started on IV Ceftriaxone. 1 week later a chest X-ray was repeated for worsening respiratory status (Film B).

Film A



Film B



Choose...

- Mycoplasma pneumoniae
- Staphylococcus aureus
- Pneumothorax
- Streptococcus pneumoniae
- Pleural effusion
- Necrotizing pneumonia

Choose...

- Staphylococcus aureus

What is the complication seen in Film B?
What is the most likely organism to cause this pathology?



Question 2
Not yet answered
Marked out of 2.00
Flag question

A 2-day-old-baby, born at gestational age of 26 weeks, he was intubated immediately after delivery.



The most likely diagnosis of this baby is:

Choose...

Regarding complications of this patient's condition, one is correct:

Quiz navig



0154084 بحوري

1	2	3
9	10	

Finish attempt

Time left 0:27:2



The most likely diagnosis of this baby is:

Regarding complications of this patient's condition, one is correct:

- Choose...
- Empyema
- Congenital viral pneumonia
- Pleural effusion
- Atelectasis
- Bronchopulmonary dysplasia
- Respiratory distress syndrome

to search





Question 3
Not yet answered
Marked out of 2.00
Flag question

A two year old patient presented with history of barking cough, the patient had undocumented fever. Neck X ray is shown



The most likely diagnosis is:

Choose...

Quiz n
0154084
1 2
9 10
Finish at
Time left



The most likely diagnosis is:

The most likely causative organism is:

- Choose_
- Croup
 - Epiglottitis
 - Staphylococcus aureus
 - Bacterial Tracheitis
 - Parainfluenza
 - Hemophilus influenza type b

pe here to search



A 6 month infant presented with cyanosis for the past 2 months. On cardiac exam he had loud systolic murmur.



The most likely diagnosis is:

- ✓ Choose...
 - Ventricular septal defect
 - Tetralogy of fallot
 - Hypercyanotic spells
 - Anemia
 - Transposition of great arteries
 - Hepatomegaly
- Choose...



The most likely diagnosis is:

Which one of the following is a known complication of this condition?

Choose...

- Transposition of great arteries
- Hepatomegaly
- Tetralogy of fallot
- Anemia
- Hypercyanotic spells
- Ventricular septal defect

Type here to search



A 4 year-old-patient presented with fever and cough of 3 days duration. On physical exam he was febrile with tachypnea.



Regarding the patient's chest exam, one is correct:

The patient's clinical condition is best treated with:

✓ Choose...

- Vesicular breathing on the right side.
- Chest tube insertion
- Third generation cephalosporin and Vancomycin
- Deviation of trachea to the right side.
- Creptations on the right side
- Macrolide

A full term baby was delivered in the delivery room and found to have a lesion on his back as shown in the film.



What is the diagnosis of this condition

Meningomyelocele

One of the following is a common complication of this condition after repair:

Urinary tract infection

mongolian spot





cutis
marmorata



milia



hemangioma



preauricular tags



salmon patch
"nevus simplex"



< All on My iPhone



1. According to the previous patient what is the next step ? Test for antibodies , start thyroxine today , admission to hospital, repeat test 2 weeks ago
2. Growth charts for length , weight, head circumference, what is the question you want to ask (all are normal except for weight which was below the third percentile) ? Nutrition status كان في خيارات كلها صح بس حسيت هاد الأصح
3. According to these charts the patient is ?
Short , stunted , wasted
4. A jaundiced child came to your clinic , ask 3 questions to support the diagnosis of hepatitis A and 3 for hemolytic anemia
5. A patient with noisy breathing ask 3 questions to support the diagnosis of croop and acute epiglottitis



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1. Ph =7.23 , Co2 =28, HCO3 =12 ?
Metabolic acidosis with compensated
resp alkalosis
2. The previous patient, Na 145 , Cl 100
Anion gap? ..wide anion gap metabolic
acidosis
3. What is your diagnosis for this baby ?
Erythema toxicum neonatorum.



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1. According to the previous picture what is the diagnosis? Transposition of great vessels (It was egg on string not boot)
2. Picture of hypothyroidism, what do you want to test ? Thyroid function test

< Pediatrics - G5

null



A

C

with a history of week cry and hypoactivity



< All on My iPhone



1. A picture of leukocoria , which of the following can not be the cause ? Cataract , glucoma , retinoblastoma, retinopathy of newborn
2. Picture of jaundiced baby ,2 weeks age , total bilirubin 10 , direct 3 , which of the following is not the cause ? Rh incompatibility
3. Chest xray for a baby 12 hour age , cyanosed which is true ? Enlarged heart and narrow mediastinum



< All on My iPhone



3 December 2020 at 5:33 PM

1. 3 cubes , developmental age : 15 month
2. Child 18 month age , but his developmental age is 15 month , he was born prematurely 26 week , what is true ?
Normal for his age
3. A patient with headache, fever , vomit,
diagnosis? Meningococcal

< Pediatrics - G5

null





1. ECG pic HR:240 bp100/60 rr:18 svt
- 2.pic of congenital hypothyroidism, what sign is not found... tachycardia
- 3.pic of ascites, caput medusa, and jaundice what doesn't cause this clinical picture.... hepatitis A or Cystic fibrosis
- 4.pic of hematuria, rbc cast; what will you not look for... urethral abnormality
- 5.4 month old with difficulty breathing and 80 o2 sat the diagnosis is acute bronchilits coz he is 4 months... the question wanted the treatment o2+ normal saline nebulizer.
- 6.pic of a boy holding his dad's hand and walking.... 1 year old
7. Chest X-ray showing boot shaped heart ...TOF
8. Chest X-ray.... pneumothorax
9. Hydrocephalus pic, what is not seen in this pt... upward eyes
- 10.growth chart of a 9 year old girl with height below 3rd centile and weight above 3rd centile... ftt/short stature/ constitutional delay (I put short stature)
- 11.pic of pustular Melanosis
- 12.pic of sturge Weber syndrome
13. Pic of dehydration what won't you see ... decreased respiratory rate



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Notifications



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7. Chest X-ray showing boot shaped heart ...TOF
8. Chest X-ray.... pneumothorax
9. Hydrocephalus pic, what is not seen in this pt... upward eyes
- 10.growth chart of a 9 year old girl with height below 3rd centile and weight above 3rd centile... ftt/short stature/ constitutional delay (I put short stature)
- 11.pic of pustular Melanosis
- 12.pic of sturge Weber syndrome
13. Pic of dehydration what won't you see ... decreased respiratory rate
- 14.pt written in history he has mouth, foot, hand disease ... coxsackie virus
15. Pt with barking cough... laryngeotracheobronchitis
- 16.LP Labs 80% neutrophils, high protein, low glucose ... bacterial meningitis
17. Pt with vomiting diarrhea, and labs show ameba ... parasitic gastroenteritis
18. Write 6 points to differentiate between CF and Celiac (no investigations)
19. Write 6 points to differentiate between febrile seizures and meningoencephalitis

31w Like Reply



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Menu



Moath Al-Momani
Hx differentiating Asthma vs Pneumonia

13w Like Reply



Rahaf Rahal
Asthma dry cough/ wet-productive in pneumonia
Hyper-resonance in percussion
(Asthma) dull in percussion in pneumonia
Hight grade fever and toxic appearance in pneumonia
Auscultation (pneumonia: crackles ,crepitations)
Asthma : expiratory wheezing
Personal and family history of atopy : asthma
Previous attacks not preceded by URTI in asthma

13w Like Reply



Write a reply...



Moath Al-Momani
Hx differentiating Rheumatic Fever vs Septic Arthritis

13w Like Reply



Write a comment...





Moath Al-Momani

Hx differentiating Rheumatic Fever vs Septic Arthritis

13w Like Reply



Rahaf Rahal

RF : gradual in onset / SA : sudden onset

Migratory poly -arthritis RF / SA one joint

History of tonsillitis 2-6 weeks in RF / history of recent trauma in SA

Auscultation: murmur of MR in RF / SA : no cardiac involvement

Erythema marginatum in RF

High grade fever in SA

Previous history of RF

13w Like Reply



Write a reply...



Moath Al-Momani

Power 3/5

13w Like Reply



Moath Al-Momani

IDA

13w Like Reply



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Notifications



Menu



#pediatrics

1y Like Reply



Raghad Ayman

30/9/2020

2 histories +mini OSCE

. cough and fever the diagnosis was pneumonia and he asked about complications of pneumonia

. history of abnormal movement, the diagnosis was seizure, he asked about lab tests

.mini osce 5 stations 2 minutes for each

1 18 hours old baby comes with yellowish discolouration of the skin, his brother had the same scenario

Diagnosis?

2 a photo of distended abdomen, the questions were about diagnosis, clinical signs and tests to confirm the diagnosis

3 a photo shows subcostal retraction
Q about a test to know if the cause was respiratory or cardiac, 3 signs of respiratory distress,

4 the power of a muscle(antigravity movement)

5 question about cyanotic heart defect

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1



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Marketplace



Profile



Notifications



Menu

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Duha Atieh

- 1) Cystic fibrosis with ascites : all abnormal except: Hemoglobin (others : platelets, ammonia, ??)
- 2) After almond ... Anaphylaxis or choking? (Bronchoscopy or IM epinephrine)
- 3) SVT with borderline BP ... iV adenosine or synchronized cardioversion
- 4) Leukostasis with low HB and Low plts ... High phosphorus, potassium, and uric acid
- 5) 6 points that support Asthma vs post viral wheezing (including labs)
- 6) 7 points that support non infectious diarrhea (without invx)
- 7) CAH (ambiguous genitalia.. not present : hypokalemia)
- 8) periorbital edema (nephrotic syndrome) .. not used in tx ... ACEI
- 9) cola colored urine ... All except... Nephrolithiasis
- 10) above 85th percentile: overweight
- 11) target rash ... Erythema multiforme
- 12) draw triangle : 5 years
- 13) snowman x ray : TAPVR
- 14) 28 hr old .. didn't pass



Write a comment...



Be the first to like this



9) cola colored urine ... All except...
Nephrolithiasis
10) above 85th percentile: overweight
11) target rash ... Erythema
multiforme
12) draw triangle : 5 years
13) snowman x ray : TAPVR
14) 28 hr old .. didn't pass
meconium... X ray dilated bowel ...
Confirm ... Rectal biopsy
15) epiglottitis... Intubate in ER (don't
touch the pt)
16) treated pneumonia with oral
amoxicillin... Then came back after
five days with pleural effusion ..
which antibiotics ? Ceftriaxone and
vancomycin
17) down syndrome .. false ... TOF is
the mc cardiac anomaly

18m Like Reply



Duha Atieh في ثلاث اسئلة اللي متزكرهم يكتبهم



Hadeel Dweik

-Developmental delay with large ears,
best way to diagnose? Fmr1?
- Child with face swelling, vaccine
should be given at what age? 12, 18
months?

8m Like Reply

1



Write a comment...

