

1- Regarding acute epiglottitis;

- A. Epiglottitis or bacterial croup refers to infection of the epiglottis, the aryepiglottic folds and arytenoids soft tissues.
- B. Caused by H. Influenza type b.
- C. Thumbprinting sign is a common radiographic marker for epiglottitis.
- D. This is an emergency.
- E. All are false.

2 – Regarding croup (suall hadd);

- A. Also known as acute laryngo tracheitis.
- B. Respiratory illness with inspiratory stridor, cough and hoarseness resulting from obstruction in the region of the larynx.
- C. Caused by para influenza and influenza virus.
- D. Redness and swelling leads to narrowing of lumen by fibrosis.
- E. All are false.

3 – Regarding bronchiolitis (zat ul jamb);

- A. It is an inflammatory disease of the bronchioles.
- B. Respiratory syncytial virus (RSV) is the most common causative agent.
- C. Viral invasion of bronchioles leads to inflammation and bronchiolar obstruction due to edema and accumulation of mucus and cellular debris.
- D. Clinical features are mild rhinitis, cough, rapid breathing, fever and irritable.
- E. All are false

4 – Regarding pneumonia (zat ur riya);

- A. Inflammation of lung parenchyma associated with consolidation of alveolar spaces.
- B. Alteration of lung protective mechanisms predisposes the child to develop bacterial pneumonia.
- C. Gold standard is Xray chest.
- D. Complications are empyema, lung abscess, pneumothorax and pleural effusion.
- E. All are false.

5 – Regarding asthma (dima);

- A. Asthma is defined as reversible obstruction of large and small airways due to hyper responsiveness to various immunologic and non immunologic stimuli.
- B. Bronchospasm is secondary to inflammation
- C. Asthma is primarily an inflammatory condition of the lungs.
- D. The components that predominate at any one time during an attack vary.
- E. All are false.

6- Asthma (dima) is trigger by

- A. Respiratory infections (viral, mycoplasma)
- B. Irritants (air pollution, cold air, cigarette smoke)

- C. Inhaled (dust mite)
- D. Changes in weather
- E. All are false.

7 – Tetralogy of fallot includes;

- A. Pulmonary stenosis
- B. Ventricular septal defect
- C. Over riding of aorta
- D. Right ventricular hypertrophy
- E. All are false.

8 – Anemia (qilat ud dum);

- A. Is present when there is decrease in the level of hemoglobin in blood
- B. It is not a disease itself
- C. It is a symptom of another disorder
- D. It is a state in which hemoglobin concentration or red cell volume is 2 standard deviation below mean.
- E. All are false.

9 – Gold standard investigation for beta thalassemia is;

- A. CBC
- B. RBC morphology
- C. Hemoglobin electrophoresis
- D. X ray
- E. None above.

10 – complications of thalassemia are

- A. Iron load
- B. Bone disease
- C. Infections
- D. Hypercoagulopathy
- E. None above.

11- folic acid deficiency is caused by;

- A. Inadequate dietary intake.
- B. Malabsorption (celiac disease)
- C. Increase requirement
- D. Anticonvulsant and cytotoxic drugs
- E. All are false.

12 – Hypothyroidism (nuqs ghuda darqya);

- A. May occur at birth or at any time during childhood or adolescence
- B. Defined as significant decrease in, or the absence of, thyroid function
- C. Treatment is life long thyroid hormone replacement

- D. Tukkm e sirs is drug of choice
- E. All are false.

13 – Clinical features of hyperthyroidism are;

- A. Emotional liability
- B. Increased appetite
- C. Heat intolerance
- D. Weight loss
- E. None above.

14 – Rickets;

- A. It is defined as failure of mineralization of growing bone or osteoid tissue.
- B. Failure of mature bone to mineralize is called osteomalacia.
- C. It is a metabolic disturbance of bone growth and results from dietary lack of vitamin D or UV rays.
- D. Deficiency may occur in dark skinned infants.
- E. All are false.

15 - A 2-year-old child has had failure to thrive for a year, becoming increasingly listless. On examination she is found to have a soft, rumbling systolic ejection murmur. An echocardiogram reveals a large membranous ventricular septal defect. Which of the complications is she most likely to experience as an adult 2 decades later if this lesion remains untreated?

- A. Dilated cardiomyopathy
- B. Myocardial rupture
- C. Non-bacterial thrombotic endocarditis
- D. Pulmonary hypertension**
- E. None above

16- A 4 year old girl presents with a 4 day history of increasing puffiness around the eye.

Investigations are as follows: Hb 12.6 g/dl, WBC 10,290/cumm, Na 136 mmol/l, K 4.7 mmol/l S/albumin 2.6 g% and Urine pH 6.5

What is the most likely diagnosis?

- A. Nephrotic syndrome**
- B. Proptosis
- C. Eye infection
- D. All are true
- E. All are false

17- After intubation, arterial blood gas measurements for a 12-hour-old term infant include a PO₂ of 18 torr and a PCO₂ of 25 torr while receiving ventilation with 100% FIO₂. The arterial pH is 7.35, and the umbilical line arterial blood pressure is 75/45 mm Hg. There is no cardiac murmur. Chest radiography shows normal cardiac size and diminished pulmonary vascularity.

The mechanism by which intravenous prostaglandin E₁ will benefit this infant is MOST likely due to

- A. decreased pulmonary vascular resistance
- B. decreased systemic vascular resistance
- C. increased mixing of systemic and pulmonary circulations

- D. *increased pulmonary blood flow*
- E. increased systemic blood flow

18- In addition to irritability, sweating, and difficulty breathing with feeding, the symptom that is MOST indicative of congestive heart failure in a 3-week-old infant is

- A. ascites
- B. cough
- C. cyanosis
- D. *diminished feeding volume*
- E. pretibial edema

19- The decreased incidence of enteric infections noted in breastfed infants compared with formula-fed infants is MOST likely due to the

- A. more alkaline stool pH in breastfed infants
- B. nutritional benefits of human milk on the infant's immune system
- C. predominance of Bacteroides and Clostridium in the gut of breastfed infants
- D. *presence of protective antibodies against enteric infection in human milk*
- E. sterility of human milk

20- You are attending the emergency delivery by cesarean section of a primiparous woman. The gestation was complicated by pregnancy-induced hypertension. Deep variable fetal heart rate decelerations were noted during labor. At delivery, the infant is acrocyanotic with poor tone; spontaneous movement and minimal respiratory effort are present.

Of the following, your INITIAL management is to

- A. ascertain the heart rate and assign a 1-minute Apgar score
- B. begin tactile stimulation and provide blow-by oxygen supplementation
- C. *dry all skin surfaces and clear the oropharynx*
- D. initiate bag-mask ventilation
- E. insert an umbilical catheter and administer naloxone

21- A term infant is placed under a radiant warmer, the skin is dried, and the oropharynx and nose are suctioned. After tactile stimulation, there is minimal respiratory effort, dusky color, and a heart rate of 86 beats/min. Bag/mask ventilation is performed for 30 seconds with 100% oxygen at a rate of 40 to 60 breaths/min. The heart rate increases to 100 beats/min.

Of the following, the NEXT best step is to:

- A. administer sodium bicarbonate
- B. continue bag/mask ventilation at a rate of 20 to 40 breaths/min
- C. continue ventilation and begin chest compressions
- D. *observes for spontaneous respiration and discontinues ventilation*
- E. perform endotracheal intubation

22- While performing ultrasonography on a 31-week fetus, an obstetrician notes that the fetal heart rate ranges from 62 to 66 beats/min. Fetal growth appears normal, and no structural cardiac anomalies are identified. Fetal echocardiography reveals that the fetal atria appear to be contracting at 140 beats/min, with a ventricular rate of 65 beats/min.

Of the following, the NEXT step in the management of this infant is to

- A. administer beta-agonist drug therapy to the mother
- B. assess the cardiac status of the infant following labor and delivery
- C. counsel the parents that intrauterine fetal death is likely
- D. perform amniocentesis to confirm lung maturity and if mature, perform immediate cesarean section
- E. *repeat the fetal echocardiography and fetal ultrasonography in 1 week*

23- A 5 year old girl came with history of progressively increasing pallor since birth and hepatosplenomegaly. Which of the following is the most relevant test for achieving diagnosis

- A. Hb electrophoresis**
- B. Peripheral smear examination
- C. Osmotic fragility test
- D. Bone marrow examination

24- A child died soon after birth. On examination there was hepatosplenomegaly and edema all over body. Most probable diagnosis is

- A. β -thalassemia
- B. α -thalassemia**
- C. hereditary spherocytosis
- D. ABO incompatibility/sickle cell anemia

25- Which of the following is a marker for neural tube defects

- A. Phosphatidylesterase
- B. Pseudocholinesterase
- C. Acetylcholinesterase**
- D. Butyrylcholinesterase

26- Which of the following is NOT an example of a possible cause of acute prerenal failure

- A. Gastroenteritis
- B. Pyelonephritis**
- C. Haemorrhage
- D. Burns
- E. Sepsis

27- What is the commonest organism for UTI?

- A. Pseudomonas
- B. Streptococci
- C. Proteus
- D. Staphylococci
- E. E.coli**

28- With regards to a child with a first UTI, which of the following is FALSE?

Preventive measures include low fluid intake

- A. Vesicoureteric reflux is a predisposing factor

- B. Up to half have a structural abnormality of their urinary tract
- C. Constipation is a predisposing factor
- D. Pyelonephritis may ultimately lead to chronic renal failure

29- A burning discomfort worse on passing urine as a result of inflammation of the bladder. There is an increased frequency of micturation.

- A. **Cystitis**
- B. Pyelonephritis
- C. Hydronephrosis
- D. Vesicouritis
- E. UTI

30- What is the most common cause of chronic renal failure in children?

- A. hereditary nephropathies
- B. **structural malformations**
- C. systemic disease
- D. glomerulonephritis
- E. idiopathic

31- Oliguria

- A. < 10 ml/kg/hour
- B. < 15 ml/kg/hour
- C. **< 5 ml/kg/hour**
- D. < 20 ml/kg/hour
- E. < 1 ml/kg/hour

32- Radiographic examination of the urinary bladder after filling with contrast medium and of the urethra during voiding. Used to identify vesicouteric reflex.

- A. x ray
- B. Dynamic nuclear medicine scanning
- C. Static nuclear medicine scanning
- D. Intravenous urothography
- E. **Micturating cystourethrography**