

**III Professional MBBS Part II Degree Regular/Supplementary Examinations
May 2025
Pediatrics and Neonatology
(2019 Scheme)**

Time: 3 Hours

Total Marks: 100

- Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers
- Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together • Leave sufficient space between answers
- Draw table/diagrams/flow charts wherever necessary

1. Multiple Choice Questions

(20x1=20)

The MCQ questions (Q.No. i to Q.No. xx) shall be written in the space provided for answering MCQ questions at page No. 51 of the answer book (the inner portion of the back cover page (PART III)). Responses for MCQs marked in any other part/page of the answer book will not be valued

Question numbers i-v case scenario-based questions

A 7 years old boy is brought with history of swelling of the legs and altered colour of urine. On examination there is oliguria and he is hypertensive. Answer the following questions.

- i. The first choice of antihypertensive in this condition is
 - a) Calcium channel blocker b) Vasodilators c) Diuretics d) Betablockers
- ii. Normal C3 levels are seen in
 - a) PSGN b) SLE Nephritis c) MPGN d) IgA Nephropathy
- iii. All of the following are indicated in the treatment of the child **EXCEPT**
 - a) Frusemide b) Prednisolone c) Antibiotics d) Fluid restriction
- iv. The following are indications for renal biopsy in AGN **EXCEPT**
 - a) Normal complement levels c) Presence of skin rash and joint pain
 - b) Microscopic hematuria persisting for 3 months d) Low C3 levels beyond 12 weeks
- v. The following is a feature of non-glomerular hematuria
 - a) Painless hematuria c) Absence of red cell casts
 - b) Cola colored urine d) Presence of edema

Question numbers vi-x consist of two statements - Assertion (A) and Reason (R). Answer these questions by selecting the appropriate options given below.

- vi. **Assertion (A):** Physiologic variants of short stature includes familial short stature and constitutional delay
Reason (R): In familial short stature, bone age is delayed
 - a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect
 - b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct
- vii. **Assertion (A):** The cut off for neonatal hypoglycemia is < 54mg%
Reason (R): SGA babies are more prone for hypoglycemia
 - a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect
 - b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct
- viii. **Assertion (A):** Airway obstruction in Asthma is characterized by inflammation of the airway mucosa
Reason (R): Inhaled steroids along with salbutamol should be given even for reliever therapy.
 - a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect
 - b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct
- ix. **Assertion (A):** Children with congenital heart disease, left to right shunt lesions present with CHF at 6-8 weeks of life
Reason (R): Pulmonary arterial pressures reach a nadir by 6-8 weeks of life
 - a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect
 - b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct
- x. **Assertion (A):** Children with down syndrome have 15 -20 fold higher risk of acute leukemia
Reason (R): Endocardial cushion defects are more common in children with Down syndrome.
 - a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect
 - b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct

Question numbers xi-xv are multiple-response type questions. Read the statements & mark the answers appropriately.

- xi. Laws of development include
 - 1) The order of development is cephalo-caudal 2) The order of development is proximal to distal
 - 3) Development is a continuous and orderly process
 - 4) The growth of lymphoid tissue is most notable during the pubertal period
 - a) 1 and 2 are correct c) 1, 2 and 3 are correct
 - b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct

(PTO)

- xii. Major criteria in NADAS' criteria include
 1) Abnormal S2 2) Diastolic murmur 3) Systolic murmur grade 2 4) CCF
 a) 1 and 2 are correct c) 1, 2 and 3 are correct
 b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct
- xiii. The following are examples of lower motor neuron (LMN) lesions
 1) Spinal muscular atrophy 2) GBS 3) Poliomyelitis 4) Cerebral palsy
 a) 1 and 2 are correct c) 1, 2 and 3 are correct
 b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct
- xiv. The following are criteria for Kawasaki disease
 1) Bilateral non-purulent conjunctival injection 2) Polymorphous rash
 3) Unilateral cervical lymphadenopathy 4) Fever lasting for at least 5 days
 a) 1 and 2 are correct c) 1, 2 and 3 are correct
 b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct
- xv. The following are present in Measles
 1) Koplik spots 2) Coryza 3) Roth spots 4) Epstein pearls
 a) 1 and 2 are correct c) 1, 2 and 3 are correct
 b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct

Question numbers xvi-xx are single-response type questions

- xvi. The first sign of puberty in girls is
 a) Pubarche b) Menarche c) Thelarche d) Change in voice
- xvii. Stridor in a child can be caused by all of the following conditions **EXCEPT**
 a) Cystic fibrosis b) Croup c) Foreign body d) Epiglottitis
- xviii. The following vaccines can be frozen except
 a) OPV b) Measles c) Hepatitis-B d) BCG
- xix. Hypertension is defined as average SBP and DBP for age and sex
 a) > 90th centile b) > 97th centile c) > 99th centile d) > 95th centile
- xx. The following is **NOT** seen in Klinefelter's syndrome
 a) Small testes b) Learning difficulty c) Short stature d) Gynaecomastia

Long Essays:

(2x10=20)

2. Two year old child presents with gait abnormality and irritability of one month duration. On examination has severe pallor and hyper pigmented knuckles.
 a) What is the diagnosis
 b) What are the peripheral smear findings
 c) Laboratory investigations in a child with severe anemia
 d) Treatment of this condition
3. e) National anemia control programme (1+2+2+2+3)
 A preterm baby has respiratory distress immediately after birth and is admitted in NICU for further management. Answer the following questions.
 a) What is the most possible diagnosis
 b) List Four causes of respiratory distress in a neonate, both term and preterm
 c) Give a brief outline on the management of the baby
 d) How to prevent the present condition
 e) What are the other complications in a preterm baby (1+2+2+2+3)

Short Essays:

(6x6=36)

4. A 6 years old child is brought with history of not growing and height of 87 cms. Write Six causes of short stature in children and approach to short stature.
5. Describe the clinical features, biochemical and radiological findings of Rickets. Treatment of Vitamin D deficiency Rickets.
6. Describe the clinical features and classification of Dengue fever. Give an outline on the management of Dengue shock in children.
7. Describe the clinical features and diagnosis of Down syndrome. Add a note on antenatal diagnosis.
8. Describe the etiopathogenesis, clinical features and management of Immune thrombocytopenia in children.
9. What are the FOUR pillars of medical ethics. Explain with examples with reference to child health.

Short Answers:

(6x4=24)

10. Write short note on MCP card and growth chart.
11. Write short note on a) Adolescent friendly health services b) POCSO Act
12. Define the criteria for Severe acute malnutrition and list the complications.
13. What are the clinical features of intussusception in children. Briefly discuss the investigation and management of intussusception.
14. Name Three components and Three advantages of Kangaroo Mother Care (KMC).
15. Write differential diagnosis for Acute Flaccid Paralysis (AFP) in children and add a note on AFP surveillance.
