

Pedz Final 2024 and before

• Endocrinology and metabolism:

- Growth in children 1
- Failure to thrive and obesity 3
- Thyroid disease 5
- Pediatric DM type 1,2 ,,7
- puberty 13
- congenital adrenal hyperplasia 15
- Rickets 16

• Haematology and fluid :

- Anemia 18
- bleeding disorders 26
- leukemia 29
- fluid therapy in children 50
- juvenil idiopathic arthritis 54
- Pediatric malignancy 55

• Nephrology :

- Acute kidney disease and chronic kidney disease (AKI, CKI) 56
- Urinary tract infection (UTI) 59
- Nephrotic syndrome and protenuria 60
- Haematuria and nephritis 63
- Henoch scholein purpura (HSP) 66

• Neonatology:

- neonatal jaundice 67
- neonatal sepsis and bacteria 69
- neonatal seizure 70
- Respiratory distress syndrome(RDS) 70
- common problems in neonates 73

• Gastroenterology and chromosomal abnormalities and nutrition:

- chronic diarrhea and malabsorption 74
- Acute gastroenteritis 75
- Infant feeding 76
- Gatroesophageal regurgitation disease (GERD) 77
- Allergy 78
- chromosomal abnormalities 79
- GI bleeding 81
- Hepatitis 82

• Exanthem and endemic disease 84

• Cardiovascular system:

- cyanotic heart disease Acyanotic 87 heart disease
- kawasaki disease 91
- Rheumatic fever (RF) 92

• Respiratory system:

- Asthma 96
- bronchiolitis 97
- Upper Respiratory tract infection (URTI) 98
- Pneumonia 101
- cystic fibrosis 103
- TB 105

• Neurology and muscular problem:

- Epilepsy and status epilepticus 106
- headach 110
- cerebral palsy 111
- ADHD 112
- Autism spectrum disorder (ASD) 113
- Muscular dystropgy 114
- Meningitis 114
- spinal muscular atrophy 117
- other neuro 117

• Vaccination and immunization and development assessment 119

-- Miscellaneous 123



● Endocrinology and Metabolism

– Growth in children *(18 questions)*

Q1. Regarding short stature, which is wrong?

- a-It is an essential parameter to determine if its proportionate or not
- b-We may need karyotyping to know a dis before use GH
- c-It is one of the main clinical presentation in GH deficiency

✓ Answer: c

Q2. Indications for GH except;

- a-GH deficiency
- b-chronic renal failure before transplantation
- c-celiac disease
- D,E other syndromes

✓ Answer: c

Q3. Growth hormone treatment side effects except?

- a -hyperglycemia
- b-insulin resistance
- c-a vascular necrosis

✓ Answer: c

Q4. One of the following is true regarding growth?

- Fastest during puberty
- Head circumference follow up till 5 years
- Prematurity is corrected by gestational age??

✓ Answer: Prematurity is corrected by gestational age

Q5. Head circumference in newborn ?

✓ Answer: 35 cm

Q6. Wrong in constitutional delay

- a. Bone age is more than chronological age *

✓ Answer: a

Q7. All the following are matched, except :

- a. Short stature: celiac disease
- b. Microcephaly: Lysosomal storage disease
- C. Macrocephaly: congenital aqueductal stenosis
- d. Tall stature : 47 XXY karyotyping
- e. Failure to thrive type 1: decreased caloric intake

✓ Answer: b

Q8. A 2-month-old baby referred to clinic due to shortness of breath, on physical exam he was

found to have heart rate of 165/minute, hepatomegaly, chest retractions, gallop rhythm and pansystolic murmur. His current weight is 3.9 kg. He was born as a product of normal vaginal delivery at full term with a birth weight 3.6 kg. He is on breast feeding 7 times/day and occasionally

taking formula. The most likely explanation of his growth delay is:

Select one: water loss, and he will gain weight later

- a. Insensible
- b. Decreased caloric intake
- c. Increased metabolic demands
- d. His growth pattern is normal as other children
- e. This baby is suspected to have underlying malabsorptive disease

✓ Answer: c

Q9. All of the following is true regarding aplastic anemia except:

Select one:

- a. organomegaly and adenopathy is rarely present
- b. the cells are usually microcytic and pancytopenia is a consistent feature
- c. those patients may have features like microcephaly, short stature, cardiac and renal anomaly
- d. it is considered a premalignant condition
- e. corticosteroid and blood transfusion are of the main lines of management

✓ Answer: b

Q10. All these matches are true except:

Select one:

- a. Familial short stature delayed puberty
- b. growth hormone deficiency neonatal hypoglycemia
- c. Constitutional growth delay proportionate short stature
- d. osteogenesis imperfecta Blue sclera
- e. malnutrition short stature with abnormal growth velocity

✓ Answer: a

Q11. regarding hydrocephalus all are true except:

- normal child with use of a 20 ml\hour of CSF
- total volume of CSF approximates 50 ml in an infant and 150 ml in an adult
- headache is common symptom in older children
- neonatal meningitis leads to a non-communicating type
- wide anterior fontanel. increased head circumference, sun sitting eyes are manifestations.

✓ Answer: neonatal meningitis leads to a non-communicating type

Q12. all the following are normal findings except:

- Heart rate 130 per minute in a 7-Day old newborn
- Respiratory rate 32\minute in 8-month old infant
- serum potassium 6 mmol\L in a two-day-old newborn
- WBC count 16000\microliters in a one month old newborn
- head circumference of 46 cm and a three-month-old infant

✓ Answer: head circumference of 46 cm in a three-month-old infant

Q13. Parents of an 8 years old boy are concerned about their son's short stature. what should be the most important Next Step ?

- a measurement of body mass index
- Determination of genital maturation state
- Boone age measurement
- determination of height velocity
- donation of weight / height ratio

✓ Answer: determination of height velocity

Q14. what is the most important test to obtain diagnosis in a 14 years old girl with primary amenorrhea, and short stature, who also has a history of repaired coarctation of the aorta in infancy?

- sweat chloride testing
- karyotyping
- fluorescence in situ hybridization (FISH) of chromosome 22q11
- pelvic Ultra sonography
- lymphocyte subset analysis

✓ Answer: karyotyping

Q15. All of these growth parameters are true, except:

- A 2-year-old boy, with head circumference 53 cm is normal
- A 3-kg newborn gains his birth weight after 2 weeks
- A 13-year-old boy with a height of 130 cm
- Delayed tooth eruption is classified by the absence of any teeth by 13 months of age
- Upper/lower segment ratio is 1 at 7 years old

✓ Answer: a

Q16. A 6-year-old girl has short stature and webbing of the neck, also has a low posterior hairline, a broad chest, and cubitus valgus. Which organ is affected most frequently in patients with this syndrome?

- heart
- kidneys
- ovaries
- thyroid
- intestine

✓ Answer: c

Q17. Side effect of growth hormone, except :

- Gynecomastia
- Persistent hypothyroidism
- DM typ2
- Femoral head slipped - psudotumor cerebri

✓ Answer: Persistent hypothyroidism

Q18. which is wrong :

Head Circumference grows 2cm / month during first year

✓ Answer: Head Circumference grows 2cm / month during first year

- Failure to thrive and obesity *(16 questions)*

Q19. Organic cause of constipation except?

- 2 years with failure to thrive

b-3 years recently started toilet training

✓ Answer: b

Q20. A case of celiac disease failure to thrive ? Dermatitis herpetiformis

✓ Answer: Dermatitis herpetiformis

Q21. True about obesity?

Most common cause is endocrine disorders
Ghrelin and leptin are the hormones responsible for obesity
BMI is the only diagnosis and follow up method

✓ Answer: Ghrelin and leptin are the hormones responsible for obesity

Q22. True about FTT :

Preterm needs correction

✓ Answer: Preterm needs correction

Q23. Case of celiac d. Wrong about celiac disease: Type 2 FTT

✓ Answer: Type 2 FTT

Q24. Depressed mum suffer delivery with FTT baby the cause? low calories intake

✓ Answer: low calories intake

Q25. Hx of recurrent chest, ear, Gi infections and oral thrush with failure to thrive ?

✓ Answer: Severe Combined Immunodeficiency (SCID)

Q26. All the following are indication for surgical closure of ventricular septal defect (VSD) except:

- a. Heart failure not responding to medical therapy
- b. Small muscular VSD
- c. Eisenmenger syndrome
- d. Failure to thrive
- e. 2:1 Qp: Qa

✓ Answer: c

Q27. A 3 year old male patient presented with recurrent pneumonia. You suspected cystic fibrosis

as the underlying cause. All of the following points will support your diagnosis except: Select one:

- a. Delayed passage of meconium
- b. Hyponatremic hypochloremic metabolic alkalosis
- c. Presence of steatorrhea and Failure to thrive FTT.
- d. Unilateral digital clubbing
- e. Bronchiectasis

✓ Answer: d

Q28. All the following are clinical of congestive heart failure (CHF) of a 4-month-old baby

who has ventricular septal defect (VSD), except:

- a. Tachypnea and tachycardia
- b. Poor feeding and diaphoresis during feeding
- c. Failure to thrive

- d. Lower limb edema
- e. Hepatomegaly

✓ Answer: d

Q29. Hx of failure to thrive , baby is no formula given 90 ml / 6 times daily , no chronic diarrhea or respiratory symptoms :
Low caloric intake

✓ Answer: Low caloric intake

Q30. All true regarding ASD except :
usually associated with FTT

✓ Answer: usually associated with FTT

Q31. Toddler diarrhea?
No FTT

✓ Answer: No FTT

Q32. wrong match?
ASD---FTT

✓ Answer: ASD---FTT

Q33. wrong about childhood asthma ??
FTT (not sure)

✓ Answer: FTT

Q34. all suggestive of chronic kidneyinsufficiency (ckd) except ?

- Small Dysplastic kidney on U/S (may be this)
- Anemia
- FTT
- HTN
- Hyperparathyroidism

✓ Answer: Small Dysplastic kidney on U/S

– Thyroid disease *(12 questions)*

Q35. Serious adverse reaction to propylthiouracil ?

- a-agranulocytosis
- b-glomerulonephritis
- c-severe liver disease

✓ Answer: c

Q36. All are true regarding thyroid diseases except?

Thyroid receptor antibodies are used for follow up and diagnosis

✓ Answer: Thyroid receptor antibodies are used for follow up and diagnosis

Q37. False regarding thyroid?

Surge of TSH happens 4-5 days after birth in term babies but not in preterm babies

✓ Answer: Surge of TSH happens 4-5 days after birth in term babies but not in preterm babies

Q38. The most common associated with acute respiratory failure:

- a. Guillain-Barre syndrome
- b. Myasthenia graves
- c. Congenital Myotonic dystrophy* (?)

✓ Answer: c

Q39. do T3/TSH level

✓ Answer: do T3/TSH level

Q40. A 3 week old term baby , noticed to be jaundiced, started one week ago, all of the following

investigation are needed , Except :

- a. thyroid function test
- b. urine analysis and culture
- c. reducing substance in urine
- d. liver function test
- e. Hb electrophoresis

✓ Answer: e

Q41. Regarding congenital hypothyroidism, all the following are true Except :

- a. More common in female than male
- b. The most common cause is thyroid dysgenesis
- c. Most infant are symptomatic at birth
- d. 10% of patient with congenital hypothyroidism have associated congenital anomalies
- e. The dose of thyroxin given in infancy is higher than what is given later in adulthood

✓ Answer: c

Q42. A 13-year-old boy is brought to the clinic because he has been experiencing an itchy skin rash

for the past 3 weeks involving his arms and legs. His past medical history is notable for type 1 diabetes, and his blood sugars are well controlled with insulin. The patient has lost 5 kg since his last checkup about 4 months ago. A physical exam reveals conjunctival pallor, and an erythematous vesicular rash that is distributed symmetrically over the extensor surfaces of the elbows and knees. Lab results are collected and shown below: Hemoglobin: 9.8 g/dL, Mean corpuscular volume: 70 fL. Fecal occult blood testing is negative. What is the initial diagnostic test that might help explain the presentation in this patient?

Select one:

- a. Skin prick test
- b. Glycosylated hemoglobin (HbA1C)
- c. Thyroid antibodies
- d. Blood film and iron studies
- e. Anti- tissue transglutaminase antibodies

✓ Answer: c

Q43. A 2 months old boy product of normal vagina delivery with a birth weight of 4.2

kg with poor feet and weak cry. An examination he was found to have protruding tongue, jaundice and dry skin. The most important diagnostic test is:

- T4 and TSH
- thyroid scan
- thyroglobulin level
- thyroid ultrasound

- prolactin level
Dr. Haytham

✓ Answer: T4 and TSH

Q44. One of the following labs used for cong hypothyroid screening :

- , T4
Tsh
-Tsh ,T4 ,t3
-T3 , t4
- TSH

✓ Answer: TSH

Q45. Case : 12 yr female , physically sluggish

congenital hypothyroid

✓ Answer: congenital hypothyroid

Q46. Case 14 year old female with poor school performance?

Hashimoto

✓ Answer: Hashimoto

– Pediatric DM type 1,2 *(46 questions)*

Q47. A case of DKA which is correct? Depleted Potassium stores

✓ Answer: Depleted Potassium stores

Q48. Complications of type1 DM except?

Hypoglycemia
Hypocalcemia
Polycythemia
Indirect hyperbilirubinemia
Hypokalemia is a constant feature

✓ Answer: Hypocalcemia

Q49. Medication to treat hypoglycemia in DM?

Glucagon

✓ Answer: Glucagon

Q50. All are complications of RDS except?

Intracranial hemorrhage
PDA
Renal failure??
Hypoglycemia

✓ Answer: Renal failure??

Q51. About DM one is false ?

Acanthosis nigricans highly suggest dm type1d

✓ Answer: Acanthosis nigricans highly suggest dm type1

Q52. About DKA management choose the correct:

a. First hour normal saline *

- b. Give insulin
- c. .
- d. .
- e. .

✓ Answer: a

Q53. 8 days baby with hepatomegaly, elevated liver enzymes, hypoglycemia and positive E. coli culture.

What is the most likely diagnosis?

- a. Galactosemia *
- b. Neonatal hepatitis

✓ Answer: a

Q54. Severe DKA

- a. PH < 7.1

✓ Answer: a

Q55. Differences between DM type 1 and 2

- a. Family Hx associated more in type 2

✓ Answer: a

Q56. Infants of mother have all except:

- a. Hypocalcemia
- b. Hypoglycemia
- c. Hypomagnesemia
- d. IUGR XXX

✓ Answer: d

Q57. About Dm (wrong answer) After 2 years prepubertal

✓ Answer: After 2 years prepubertal

Q58. fanconi syndrome /DKA/diarrhea

✓ Answer: fanconi syndrome

Q59. DKA/fanconi syndrome/diarrhea

✓ Answer: DKA

Q60. diarrhea/fanconi syndrome/DKA

✓ Answer: diarrhea

Q61. fanconi syndrome/DKA/diarhea

✓ Answer: fanconi syndrome

Q62. All are Risk factors for cerebral edema in DKA except :

Initial high pco2

✓ Answer: Initial high pco2

Q63. About DKA one is wrong :

Add KCl only if patient is hypokalemic

✓ Answer: Add KCl only if patient is hypokalemic

Q64. Recognized problems of infants born at term small for gestational age include all Except:

- a. Hypothermia
- b. Sepsis ?
- C. Polycythemia
- d. Hypoglycemia
- e. Retinopathy of prematurity

✓ Answer: e

Q65. All of the following regarding type 1 DM are true , except :

- a. Screening for diabetic retinopathy start after 2years in pre pubertal children
- b. Somogyi phenomenon occur due to high level of insulin in the blood during night
- c. Glycosylated hemoglobin is falsely low in pure red cell aplasia
- d. Patient presented with DKA require higher doses of insulin than who did not present with DKA
- e. Congenital rubella increase the risk of developing DM type 1

✓ Answer: a

Q66. Regarding Infants of the diabetic mother, all of the following is true, except :

- a. Usually develop hypoglycemia on the first day of life
- b. Are large for gestational age if maternal diabetes is uncontrolled
- c. Sacral agenesis is one of the congenital anomalies seen
- d. Are at increased risk of developing diabetes mellitus in future
- e. Have lowered risk of respiratory distress syndrome

✓ Answer: e

Q67. A 20 day old male baby found to have asymmetrical right and left limbs with large umbilical

mass and hypoglycemia , all of the following are needed Except :

- a. renal ultrasound
- b. abdominal ultrasound
- C. alfa fetoprotein
- d. eye exam
- e. hearing exam

✓ Answer: c

Q68. One of the following is a wrong match:

Select one:

- a. opioids ...naloxone.
- b. iron ...deferoxamine
- c. benzodiazepines....flumazenil
- d. aspirin glucagon
- e. CO 2

✓ Answer: d

Q69. Regarding management of DKA, all the following is true, except:

Select one:

- a. Normal saline is used in the 1 st 4-6 hour then switched to half saline
Buse
- b. Potassium chloride is added to the fluid only when the patient is hypokalemic
- c. Sodium bicarbonate is not recommended as it may increase the risk of developing cerebral

edema

d. Insulin infusion should be continued if the patient still in acidosis even if his sugar reading was normalized.

e. Blood sugar should be monitored hourly

f. Mannitol 0.5-1 mg /kg or hypertonic saline 3% are used in the treatment of cerebral edema

✓ Answer: b

Q70. All the following are risk factors for cerebral oedema in DKA except: Select

one: a. New onset DM

b. Age less than 5 y ears

c. Higher initial Pco₂

d. Insulin given as a bolus

e. Higher initial BUN

✓ Answer: c

Q71. The following are seen in refeeding syndrome except:

- hypophosphatemia

- hypokalemia

- hypocalcemia

- hypomagnesemia

- hypoglycemia

✓ Answer: hypoglycemia

Q72. concerning infants of the diabetic mother, all the following are true except:

- are of increase risk of developing diabetes mellitus in future

- usually develop hypoglycemia in the first day of life

- hypercalcemia is a common complication in the first day of life

- sacral agenesis is one of the congenital abnormality is seen

- have increased risk of respiratory distress syndrome

✓ Answer: hypercalcemia is a common complication in the first day of life

Q73. Values are as follows: glucose 563mg/dl, sodium 136meq/L, potassium 4.3,

BUN 18 mg/dL, creatinine .6 mg/dl, calcium 9.7 mg/dL. she receives a 10cc/kg

bolus of normal saline followed by IV fluids consisting of half normal saline, as

well as IV insulin, 8 hours into therapy, she develops muscle weakness. in

addition, electrocardiogram shows a flat T waves as well as U waves. what is the

most likely cause of her symptoms?

- cerebral edema

- hyponatremia

- hypoglycemia

- hypokalemia

- Hypocalcemia

Dr.Randa

✓ Answer: hypokalemia

Q74. regarding diabetes mellitus in children all are correct except:

a drug

- history is essential to be taken and those patients

history

- of congenital rubella syndrome rather than rubella infection is associated with type 1

20 to

- 40% of these cases are presented with diabetic ketoacidosis
- strict glucose monitoring is required with smaller age groups
- MDI multiple dose injections Regimen is associated with good long-term control.

✓ Answer: history of congenital rubella syndrome rather than rubella infection is associated with type 1

Q75. When is the following is a wrong match:

- opioid: naloxone
- iron: deferoxamine
- benzodiazepine : fompizole
- aspirin: glucagon
- Co : oxygen

SOME students say the answer is D and the other say C AND D are right answers.

✓ Answer: benzodiazepine : fompizole

Q76. A 2-year-old boy presents with diarrhea of two months, diarrhea associated with abdominal

distension. He doesn't have a history of recurrent respiratory infections or recurrent admissions. His elder sister has Diabetes mellitus type 1 (DM1). On physical exam he looks pale, his weight is 8.5 kg, Height 70 cm, and the remainder of his physical exam is insignificant. The following are true, except:

- He needs a lifelong gluten free diet
- He has a higher risk of IgA deficiency
- His disease is associated with certain HLA typing
- Villous atrophy, crypts hyperplasia and lymphatic infiltrate are characteristic
- Definitive diagnosis rely on high antibodies titer

✓ Answer: e

Q77. A 20 day old male baby found to have assymmetrical right and left limbs with large

umbalical mass and hypoglycemia,all of the following are needed except :

- renal ultrasound
- abdominal ultrasound
- alfa fetoprotein
- eye exam
- hearing exam

✓ Answer: c

Q78. Which of the following is not correct combination ? a.

- sulbutamol K 2.7
- DKA .. Na 127
- Meningitis Na 123
- Cyclosporine . K 2.7
- pyloric stenosis .HCO₃ 33

✓ Answer: d

Q79. Infant of diabetic mother is at increase risk of all the following EXCEPT:

- birth trauma
- transient hypercalcemia
- respiratory distress syndrome
- hypertrophic cardiomyopathy
- Jaundice

✓ Answer: b

Q80. Scenario of a patient coming presenting to the ER with something, ABGs and glucose were given and were indicating Dka, in the ER he was given a bolus of

✓ Answer: (Question incomplete)

Q81. ml (his weight was 20 kg), after transporting him to the ward (after this bolus) what fluid you will give him?

Answer was normal saline (we use normal saline for the first 4-6 hours in DKA)

✓ Answer: normal saline

Q82. A child taking his grandfather medication and presenting with ph of 7.50 and pco2 22 and hypoglycemia (more details were mentioned) :

Answer is salicylate poisoning.

✓ Answer: salicylate poisoning

Q83. One causes DM :

- toxoplasma
- rubella
- milk allergy

✓ Answer: rubella

Q84. Specific congenital anomaly for mom with type one dm II baby :

Caudal regression syndrome

✓ Answer: Caudal regression syndrome

Q85. Mismatched :

defect fatty acid metabolism : ketotic hypoglycemia

✓ Answer: defect fatty acid metabolism : ketotic hypoglycemia

Q86. Not a complication of baby of diabetic mother :

Hypermagnesemia

✓ Answer: Hypermagnesemia

Q87. HbA1C level indicating Sugar regulation during last :

✓ Answer: 3 months

Q88. Case of early morning hyperglycemia , glucose reading at 3 am is high (Dawn phenomenon) , what is the treatment :

Increase dose of insulin at night

✓ Answer: Increase dose of insulin at night

Q89. For DKA.. Still ketotic.. And blood sugar reaches 190.. He was on insulin drip and i.v.f.. What to do next?

Dextrose w/ NS and continue the insulin

✓ Answer: Dextrose w/ NS and continue the insulin

Q90. Wrong in Refeeding syndrome :

hypoglycemia

✓ Answer: hypoglycemia

Q91. Wrong about DKA ?

- bicarbonate not given in severe acidosis
- Treatment when severe hypokalemia only

✓ Answer: bicarbonate not given in severe acidosis

Q92. Regarding Dx of DM, what's wrong?

Glucose in urine (not sure)

✓ Answer: Glucose in urine

– Puberty *(16 questions)*

Q93. Precocious puberty in male: -pituitary MRI

CASES

✓ Answer: pituitary MRI

Q94. Wrong about delayed puberty ?

Turner cause hypogonadotropic hypogonadism

✓ Answer: Turner cause hypogonadotropic hypogonadism

Q95. All true regarding puberty except?

Testosterone is essential for closure of epiphysis

✓ Answer: Testosterone is essential for closure of epiphysis

Q96. Female presents with breast budding at 5 years old, what is incorrect?

Brain MRI is mandatory in this case

If pubic hair develops soon it will be considered pseudo precocious puberty (central)

✓ Answer: Brain MRI is mandatory in this case

Q97. The most common cause of central precocious puberty:

a. Hypothalamic hamartoma

✓ Answer: Idiopathic (Hypothalamic hamartoma is an answer but idiopathic is most common)

Q98. All of the following is a known cause of peripheral precocious puberty except: Non

treated hypothyroidism for female

✓ Answer: Non treated hypothyroidism for female

Q99. In central precocious puberty you will find: Increased bone age, high LH and estrogen

✓ Answer: Increased bone age, high LH and estrogen

Q100. most common cause of central precocious puberty in female?

✓ Answer: Idiopathic

Q101. 6 years old female patient presented with breast enlargement and pubic hair development

Otherwise she is asymptomatic , serum LH is elevated, the most likely diagnosis is:

a. Hypothyroidism

- b. Exposure to exogenous estrogen
- c. Estrogen secreting tumor
- d. Adrenal tumor
- e. Central precocious puberty

✓ Answer: e

Q102. All of the following statements regarding puberty are true, except :

- a. Breast bud is the 1st sign of puberty in female
- b. Growth spurt occur 2 years later in male than female
- c. Central precocious puberty is heterosexual in most cases
- d. Congenital adrenal hyperplasia is an example of combined central and peripheral precocious puberty
- e. Bone age is advanced in patient with precocious puberty

✓ Answer: c

Q103. Regarding pediatric genitourinary exam, all the following are true ,EXCEPT :

- a. Orchidometer is a tool used to measure testicular length and volume
- b. Testicular volume of 4 ml and long axis of 2.5 are pubertal
- c. Hypospadias is a sign of ambiguous genitalia
- d. Mild vaginal bleeding in a newborn female is benign and reflects hormonal withdrawal
- e. Microphallus is a stretched penile length less than 2.5 cm in a full term newborn male

✓ Answer: c

Q104. a child with polyosteoic fibrous dysplasia of the bone and abnormal skin

pigmentation is diagnosed McCune Albright syndrome. what other problem is this patient most likely to develop?

- anemia
- dismiss
- precocious puberty
- multiple neurofibromas
- chronic glomerulonephritis

✓ Answer: precocious puberty

Q105. A 5-year-old boy presents with the complaint of breast swelling. The mother noticed

that the child started to have regression of his milestones. Your examination demonstrates a Tanner stage of 3. Which of the following is the best next course of action?

- a. brain MRI scan
- b. Measurement of serum luteinizing hormone (LH) and follicle-stimulating hormone (FSH)
- c. Measurement of serum testosterone
- d. Reassurance of the normalcy of the condition
- e. Chromosomal analysis

✓ Answer: b

Q106. Young patient (i think 6 years old girl), in the description she had pubertal

changes and on investigations she had elevated LH, the most likely cause is:

- Exogenous estrogens
- Endogenous estrogen production
- Central precocious puberty
- Estrogen secreting tumor

✓ Answer: Central precocious puberty

Q107. Wrong about Precocious puberty

in male is familial

✓ Answer: in male is familial

Q108. Breast bud 1st to appear in females

✓ Answer: Breast bud 1st to appear in females

– Congenital adrenal hyperplasia *(10 questions)*

Q109. Wrong association:

- A) RTA 4 Hypoaldosteronism
- B) RTA 4 Hyperkemia
- C) 21 hydroxylase deficiency Hyponatremia
- E) RTA 1 - High urine ph

✓ Answer: C

Q110. About CAH 21-hydroxylase. Wrong:

- a. You see hypertension *

✓ Answer: a

Q111. Found in 21 hydroxylases def: 17 hydroxyprogesterone

✓ Answer: 17 hydroxyprogesterone

Q112. Regarding congenital adrenal hyperplasia, in comparison between 21-alpha hydroxylase

deficiency, one of the following is common in between of them :

- a. Virilization in female
- b. Metabolic acidosis
- c. Hypokalemia
- d. Hypertension
- e. hyponatremia

✓ Answer: a

Q113. An XY 46 new born is noted to have hyperpigmentation of his skin and genitalia, perineal

hypospadias with bifid scrotum, presented with severe dehydration, acidosis and hyperkalemia at the age of 2 weeks, the most likely diagnosis is :

Select one:

- a. 21 alpha hydroxylase deficiency
- b. 3 B hydroxy steroid dehydrogenase deficiency
- c. 11 B hydroxylase deficiency
- d. 17 alpha hydroxylase deficiency
- e. Lipoid adrenal hyperplasia

✓ Answer: e

Q114. Regarding congenital adrenal hyperplasia (CAH), all are true except :

- a. A group of disorders inherited as autosomal recessive disease
- b. Patients with classic CAH are diagnosed early after birth
- c. Females with 21 hydroxylase deficiency usually have ambiguous genitalia
- d. Males with 17-alpha hydroxylase deficiency have ambiguous genitalia
- e. Elevated 17-hydroxyprogesterone level is found in 3-beta-hydroxysteroid dehydrogenase deficiency

✓ Answer: e

Q115. How to assess 21 hydroxylase :

- cortisol
- 17 pregnenolone rennin
- 17 progesterone

✓ Answer: 17 progesterone

Q116. Wrong regarding adrenal 21-hydroxylase deficiency :

low 17-hydroxyprogesterone

✓ Answer: low 17-hydroxyprogesterone

Q117. 21 hydroxylase deficiency one is false

present with vomiting and fever

✓ Answer: present with vomiting and fever

Q118. Most common type of CAH ?

✓ Answer: 21 hydroxylase deficiency

– Rickets *(13 questions)*

Q119. Case about rickets (widening in wrist), one false:

✓ Answer: (Case dependent)

Q120. Wrong about rickets

a. Vitamin D dependent type characterized by low calcitriol *

✓ Answer: a

Q121. Rickets Type 2, Choose wrong Low 1.25 D3

✓ Answer: Low 1.25 D3

Q122. in type 1 Vit.D dependent rickets all are correct except :

✓ Answer: (Incomplete)

Q123. The recommended daily dose of Vit.D to exclusively breastfed baby to avoid the risk of rickets is :

- a. 200 IU
- b. 400 IU
- c. 600 IU
- d. 800 IU
- e. 1000 IU

✓ Answer: b

Q124. Regarding rickets, all of the following are true except:

- a. The most common cause worldwide is Vit D deficiency
- b. X linked hypophosphatemic rickets is associated with high parathyroid hormone level
- c. Vitamin d dependent rickets type 1 is caused by deficiency in 1-alpha-hydroxylase enzyme
- d. Alopecia is associated with VDDR type 2
- e. Patients with Fanconi syndrome has rickets due to phosphaturia

✓ Answer: b

Q125. Regarding rickets, all of the biochemical changes are true except:

Select one:

- a. Phosphate is increased in patients with renal rickets
- b. PTH(parathyroid hormone)is normal in patients with x linked Hypophosphatmie rickets
- c. 1.25 (OH)₂ Vit d is low in patients with renal rickets
- d. 25 OH Vit d is low in patients with Vitamin D dependant rickets type 1
- e. PTH increased in patients with nutritional rickets

✓ Answer: a

Q126. All of the following are correct combinations about RTA (renal tubular acidosis)

except Select one:

- a. Fanconi disease severe Rickets
- b. proximal RTA normal anion gap metabolic acidosis
- c. proximal RTA urine with pH more than 6.0
- d. distal RTA Nephrocalcinosis
- e. RTA (type 4) Hyperkalemia

✓ Answer: c

Q127. Which of the following is the least useful in the workup for diagnosis of rickets:

- a. serum calcium
- b. PTH level
- c. serum phosphate
- d. 25(OH)VitD3 level
- e. urine phosphate

✓ Answer: e

Q128. Recognized complications of premature infant include all of the following EXCEPT:

- a. increased liability to infection
- b. polycythemia
- c. gastro-oesophageal reflux
- d. rickets
- e. Hydrocephalus

✓ Answer: b

Q129. All the following cause delay closure of anterior fontanelle except :

- Hypothyroidism
-
- Rickets
-
- Hydrocephalus
- Craniosynstosis
- Occult cranium.bifidum

✓ Answer: Craniosynstosis

Q130. One is wrong regarding hypophosphatemia rickets :

It is X-linked recessive (its Dominant)

✓ Answer: It is X-linked recessive

Q131. wrong about rickets type 2 ...

low OH 1-25 vit

✓ Answer: low OH 1-25 vit

● Haematology, Rheumatology, Oncology and Fluid Therapy

– Anemia *(60 questions)*

Q132. Differentiate autoimmune hemolytic anemia and spherocytosis:

-Coombs test and Osmotic fragility test

✓ Answer: Coombs test and Osmotic fragility test

Q133. A case of picky eater baby, drinks milk ? IDA

✓ Answer: IDA

Q134. A case of HbA2 5% , HbS is high also and a little of Hb F ? The doctor mentioned

them with abnormal and normal values

HbS / beta thalassemia

✓ Answer: HbS / beta thalassemia

Q135. Sickle cell patient, which of the following will increase the complication of the disease?

a- O2 supplement

b- Furosemide

c- Albuterol MDI

✓ Answer: b

Q136. All are causes of microcytic anemia in infants except?

Excessive milk intake

Fanconi

Iron deficiency

Lead poisoning

Thalassemia

✓ Answer: Fanconi

Q137. Pt with pneumonia and feature of hemolytic anemia , organism?

Mycoplasma pneumonia

✓ Answer: Mycoplasma pneumonia

Q138. Not found in diamond black fan anemia?

Microcytic anemia

✓ Answer: Microcytic anemia

Q139. What is the diagnosis if newborn presents with jaundice within first 24 hr of life?

Hemolytic disease of newborn

✓ Answer: Hemolytic disease of newborn

Q140. Baby with hemolytic disease and 500 bilirubin level , most appropriate management

?

Exchange transfusion

✓ Answer: Exchange transfusion

Q141. Case of anemia with Heinz bodies and family history of anemia, what is the

diagnosis?

G6PD

✓ Answer: G6PD

Q142. Erythropoiesis of bone marrow is best assessed by?

Reticulocyte index

✓ Answer: Reticulocyte index

Q143. Anemia + reticulocyte count 15 ,The wrong:

Hypo plastic bone marrow

✓ Answer: Hypo plastic bone marrow

Q144. Known case of hereditary spherocytosis. History of URTI followed by improvement. After 4 days (I'm

not sure about the period) the patient returned to the ER with dyspnea and severe pallor. Hb = 6, Reticulocyte count was very low. What is the cause for his condition?

a. Parvovirus B19 {aplastic crisis} *

✓ Answer: a

Q145. Microcytic anemia resistant to treatment with normal iron study

a. Alpha-thalassemia minor

✓ Answer: a

Q146. All of the following leads to normocytic anemia except: Malignant Infiltration of the bone marrow

✓ Answer: (Already answered as "All... except")

Q147. Diamond black fan syndrome except: Normocytic anemia

✓ Answer: Normocytic anemia

Q148. About diamond black anemia Choose wrong: Increase in fetal Hb

✓ Answer: Increase in fetal Hb

Q149. About IDA choose wrong answer

-an increase in Hemoglobin will be seen after 3-4 months

✓ Answer: an increase in Hemoglobin will be seen after 3-4 months

Q150. Wrong about Diamond-Blackfan anemia (DBA)? Normocytic anemia

✓ Answer: Normocytic anemia

Q151. Regarding IDA (IRON DEFICIENCY ANEMIA) all of the following are true except:

- a. it may be related to extra-hematological conditions like febrile convulsion
- b. failure of treatment may indicate underlying malabsorption
- c. it is highly expected in exclusively breastfed infants at 4-6 months of age
- d. screening for IDA done at the age of 10 month -1 year in Jordan
- e. it's one of the differential diagnosis of aplastic anemia

✓ Answer: e

Q152. G6PD DELICIENCY is inherited as :

a. AUTOSOMAL RECESSIVE

- B. AUTOSOMAL DOMINANT
- C.X-LINKED DOMINANT
- d. X-LINKED RECESSIVE
- e. MITOCHONDRIAL INHERITANCE

✓ Answer: d

Q153. A3 year old male patient presented with high grade fever, lethargy with wbc count = 2 and

differential of neutrophil/lymphocytes: 5/80 , which of the following is true :

- a. gram positive organism coverage is the only needed in the mentioned case
- b. they do not need admission, and home observation is sufficient
- c. it cannot be a case of Blackfan diamond anemia.(NOTE : as WBC's Line affected so it's not pure RBC's aplasia)
- d. platelet and Hb are not of importance in this case
- e. bone marrow aspiration and biopsy is not needed in prolonged recurrent cases

✓ Answer: c

Q154. Antibiotics are indicated in all the following cases of acute gastroenteritis , Except:

- a. Shigellosis
- b. Acute amebic gastroenteritis
- c. A baby whose age less than 1 month
- d. Salmonella enteritis in a patient with sickle cell anemia
- e. Patient with food poisoning due to staph aureus

✓ Answer: e

Q155. Regarding megaloblastic anemia which is wrong:

- a. it is characterized by macrocytosis
- b. it's associated with features of developmental delay and hypotonia
- c. it's associated with thrombocytopenia
- d. it may be caused by methotrexate
- e. giant Metamyelocytes is prominent finding in the blood film

✓ Answer: e

Q156. All of the following are known complications of nephrotic syndrome and its treatment , Except:

- a. growth retardation
- b. susceptibility to streptococcus pneumoniae infection
- c. hemolytic anemia
- d. renal vein thrombosis
- e. hypertension

✓ Answer: c

Q157. All of the following are correct about hematuria in children except :

- a. Hematuria associated with anemia is characteristic of urological causes of hematuria
- b. Glomerular hematuria is frequently associated with hypertension.
- c. Hematuria originating from lower urinary tract has a bright red color.
- d. Hematuria associated with proteinuria greater than 1000 mg/dl indicates glomerular disease
- e. Passage of clots suggests a bleeding /coagulopathy cause of hematuria.

✓ Answer: a

Q158. Regarding prenatal history and maternal condition during pregnancy, all the following are

matched, except :

- a. Gestational diabetes: Large for gestational age baby (LGA)
- b. Maternal preeclampsia: Premature delivery and Intrauterine growth restriction (IUGR)
- c. Oligo-hydramnios: Duodenal atresia
- d. Maternal Blood group: Neonatal hemolytic disease
- e. Maternal Hepatitis B: Early administration of Hepatitis B vaccine and IG to the baby

✓ Answer: c

Q159. Testing for celiac disease in children and adults recommended with one of the following:

- a. Oral ulcer
- b. Atopic dermatitis
- c. Dermatitis herpetiformis
- d. Erythema nodosum
- e. Seborrheic dermatitis

101(Unknown order) - A 7-week-old male infant presents to your clinic because of blood in the stool. He is currently having 5-6 loose stools per day with blood mixed in with the stool. The patient has not had any fever, abdominal distension, irritability, vomiting, or change in appetite. On physical exam he found to have itchy erythematous skin rash on face and trunk. All the following are true, except:

- a. Baby who are exclusively breast-fed are protected
- b. This condition is either IgE or non IgE mediated
- c. IgE mediated is more to have skin manifestation
- d. Challenge elimination test is diagnostic
- e. This condition may cause iron deficiency anemia

6th year Final exam 2021

✓ Answer: c

Q160. 3 year old male patient, known case of SCD(sickle cell disease), presented with history of fever

and difficult breathing following 3-day history of painful crisis, all of the following are true except:

Select one:

- a. O₂ supplement and intravenous fluid are helpful in reversal of sickling
- b. detailed musculoskeletal exam should be performed
- c. pain killers such as NSAID are recommended more than opioids as it may worsen the acute chest symptoms
- d. macrolides should be added to the antibiotic regimen
- e. acute chest syndrome cannot be diagnosed if chest x-ray findings are absent

✓ Answer: c

Q161. All of the following are true statements except

Select one:

- a. premature infants are particularly susceptible for iron deficiency anemia
- b. iron should not be mixed with milk to improve the absorption
- c. constipation is not usual side effect of iron treatment in children
- d. teeth staining is permanent and cannot be avoided
- e. cotious correction of chronic iron deficiency with transfusion should be done in thermodynamically unstable patients

✓ Answer: d

Q162. A 1 year old male patient presented with history of pallor since 2 months, his physical

examination is normal except for pallor , his Hb reading was 10 g/dl, mcv :55 fL,RDW:12 f ferritin :150 (20-250ng/ml), and Hb electrophoresis is normal, which of the following is a possible diagnosis:

Select one:

- a. iron deficiency anaemia
- b. HB H disease
- c. B-thalassemia intermediate
- d. B -thalassemia major
- e. alpha thalassemia trait

✓ Answer: e

Q163. The following Hb electrophoresis HB F :70% HBS: 20% HBA:10%

Select one:

- a. sickle cell anemia
- b. sickle B-intermediate (B+)
- c. B-thalassemia major
- d. alpha thalassemia intermediate
- e. normal testing

✓ Answer: a

Q164. Regarding Iron deficiency anemia (IDA) one of the following is true :

- a. only small fraction of iron in the diet is absorbed for erythropoiesis so the diet is not important in pathogenesis
- b. chronic blood loss is the leading cause
- c. formulation of iron treatment will differ in the concentration of iron but not the side effect
- d. Hb electrophoresis is not needed in the unresponsive cases of IDA
- e. menzies index means (mcv/rbc) and will be more than 11 in iron deficiency anemia.

✓ Answer: b

Q165. 5 year old male patient presented with jaundice and sudden pallor, all of the following are true except:

Select one:

- a. extravascular hemolysis usually associated with splenic enlargement
- b. intravascular hemolysis can be related to enzyme content of the RBCs
- c. spherocytosis is a typical example on autosomal dominant inherited disorder
- d. blood film, bilirubin ,LDH and haptoglobin are the investigations of choice
- e. indirect coombs test is the diagnostic investigation for autoimmune hemolytic anemia

✓ Answer: e

Q166. A 7 month old male child presented with pallor and jaundice, his examination revealed

hepatomegaly, pale conjunctiva and yellow sclera ,his HB :5 g/dl ,mcv:52, and predominant HB F on electrophoresis, which of the following is wrong :

Select one:

- a. monthly blood transfusion is needed to suppress ineffective erythropoiesis
- b. monthly ferritin level is the best to monitor iron toxicity
- c. splenectomy is needed in cases where hypersplenism occur and the need of transfusion increased
- d. follow up calcium, phosphorus, PTH, and cardiac MRI is necessary
- e. bone marrow transplant is the definitive treatment

✓ Answer: e

Q167. Regarding acid base balance all of the following combinations are correct

except Select one:

- a. Pyloric stenosis Metabolic alkalosis
- b. Chronic use of loop diuretics metabolic alkalosis
- c. Carbonic anhydrase inhibitor Wide anion gap acidosis
- d. Galactosaemia Fanconi syndrome
- e. Salicylate poisoning wide anion gap acidosis

✓ Answer: c

Q168. An infant is born at term, via prolonged spontaneously vaginal delivery requiring vacuum

assisted device. He is noted to be jaundiced at 24 hours of life. Serum bilirubin is measured and shows indirect hyperbilirubinemia. All of the following should be obtained to evaluate the patient

except: Select one:

- a. Blood typing.
- b. Coombs test.
- c. Complete blood count (CBC) with reticulocyte count.
- d. Peripheral smear.
- e. Liver ultrasound imaging.

✓ Answer: e

Q169. 3 months old baby presents with diarrhea of 2 months ago, that was Bloody in

some occasions. physical examination was insignificant except for facial eczema. what statement is false:

- Elimination Challenge test for diagnosis
- cow's milk protein allergy may develop in exclusively breastfed infants
- iron deficiency may be the only presentation
- Eosinophilia and increase IgE level are Universal
- Amino acid-based formula is the gold standard treatment

✓ Answer: Eosinophilia and increase IgE level are Universal

Q170. 10 years old male patient presented with a 5-day history of fever, sore throat and

fatigue physical examination reveals an exudative tonsillitis and bilateral enlarged and slightly tender posterior cervical lymph nodes. The spleen is palpable 3 centimeters below the rib cage. which agent is most likely responsible for the patient's illness?

- Group a beta hemolytic streptococcus
- adenovirus
- Toxoplasma Gondii
- Epstein-Barr virus
- corynebacteriumdiphtheria

✓ Answer: Epstein-Barr virus

Q171. Concerning treatment of symptomatic neonatal with the group b beta hemolytic

streptococcus sepsis all the following are true except:

- may use penicillin G alone when GBS isolated.
- full sepsis workup should be done in symptomatic neonate regardless of risk factors
- ampicillin plus aminoglycoside can be used initially pending cultures results
- in GBS meningitis treat for 10 days
- in GBS osteomyelitis treat for 6 weeks

✓ Answer: in GBS meningitis treat for 10 days

Q172. infant is born at term, via prolonged spontaneous vaginal delivery requiring

vacuum assisted device. he's noted to be jaundiced at 24 hours of life. Serum bilirubin is measured and shows indirect hyperbilirubinemia. All of the following should be obtained to evaluate the patient except:

- blood typing
- Coombs test
- complete blood count CBC with reticulocyte count
- peripheral smear
- liver ultrasound imaging

✓ Answer: liver ultrasound imaging

Q173. 10 years old female patient known case of sickle cell disease was doing relatively

well, suddenly she developed pallor, her mother reported that there is history of a flu like symptoms and low-grade fever of 3 days duration, she found her Hb 2mg/dl, reticulocyte (corrected) 2%, which of the following is not true:

- blood transfusion is the first line of therapy
- reticulocyte count is very essential in diagnosis of this type of crisis
- Fever in sickle cell disease should not be ignored and should be investigated
- Vancomycin, cefitrixone and macrolide are needed in cases of fever not explained by a focus
- parvovirus b19 titer is not indicated in this case

✓ Answer: parvovirus b19 titer is not indicated in this case

Q174. while you are examining an 11 months old male child in the well-baby Clinic you

find him pale with HR 130m and normal capillary refill. Hbr was 8 mg/dl, which of the following is wrong regarding investigation and management?

- MCV in the second to be checked to determine the type of anemia
- direct Coombs test, haptoglobin and G6PD Are needed to be done if you find the corrected reticulocyte count of 6%
- vitamin B12 level should be requested if the child has features of developmental delay and hypotonia
- source of blood loss can be the cause for his presentation
- blood transfusion should be started immediately

✓ Answer: blood transfusion should be started immediately

Q175. 3years old male patient, known case of SCD sickle cell disease, presented with

history of fever and difficulty breathing following 3-day history of painful crisis.

allthe following are true except:

- oxygen supplement and IV fluid are essential
- detailed musculoskeletal exam should be performed
- painkillers such as non-steroidal anti-inflammatory drugs are better than opioids as it may worsen chest symptoms
- Broad Spectrum antibiotics coverage is required
- chest x-ray is important part of the evaluation

✓ Answer: painkillers such as non-steroidal anti-inflammatory drugs are better than opioids

Q176. Regarding IDA(IRON DEFICIENCY ANEMIA) which is true:

- a. the most common cause worldwide is blood loss
- b. it is not related to to consumption of large amount of cow milk formula
- c. it is more common in female infants
- d. screening for IDA is done at the age of 10 month -1 year in Jordan

e. it is one of the differential diagnosis of folate deficiency

✓ Answer: d

Q177. Regarding megaloblastic anemia which is wrong :

- a. it's always associated with macrocytosis but not vice versa
- b. it's associated with features of developmental delay and hypotonia
- c. it's associated with thrombocytopenia
- d. it may be caused by certain drugs
- e. it can be avoided by goat milk consumption

✓ Answer: e

Q178. hr of age is 13 mg/dL. Which of the following laboratory findings would be strongly characteristic of RH haemolytic disease?

- a. Elevated reticulocyte count
- b. Strongly positive direct Coombs test
- c. Fragmented red blood cells in the blood smear
- d. Drop in haemoglobin
- e. Spherocyte on blood smear

✓ Answer: b

Q179. G6PD DEFICIENCY is inherited as :

- a. AUTOSOMAL RECESSIVE
- b. AUTOSOMAL DOMINANT
- c. XLINKED DOMINANT
- d. XLINKED RECESSIVE
- e. MITOCHONDRIAL INHERITANCE

✓ Answer: d

Q180. In tetralogy of Fallot all the following are correct, EXCEPT:

- a. Chest x ray usually shows Egg-on-a-string sign.
- b. Iron deficiency anemia increases the risk of hypoxic spells.
- c. Hypoxic spells occur on crying.
- d. Hypoxic spells may be treated with morphine.
- e. Beta adrenergic blockers are helpful for hypoxic spells.

✓ Answer: a

Q181. Wrong regarding Anemia :

Babies are at risk of developing IDA in the first 4-6 months when they are exclusively on breast feeding

✓ Answer: Babies are at risk of developing IDA in the first 4-6 months when they are exclusively on breast feeding

Q182. Laboratory result indicates hemolytic anemia :

Indirect bilirubin

✓ Answer: Indirect bilirubin

Q183. cut point of anemia is :

✓ Answer: <11 g/dL (or 11 and 10.5 depending on age)

Q184. True regarding anemia :

Folate deficiency is presented faster than b12

✓ Answer: Folate deficiency is presented faster than b12

Q185. Chronic diarrhea with abdominal distention and paleness, doctor gave him

vitamins and irons to treat his anemia but he is not responding , what is the next step for investigation : Tissue transglutamase IgA ab + IgA level

✓ Answer: Tissue transglutamase IgA ab + IgA level

Q186. Wrong regarding IUGR:

It is associated with anemia

✓ Answer: It is associated with anemia

Q187. 8 weeks baby with hemoglobin =11,what is the action ?

nothing to do .(physiological)

✓ Answer: nothing to do (physiological)

Q188. Megaloblastic anemia cause

Phenytoin

✓ Answer: Phenytoin

Q189. infant of diabetic mother complications wrong

Anemia

✓ Answer: Anemia

Q190. Anemia with retic count 2% -

b12 def anemia?

✓ Answer: b12 def anemia?

Q191. Which of the following cause Macrocytic anemia?

Chronic liver disease (not sure)

✓ Answer: Chronic liver disease

– Bleeding disorders *(23 questions)*

Q192. Good HUS prognostic factor?

a-High wbc

b-Age less than 3y

c-low Hb level

d-Factor H deficiency

✓ Answer: d

Q193. low plt, prolonged PT,PTT : DIC

✓ Answer: DIC

Q194. Bleeding with ITP , stable patient what to do?

a-Admit and observe (according to amboss)

b- IVIG

✓ Answer: a

Q195. One week old baby presents with continuous oozing from circumcision site, Hb 7.9

everything else normal, what is the best test to confirm the diagnosis?

- Von willbrand antigen and activity
- PT PTT INR
- dic
- antiplatelet antibodies

✓ **Answer: Von willbrand antigen and activity**

Q196. 30 d old baby, generalized seizure due to intracranial hemorrhage, mother reported

delayed separation of cord, normal coagulation profile, what is the deficient factor?

Factor XIII

✓ **Answer: Factor XIII**

Q197. About acute ITP, the wrong answer: isolated splenomegaly

✓ **Answer: isolated splenomegaly**

Q198. Case with low platelets, high PTT and PTT and low factor 8: This DIC

✓ **Answer: DIC**

Q199. normal bleeding time? hemophilia

✓ **Answer: hemophilia**

Q200. Prolonged PT, PTT, BT, low factor 8, PLT 50.000? DIC

✓ **Answer: DIC**

Q201. All the following increase bleeding time except

- a. Glanzmann
- b. Uremia
- c. Aspirin
- d. Hemophilia B XXXX

✓ **Answer: d**

Q202. One is wrong about hemophilia A :

Prolonged PT

✓ **Answer: Prolonged PT**

Q203. Regarding hemophilia which of the following is wrong:

- a. First attack of bleeding in a joint will make it a target for further bleeding
- b. non responsive bleeding in hemophilias is related to inhibitor formation for the factors
- c. hemophilia is rarely associated with intracranial bleeding in neonate.
- d. it can be screened for by doing PTT.
- e. somatic hemophilia is common in type 3 WWF (von Willebrand disease) disease

✓ **Answer: c**

Q204. Which of the following is a wrong statement?

- a. factor 11 deficiency is of somatic inheritance and need a provocation to be manifested clinically
- b. mixing study is a method of screening in hemophilia
- c. when hemarthroses happens, septic joint should be excluded
- d. bleeding time will be prolonged in hemophilia
- e. factor 7 can be given when antibodies formed against the factor concentrate

✓ Answer: d

Q205. A 5 YEAR old female patient presented with history of skin spots and gum bleeding all of the following is true except Select one:

- a. the skin spots must be non blanchable on examination
- b. CBC and pt/ptt are the primary screening testing
- c. if bleeding time is mainly affected vWF (von Willebrand factor) activity and function should be studied
- d. factor deficiency should be checked by doing the mixing study
- e. bone marrow and biopsy is essential if the diagnosis is uncertain

✓ Answer: e

Q206. a 5 years old female patient presented with skin spots and gum bleeding. All the following are true except:

- family history of congenital coagulopathy is evident as x-linked inheritance
- CBC and Prothrombin time is the primary screening testing
- if bleeding time is mainly affected, Von Willebrand factor activity and function should be studied
- platelet transfusion is the Mainstay of therapy if the platelet count is the only affected line
- bone marrow biopsy is essential for the diagnosis in certain circumstances

✓ Answer: family history of congenital coagulopathy is evident as x-linked inheritance

Q207. regarding hemophilia which of the following is wrong :

- a. first attack of bleeding in a joint will make it a target for further bleeding
- b. non responsive bleeding in hemophilias is related to inhibitor formation for the factors.
- c. hemophilia is rarely associated with intracranial bleeding in neonate.
- d. it can be screened for by PTT .
- e. somatic hemophilia is common in type 3 von williebrand disease

✓ Answer: c

Q208. which of the following is a wrong statement: a. hemarthrosis is the most common presentation of

- factor deficiency
- b. vascular and platelet abnormality will be presented with petechial rash
- c. child abuse is one of the most important differential diagnosis in bleeding disorder
- d. bleeding time will not be affected in hemophilia
- e. All cases with factor deficiency will have prothrombin time (pt) or partial thromboplastin time (ptt) affected

✓ Answer: e

Q209. First factor affected by vit.k deficiency:

Factor 7

✓ Answer: Factor 7

Q210. Incorrect about HUS:

- Factor H deficiency is associated with high recurrence post renal transplant.
- Children older than 6 years of age have better prognosis.

✓ Answer: Children older than 6 years of age have better prognosis

Q211. A child that was brought after drowning, labs were indicative of DIC (low

platelets, prolonged pt, ptt and increased INR)... I don't remember if there was more information, the most effective supportive treatment is:
Answer was platelets and fresh frozen plasma.

✓ Answer: platelets and fresh frozen plasma

Q212. True regarding about hemophilia, :

- the most common hemophilia is caused by deficiency of factor 9.
- somatic hemophilia is a variant of vonwillebrand disease.
- Hemophilia is more sever in females than males.

✓ Answer: somatic hemophilia is a variant of vonwillebrand disease

Q213. Most common cause of spared Thrombocytopenia :

ITP

✓ Answer: ITP

Q214. wrong about Treatmen of ITP

first choice is cyclosporin

✓ Answer: first choice is cyclosporin

– Leukemia *(144 questions)*

Q215. All of the following suggest otitis media except :

- a-perforated,
- b-thick red,
- c-bulging membrane
- d-presence of light reflexes

✓ Answer: d

Q216. Boy with recurrent abdominal pain, all indication for additional evaluation except?

- a -Weight loss
- b-Blood in stool
- c-Periumblical abdominal pain

✓ Answer: c

Q217. Wrong about pneumonia?

All cases confirmed by CXR should be admitted

✓ Answer: All cases confirmed by CXR should be admitted

Q218. Poor prognostic factor of ALL ?

- a-Age 1-10
- b-Hypodiploidy

✓ Answer: b

Q219. A boy who enjoys a picture stories can do all of the following except?

- a-Kick a ball
- b-use a fork
- c-say his full name

✓ Answer: a

Q220. Not true about JIA?

Almost all children require hip replacement surgery when they are adults

✓ Answer: Almost all children require hip replacement surgery when they are adults

Q221. All are long-term prognosis of meconium aspiration except?

Retinopathy of prematurity

✓ Answer: Retinopathy of prematurity

Q222. All these cause hyperkalemia except:

Ace inhibitors

Spirolactone

Amphotericin

Cyclosporin

Propranolol

✓ Answer: Propranolol

Q223. All true regarding use of radiology in pneumonia except?

You need to do follow up x ray to confirm resolution

Ultrasound of chest is used to diagnose

✓ Answer: You need to do follow up x ray to confirm resolution

Q224. All AD except ?PKU

✓ Answer: PKU

Q225. All are risk factors for coronary artery disease in Kawasaki except?

Fever that lasts for more than 16 days

First degree block

Cardiomegaly

Less than 1 year old??

Male

✓ Answer: First degree block

Q226. Patient recently diagnosed with ALL, what are electrolytes?

Hyperphosphatemia, hyperkalemia, hyperuricemia, hypocalcemia

✓ Answer: Hyperphosphatemia, hyperkalemia, hyperuricemia, hypocalcemia

Q227. Long case but what is important is that all blood cell lines are decreased, what is the diagnosis needed?

Bone marrow aspirate and biopsy

L.N biopsy

There is cervical lymphadenopathy and splenomegaly

✓ Answer: Bone marrow aspirate and biopsy

Q228. All are favorable prognosis for AML except?

Philadelphia chromosome

Hyperdiploia

✓ Answer: Philadelphia chromosome

Q229. Regarding infants of mothers with chorioamnionitis what is wrong?

All infants should be treated with ceftriaxone

Minimal screening is done

Should be monitored for 48 hr

✓ Answer: All infants should be treated with ceftriaxone

Q230. All true about CKD except?

Patients in early stages can be asymptomatic
Leads to uncontrolled secondary hyperparathyroidism??
84)
C5, C6 Erbs palsy?

✓ Answer: Leads to uncontrolled secondary hyperparathyroidism??

Q231. All of the following cause polyhydrominous except?

Renal agenesis

✓ Answer: Renal agenesis

Q232. About TOF tet spells all of these are true except:

- a. .
- b. Associated with and prolonged cry
- c. .
- d. Decreased murmur intensity
- e. Decreased venous return * (?)

✓ Answer: e

Q233. All the following are side effect of beta agonist except:

- a. Hypokalemia
- b. Tachycardia
- c. Dry mouth *

✓ Answer: c

Q234. 7 y old male with history of recurrent abdominal pain (description of functional abdominal pain). All

the following are true except:

- a. Increase the threshold of pain * (be alert they have decreased threshold to the pain)

✓ Answer: a

Q235. All are cause of wide anterior fontanelle except;

- a. Craniosyntosis

✓ Answer: Craniosyntosis

Q236. Measurement of the drug level is beneficial in all the following except:

✓ Answer: (Incomplete)

Q237. All these drugs displace bilirubin from the albumin except:

- a. Vancomycin *
- b. Oxacillin
- c. Diazepam ceftriaxone

✓ Answer: a

Q238. All the following can cause wheezing, except: hypocalcemia

✓ Answer: hypocalcemia

Q239. All of the following can trigger asthma except: Gelatin*

✓ Answer: Gelatin

Q240. All the following are seen in acute rheumatic fever except: Erythema nodosum

✓ Answer: Erythema nodosum

Q241. Direct hyperbilirubinemia all except: Gilbert

ANTIBIOTIC : RDS 31.

✓ Answer: Gilbert

Q242. In tumor lysis there will be all of the following except:

- a. Hyperphosphatemia
- b. Hyperuricemia
- c. Hyperkalemia
- d. Hyponatremia XXX
- e. hypocalcaemia

✓ Answer: d

Q243. All the following increased risk of renal scarring except: Age from 5 to 10 years

✓ Answer: Age from 5 to 10 years

Q244. All with poor prognosis except: Hypodiploidy

✓ Answer: Hypodiploidy (question asks all with poor prognosis except)

Q245. all true about MCD except

- a. a. 100% nephrotic
- b. b. 90% response to steroid
- c. c. 10% HTN
- d. d. 90% hematuria *

✓ Answer: d

Q246. good prognostic factor in ALL? initial WBC 50 000

✓ Answer: initial WBC 50 000 (Note: good prognosis usually <50,000)

Q247. Wheezing, all correct except?

- a) Hypocalcemia b) bronchiolitis c) foreign body d)

✓ Answer: Hypocalcemia

Q248. All cause delay closure of anterior fontanel except :

✓ Answer: Craniosynostosis

Q249. all the following are normal except :

✓ Answer: (Incomplete list)

Q250. All of the following is suspicious for child abuse except :

✓ Answer: (Incomplete list)

Q251. all infections cause microcephaly except

1: CMV

2: HSV

✓ Answer: HSV

Q252. All are true about neuro-blastoma except :

Associated with WAGR

✓ Answer: Associated with WAGR

Q253. ALL of the following are true regarding juvenile idiopathic arthritis , EXCEPT:

- a. Oligo-articular type is highly associated with uveitis
- b. Macrophage activating syndrome can be either the first presentation of the disease or result of non-compliance to treatment
- c. limb length discrepancy is well known chronic complication
- d. poly-articular is the best prognostic type
- e. arthritis can be absent initially in systemic onset type

✓ Answer: d

Q254. A5 year old female patient presented with jaundice of 3 days duration after history of fava

beans ingestion and has pale conjunctiva and yellowish sclera. All of the following lab results are excepted except :

- a. low haptoglobin
- b. heamoglobinuria
- c. low Hb
- d. low reticulocytes
- e. high LDH

✓ Answer: d

Q255. Risk factors for persistent wheezing include all the following EXCEPT :

- a. parental history of asthma
- b. paternal smoking
- c. persistent rhinitis (apart from acute upper respiratory tract infections)
- d. eczema at <1 yr of age
- e. wheezy episodes triggered by cold

✓ Answer: b

Q256. All the following are indications for intrapartum prophylaxis to decrease the risk of neonatal

sepsis, except :

- a. Gestational age less than 37 weeks
- b. Rupture of membrane of more than 18 hours
- c. Maternal temperature more than 38c
- d. GBS bacteruria during previous pregnancy
- e. Positive GBS colonization documented by anogenital surveillance at 35-37 weeks gestation

✓ Answer: d

Q257. All are expected for a full term 12-month-old infant, whose birth weight was 3 Kg , EXCEPT :

- a. Weight: 10 kg
- b. Heart rate: 110/ min
- C. Respiratory rate: 30/ min
- d. Says a few words besides "mama", "dada"
- e. Positive Moro reflex

✓ Answer: e

Q258. A 10 months old normal infant can perform all the following skills except:

- a. wave bye-bye
- b. stand with support
- c. can say 3-4 single words
- d. mature pincer grip
- e. plays "peek-a-boo"

✓ Answer: c

Q259. All of the following are true regarding cortication of the aorta Except:

- a. Lower blood pressure in the lower limb compared to the upper limb
- b. Diminished or delayed femoral pulse
- c. More common in male than female
- d. Notching of the posterior thoracic ribs early during infancy
- e. Heart failure occur beyond the neonatal period

✓ Answer: d

Q260. All of the following are side effects of phototherapy , Except:

- a. skin rash
- b. constipation
- C. retinal damage
- d. bronze baby syndrome
- e. dry skin

✓ Answer: b

Q261. Neonatal seizures include all these seizures types except

- a. Subtle
- b. Clonic
- c. Tonic-clonic
- d. Myoclonic
- e. Tonic

✓ Answer: c

Q262. All the following are indications for neuroimaging in seizure disorders Except :

- a. partial onset seizure
- b. Complex febrile seizures
- c. neonatal seizures
- d. persistent altered mental status
- e. focal or new focal deficit

✓ Answer: b

Q263. 4 year old male patient presented with history of gum bleeding of 3 days duration, mother

implied that there is history of upper respiratory tract infection 2 weeks ago. His vital signs were normal, no lymph node enlargement, no organomegaly, his platelet count 10×10^9 , all are true EXCEPT :

- a. platelet transfusion is the first line of treatment
- b. weekly platelet should be done after discharge to ensure recovery
- C. Anti-D therapy is a known line of treatment in those who are D-positive
- d. if these finding persist beyond 6 months then EBV titer should be done

e. if bone marrow aspiration and biopsy is done it may shows hyperplasia of the megakaryocytes

✓ Answer: a

Q264. All of the following are correctly matched except:

- a. blueberry muffin>>NEUROBLASTOMA
- b. aniridia>>Wilms tumor
- c. beckwith-wiedemann syndrome>> Hepatoblastoma
- d. Opsoclonus -myoclonus syndrome >> Lymphoblastic leukemia
- e. Rasburicase>> g6pd crisis

✓ Answer: d

Q265. The late clinical features of retinitis pigmentosa, may include all of the following Except:

- a. Sheathing of retinal blood vessels.
- b. Waxy pale optic disc.
- C. Posterior subcapsular cataract.
- d. Normal visual acuity.
- e. Cystoid macular edema.

✓ Answer: d

Q266. A6 month old male patient presented with fever and bruises of 3 day duration, you did a complete blood count and found WBC count to be 3.0 /mm³, 25 % neutrophils and Hb: 5 mg/dl. all are true except?

- a. it's a hematological emergency that needs to be investigated and treated
- b. you may find musculoskeletal finding on physical examination
- c. they need droplet and contact isolation
- d. antibiotic is not needed
- e. in older ages it's related to some viral infection.

✓ Answer: d

Q267. All of the following are causes of hypocalcemia except :

- a. Hypoalbuminemia
- b. Hypermagnesaemia
- c. Hyperphosphatemia
- d. hypoparathyrodism
- e. 25 (OH) Vit D deficiency

✓ Answer: b

Q268. All of the following is associated with ambiguous genitalia in a female Except :

- a. 21 alpha hydroxylase deficiency
- b. 11 beta hydroxylase deficiency
- c. 17 alpha hydroxylase deficiency
- d.3 beta Hydroxysteroid dehydrogenase
- e. Aldosterone synthetase deficiency

✓ Answer: e

Q269. Complications of intravenous immunoglobulin (IVIG) therapy include all of the following Except:

- a. Anaphylaxis
- b. flushing
- c. Transmission of HIV
- d. Aseptic meningitis

e. Systemic reactions

✓ Answer: c

Q270. Children with down syndrome are at increased risk for all of the following Except:

- a. Celiac disease
- b. Hypothyroidism
- c. Short stature
- d. Hypertonia
- e. Leukemia

✓ Answer: d

Q271. All of the following are true regarding evaluation of a child with constipation,

except: Select one:

- a. Anal fissure is a common complication of functional constipation
- b. Diagnosis of functional constipation doesn't need abdominal XRAY to be established
- c. Lower back and lower limb neurological exam are important steps in evaluation
- d. Digital rectal exam (DRE) is mandatory to confirm the diagnosis of functional constipation
- e. Osmotic laxatives are first line in medication treatment of functional constipation

✓ Answer: d

Q272. All are true about hypertension in children except

Select one:

- a. the blood pressure drop should target below 90^{th} % in patients with renal disease
- b. Children suspected of white coat hypertension are best diagnosed with ambulatory blood pressure monitoring.
- c. obese patients with stage 1 hypertension are best treated with combined therapy
- d. patient with elevated blood pressure are encouraged to follow lifestyle modification
- e. regular blood pressure testing should be part of physical examination after the age 3 years

✓ Answer: c

Q273. All of the following are true about cyclosporine adverse effects except:

Select one:

- a. Hypertension
- b. Hemorrhagic cystitis
- c. Gingival hypertrophy
- d. Hyperkalemia
- e. Hirsutism

✓ Answer: b

Q274. Jitteriness is characterized by all the following except

Select one:

- a. not associated with ocular deviation
- b. It is stimulus sensitive
- c. easily stopped with passive movement of the limb
- d. no autonomic changes are associated with it
- e. There is alteration of consciousness

✓ Answer: e

Q275. 6 years old male patient with polyuria and polydipsia of 2 weeks, all of the following is suggestive of nephrogenic DI except:

Select one:

- a. High serum sodium
- b. Low urine osmolality
- c. Low urine specific gravity
- d. Increase in urine osmolality after desmopressin administration
- e. High serum osmolality

✓ Answer: d

Q276. 2 year old female child presented to you with history of 100 ml Paracetamol ingestion of 250mg/5ml all of the following are true except:

Select one:

- a. NAPQI is the accumulated toxic material
- b. urinary alkalization is the best method for elimination
- c. liver function test, Prothrombin time and kidney function test are essential first line labs
- d. previous liver disease makes the toxicity more severe
- e. if the time of ingestion is unknown and the patient is clinically deteriorated and abnormal liver function found, antidote should be given

✓ Answer: b

Q277. Regarding brucellosis all the following are true except:

Select one:

- a. is caused by a Gram positive bacillus
- b. causes spondylitis
- c. combination therapy is recommended to decrease risk of relapse
- d. headache, mental inattention, and depression can occur
- e. is contracted from unpasteurized milk

✓ Answer: a

Q278. All are true regarding bronchiolitis except:

Select one:

- a. Bronchiolitis is a seasonal disease, dominating winter months.
- b. majority of cases have risk factors for the development of this condition
- c. most commonly caused by RSV virus
- d. palivizumab a monoclonal antibody which reduces hospital admission in high-risk infants
- e. Spreading of RSV can be prevented with respiratory droplet and contact precautions

✓ Answer: b

Q279. Regarding cerebrospinal fluids (CSF); all are true; except

Select one:

- a. pleocytosis lymphatic viral meningitis
- b. low protein low sugar TB meningitis
- c. normal findings Pseudotumor cerebri
- d. negative culture partially treated bacterial meningitis
- e. high protein only Guillian Barre Syndrome

✓ Answer: b

Q280. All of the following is an indication for urgent endoscopy in cases of foreign body ingestion

except Select one:

- a. disc battery ingestion impacted in the oesophagus
- b. sharp objects

- c. an object with more than 4*2 cm in diameter
- d. rounded (ball like toy)
- e. history of drooling post corrosive material ingestion

✓ Answer: c

Q281. All the following can lead to secondary microcephaly except

Select one:

- a. Congenital Infections
- b. fetal alcohol syndrome
- c. Radiation
- d. hypoxic ischemic encephalopathy (HIE)
- e. familial microcephaly

✓ Answer: e

Q282. Regarding pediatric parameters, all the following are normal or benign, except:

Select one:

- a. a palpable liver 2 cm below costal margin in a 6-year-old child
- b. Erythema toxicum in a 2-day-old newborn
- c. Heart rate 120/min in a 6-month old infant
- d. A grade 2 diastolic murmur in a 2-month- old infant
- e. Potassium level 5.7 mmol/L in a 1-week-old newborn

✓ Answer: d

Q283. All of the following inborn error of metabolism is autosomal recessive in inheritance

except: Select one:

- a. Galactosaemia
- b. Tyrosenemia
- c. Glycogen storage disease type 3
- d. Glutaric aciduria type 1
- e. Ornithine transcabamylase deficiency (OTC)

✓ Answer: e

Q284. Modalities of treatment for epilepsy include all the following except;

Select one:

- a. intrathecal baclofen
- b. Ketogenic diet
- c. vagal nerve stimulation
- d. surgery
- e. Pharmacological treatment

✓ Answer: a

Q285. A 1 -week- old baby presented to the ER with seizure, his glucocheck reading was low, so was

given dextrose water 10% (D10W) and seizure stopped, He is exclusively on breast feeding and his perinatal profile is insignificant. On physical exam he was lethargic, jaundiced, and has bilateral leukocoria. All the following are true except:

Select one:

- a. His presentation is due to galactokinase enzyme deficiency
- b. Soya formula is a good choice for management
- c. Proximal renal tubular acidosis is a complication
- d. Galactomal recessive disease

✓ Answer: a

Q286. Examination of infant with Meningocele shows all the following except; Select one:

- a. flaccid paralysis of the lower extremities,
- b. lack of response to touch and pain in lower extremities
- c. increase of deep tendon reflexes
- d. Constant urinary dribbling and a relaxed anal sphincter may be evident.
- e. Abnormalities of the lower extremities (including clubfeet)

✓ Answer: c

Q287. All of the following is a correct statement regarding craniosynostosis

except Select one:

- a. craniosynostosis means early closure of the sutures
- b. surgical intervention is needed for cosmetic causes
- c. it may be related to certain syndromes
- d. optic nerve entrapment and affection is a rare complication
- e. it is one of the causes of microcephaly

✓ Answer: d

Q288. 9 months old with TOF is admitted to hospital with increased hypercyanotic spells, all the following are used in management except:

Select one:

- a. 100% O₂
- b. B-blocker
- c. Knee chest position
- d. Morphine
- e. Dopamine infusion (this)

✓ Answer: e

Q289. A 7-year-old presented with recurrent episodic abdominal pain in the last 5 months. All of the following are true, except:

Select one:

- a. Functional abdominal pain syndrome (FAPS) is the most likely cause
- b. Patients with FAPS are more likely to have psychological disturbances in adulthood
- c. Pain in right upper quadrant is more likely to be functional
- d. Behavioral and bio-psychosocial-modifying therapies are the preferred lines of therapy for FAPS
- e. Decreased threshold for pain in response to stimuli that are normally not uncomfortable in FAPS

✓ Answer: c

Q290. A 3-year-old child known to have biliary atresia and history of failed Kasai procedures presents

with vomiting of blood. She was noted to be pale, and she complained of being light-headed. She then vomited a large amount of bright red blood, and she was taken to the ER. She has not had any fever, diarrhea, blood in her stool, or other episodes of vomiting. Her heart rate is 130 b/min, blood pressure 90/60, respiratory rate 28 /min . Her management may include all the following except:

Select one:

- a. Acid suppression and octreotide
- b. Transfusion of RBCs, fresh frozen plasma (FFP) and platelets

- c. Gastric lavage should be performed
- d. Meckel's scan
- e. Emergent endoscopy if bleeding doesn't stop

✓ Answer: d

Q291. All of the following is recommended, as initial investigation, in a patient presented with history

of abdominal mass on the left side of the abdomen and hypertension, Except :

- a. urine collection for VMA
- b. eye examination
- c. abdominal CT scan
- d. examination of genitalia
- e. chromosomal count study

✓ Answer: c

Q292. All the following are matched except:

Select one:

- a. T cell immunodeficiency: Low CD4, CD8
- b. B cell immunodeficiency: Recurrent infections starting after the age of 6 months
- c. Phagocytic defect: Recurrent skin abscesses
- d. Leukocyte adhesion defect: Neutropenia
- e. Terminal complement deficiency: Recurrent meningococemia

✓ Answer: d

Q293. A 1 -week- old baby presented to the ER with seizure, his glucocheck reading was

low, so was given dextrose water 10% (D10W) and seizure stopped, He is exclusively on breast feeding and his perinatal profile is insignificant. On physical exam he was lethargic, jaundiced, and has bilateral leukocoria, All the following are true except:

Select one:

- a. His presentation is due to galactokinase enzyme deficiency
- b. Soya formula is a good choice for management
- c. Proximal renal tubular acidosis is a complication
- d. Galactose level is high
- e. Autosomal recessive disease

✓ Answer: a

Q294. All the following fractures are associated with child abuse, except:

Select one:

- a. Posterior rib fractures
- b. Classic metaphyseal fractures
- c. Supracondylar fractures of the humerus
- d. Long bone fractures in premobile child
- e. Simple linear parietal skull fracture

✓ Answer: c

Q295. regarding microcephaly all are true except:

- it is defined as circumference that measures less than three SD Below the mean of age and gender
- Familial form is the most common form
- congenital intrauterine infections are important to consider in differential diagnosis
- normal development differentiates familial from genetic microcephaly

- fetal alcohol syndrome is not Association
- BOTH A AND E are right

✓ Answer: fetal alcohol syndrome is not Association

Q296. regarding myelomeningocele all are true except:

- represents the most severe form of neural tube defects
- regions in the high lumbar region causes bowel and bladder incontinence
- at least 75% of the cases are located in lumbosacral region
- hydrocephalus in association with type 2 Chiari defect develops in at least 80% of patients with meningocele.
- if there is CSF fluid leak surgical repair must be immediate

✓ Answer: if there is CSF fluid leak surgical repair must be immediate

Q297. regarding neural tube defects and (NTDs) all are true except

- results from failure of the neural tube to close spontaneously between the 21 to 27 weeks of conception
- can be run through genetic effect of valproic acid (depakine) treatment in pregnant lady.
- folic acid prevents up to 50 to 70% of (NTD cases
- prenatal screening includes alpha-fetoprotein AFP in maternal serum, amniotic fluid and ultrasound
-
- The Inheritance is multifactorial

✓ Answer: results from failure of the neural tube to close spontaneously between the 21 to 27 weeks of conception

Q298. minute blood pressure is 80/ 60 mmhg, temperature is 37 C, no

hepatomegaly or splenomegaly. HB 9 / DL, platelets $180 \times 10^9 / L$. Prothrombin time 12 seconds, partial thromboplastin time 32 second. ALT 30 U / L. all the following are true except:

- route should be established , 0.9 NS is given , packed RBCS also considered .
- IV
-
- nasogastric tube should be inserted for gastric lavage
- meckel's scan is diagnostic
- juvenile polyp are suspected
- tachycardia indicates a significant blood loss

✓ Answer: meckel's scan is diagnostic

Q299. all the following are matched except:

-
- fecal elastase: pancreatic insufficiency
-
- fecal alpha-1 antitrypsin: protein losing enteropathy
- acrodermatitis enteropathica: Cooper malabsorption
- stool WBC: cow's milk protein allergy
- chloride losing diarrhea: metabolic alkalosis

✓ Answer: chloride losing diarrhea: metabolic alkalosis

Q300. Regarding functional abdominal pain all the following are alarming sign except:

- occult GI blood loss

- joint symptoms
- periumbilical abdominal pain
- nocturnal symptoms
- high ESR and CRP

✓ Answer: periumbilical abdominal pain

Q301. regarding infectious hepatitis markers, all the following are matching except:

- a window period: anti-HBc IgM
- effective hepatitis B vaccine : anti- HBs IgG
- chronic: HBs antigen for more than 6 months
- hepatitis A: anti-HAV IgM
- remote infection: anti-HBs IgG

✓ Answer: remote infection: anti-HBs IgG

Q302. all are true regarding bronchiolitis except:

- bronchiolitis is the most common respiratory tract infection in children
- bronchiolitis is a seasonal disease, dominating winter months
- majority of cases occur in children above one year of age
- mostly caused by RSV respiratory syncytial virus
- prematurity is a well-known risk factor

✓ Answer: majority of cases occur in children above one year of age

Q303. all the following are true regarding epiglottitis except:

- it is potentially lethal condition
- is characterized by high fever, sore throat, dyspnea and drooling
- it is now rare since the introduction of haemophilus influenzae vaccine
- stridor is an early finding and suggests narrowing of the airway
- most patients have concomitant bacteremia

✓ Answer: stridor is an early finding

Q304. all these matches are true except:

- community-acquired pneumonia: streptococcus pneumonia is the most causative agent
- hematogenous spread: s aureus
- recurrent pneumonia: primary ciliary dyskinesia
- patient with O2 saturation 91%: needs admission
- lung abscesses: streptococcus pyogenes

✓ Answer: lung abscesses: streptococcus pyogenes

Q305. All the following are correct regarding hypoxic-ischemic encephalopathy except:

- brain edema develops within a few hours of the insult
- most deaths occur in the first week of life due to multiple organ failure
- during midgetation (26 to 36 weeks) predominantly damaged white matter, leading to periventricular leukomalacia
- choreoathetoid cerebral palsy is the most common major sequel to hypoxic ischemic insult at term
- during the early phases of brain injury, brain temperature drops

✓ Answer: during the early phases of brain injury, brain temperature drops

Q306. concerning treatment of neonatal seizures all the following are true except:

- phenobarbital can be given im or IV
- phenobarbital enters the CSF rapidly with high efficiency
- phenobarbital treatment should be continuing for two year in neonatal seizures
- the blood level of phenobarbital is largely predictable from the dose administered.

✓ Answer: phenobarbital treatment should be continuing for two year in neonatal seizures

Q307. regarding side effects of animal-derived surfactant as treatment of respiratory

distress syndrome, all the following are true except:

- cause bradycardia
- increase the risk of bronchiopulmonary dysplasia
- cause acute Airway obstruction
- cause transient fall in blood pressure and cerebral blood flow

✓ Answer: increase the risk of bronchiopulmonary dysplasia

Q308. regarding herpes simplex virus (HSV) in neonatal sepsis, all of the following are

true except:

- in Tzanck smear, positive slides will show multinucleated giant cells
- spinal fluid shows elevated white blood cells mostly neutrophils
- large envelope DNA virus, transmission on the neonate occurs via the birth canal or by ascending infection
- disseminated disease without antiviral therapy most survivors would have permanent neurological sequel
- neonatal HSV should be treated with parenteral acyclovir rather than oral therapy.

✓ Answer: spinal fluid shows elevated white blood cells mostly neutrophils

Q309. 7 weeks old make presents to the clinic with poor feeding and inability to

complete feeding, diaphoresis,pallor, heart rate 160, RR 60, BP 75/48 ,sat 95% similar in all limbs. physical examination he has retractions, and a pan systolic murmur 2/6 all over pericardium, liver 2 centimeters below costal margin. The most likely cause of heart rate is:

- atrial septal defect
- Ventricular septal defect
- transposition of great vessels
- patent ductus arteriosus
- tetralogy of fallot

✓ Answer: Ventricular septal defect

Q310. 3 days old baby, who was born at 29 weeks gestation and weighed 1.2 kg has

experience expiratory distress syndrome and received surfactant. this morning you noticed a continuous Machinery murmur, Hyperdynamic pericardium and wide pulse pressure, all the following are true except:

- decrease IV fluid input
- confirm the diagnosis by echocardiography
- start indomethacin/ ibuprofen
- pge2 is indicated
- bounding collapsing femoral pulses

✓ Answer: pge2 is indicated

Q311. All of the following is recommended in a case of ALL (acute lymphoblastic

leukemia) except:

- chest x-ray

- echocardiography
- brain MRI
- G6PD level
- lumbar puncture

✓ Answer: brain MRI

Q312. all the following are indications of urgent endoscopy within 12 to 24 hours in

cases of foreign body or caustic material ingestion except:

- small object Passing beyond the duodenum
- sharp object causing odynophagia
- disc battery ungestion
- coin ingestion causing drooling
- caustic material ingestion with Associated gastric and respiratory symptoms

✓ Answer: small object Passing beyond the duodenum

Q313. all of the following are consistent with NAI (non accidental injury) except:

- bruises at ear pinna
- bilateral humeral fracture in Well followed child with cerebral palsy
- Femur fracture in 6 month old male baby
- multiple well-defined burn like skin lesions of the same size
- retinal Hemorrhage and rapidly increasing circumference in 4 months old baby

✓ Answer: bilateral humeral fracture in Well followed child with cerebral palsy

Q314. 2years old male presented with a history of 100ml paracetamol syrup ingestion,

250mg/5ml. all of the following true except:

- antidote therapy can be given either oral or intravenous
 - Urinary alkalization is the best method for elimination
 - liver function test Prothrombin time and kidney function tests are essential first line labs
 - previous liver disease makes the toxicity more severe
 - The time of ingestion is unknown and elevated liver enzymes is found, antidote should be given
- 5th year 2020

✓ Answer: Urinary alkalization is the best method for elimination

Q315. Regarding prognosis of congenital hypothyroidism all are true except:

- If treatment initiated within the first month of life prognosis is excellent.
- After 6 months prognosis is bad for intellectual development.
- Growth improves even in late cases.
- Onset after 2 years outlook for normal development is much better
- In newborn thyroxin dose per kg body weight is much smaller than in children.

✓ Answer: e

Q316. Regarding cystic fibrosis (CF), one statement is true:

- The most common mutation delta F508 is class III mutation
- Normal genetic study for CF excludes the disease
- Pancreatic insufficiency is found in all patients
- Affected females are generally infertile, while affected males have decreased fertility
- Potentiators and correctors are new lines of therapy targeting specific genetic mutations

✓ Answer: e

Q317. Regarding Rota vaccine, all the following are true except:

- a. It is a live attenuated vaccine
- b. It is an oral vaccine
- c. It is contraindicated for a child had a history of intussusception
- d. Either RotaTeq (three doses) or Rotarix (two doses)
- e. Full course vaccination will eliminate the risk of Rota infection

✓ Answer: e

Q318. All of the following are matched findings of stool analysis, except:

- a. Shigllosis: WBC and RBCs
- b. Amobiasis : cysts and trophooites
- c. Rota enteritis: Normal stool analysis
- d. Secondary Lactose intolerance: acidic stool
- e. Adeno enteritis : Positive stool culture ??

✓ Answer: e

Q319. All of the following regarding sinusitis in children are true except:

- a. It can occur at any age
- b. It should be suspected with patient with common cold who had persistence of nasal congestion, rhinorrhea (of any quality) and daytime cough 10 days without improvement.
- c. Sinus film x-ray is mandatory for the diagnosis
- d. Most common cause of acute bacteria sinusitis is Streptococcus pneumoniae.
- e. Recurrent sinusitis should raise the suspension of underlying cause like cystic fibrosis

✓ Answer: c

Q320. Regarding the diagnosis of cerebral palsy all are true except:

- a. Diagnosis is essentially clinical
- b. Normal development excludes the diagnosis
- c. It is a movement and or posture disorder
- d. The course is progressive.
- e. It is due to lesions to the immature brain.

✓ Answer: d

Q321. All of the following support the diagnosis of group A streptococcal pharyngitis except:

- a. Sudden onset of sore throat
- b. Age between 5- 15 year old
- c. Petechial skin rash at the palate
- d. Papulovesicular ulcer
- e. Enlarged tender lymphadenopathy

✓ Answer: d

Q322. A 1 year old male patient presented with recurrent attacks of wheezy chest , while

taking focused history , all of the following pattern of symptoms favor the diagnosis of asthma except :

- a. The symptoms usually predisposed by antecedent upper respiratory tract infection, cold crying, smoking or others.
- b. During the attacks the symptoms usually last more than 10 days
- c. Between the attacks the child usually is free of symptoms
- d. Presence of family history of atopy
- e. The symptoms of cough and wheezing are associated with night worsening

✓ Answer: b

Q323. A child who can kiss parents, can perform all the following skills except

- a. says 10 words
- b. enjoy picture story
- c. show symbolic play
- d. eat with spoon
- e. shows 4 body parts.

✓ Answer: d

Q324. Regarding pediatric examination, one is false:

- a. Ankyloglossia (Tongue-tie) should be excised surgically in all patients
- b. Stretched penile length 2.5 cm or more is normal for a term male
- c. Skin manifestations could be a sign of underlying neurological disease
- d. Spine imaging is not indicated for all sacral dimples
- e. Lymphadenopathy usually has benign etiology

✓ Answer: a

Q325. A 6-year-old boy, presents with a history of vomiting of 5 days, associated with right upper

quadrant pain, yellow sclera, mild pyrexia malaise and decreased oral intake, No history of blood transfusion or drug intake. All the following are true except:

- a. Risk of acute fulminant hepatitis in this patient is less than adult
- b. Prophylaxis for close contacts up to two weeks post-exposure
- c. Vaccine is recommended for children more than 1 year old
- d. Infection of pregnant mother carries no risks to the developing fetus
- e. Vaccine is contraindicated for contact pregnant mother ???

✓ Answer: d

Q326. All the following are benign skin lesions, except:

Select one:

- a. Erythema toxicum
- b. Transient pustular melanosis
- c. Milia
- d. Mongolian spot
- e. Shagreen patch

✓ Answer: e

Q327. All of the following are true regarding community acquired pneumonia in children except:

- a. Accounting for approximately 20% of all deaths in children younger than 5 years.
- b. Viruses are the most common cause.
- c. Oral cefuroxime is the first drug of choice for treatment.
- d. Failure of response to treatment after 14 days should raise the suspicion of tuberculosis
- e. Severe malnutrition is associated with an increased risk of death for both viral and bacterial infections.

✓ Answer: c

Q328. Regarding cerebrospinal fluids (CSF); all are true; except

- a. Neutrophils 1000.protein 50.sugar 40-----bacterial meningitis
- b. Cells 50 all lymphocytes. Protein 20 .sugar 2/3 blood sugar -----normal CSF

- c. Normal findings-----Pseudotumor cerebri
- d. Negative culture-----partially treated bacterial meningitis
- e. High protein only-----Guillian Barre Syndrome

✓ Answer: e

Q329. A 5 year old boy presented with jaundice of 3 days duration ,his HR :150 ,he has pale conjunctiva and yellowish sclera.After history of fava beans ingestion all of the following lab results are excepted except :

- a. DCT negative
- b. hemoglobinuria
- c. low Hb
- d. low reticulocytes
- e. high LDH

✓ Answer: d

Q330. All of the following are used in the management of TLS(tumor lysis syndrome) except :

- a. calcium gluconate
- b. chemotherapeutic agents
- c. insulin and glucose
- d. allopurinol
- e. rasburicase

✓ Answer: b

Q331. A 2 year old male patient presented with fever of 6 days duration associated with

bilateral conjunctival injection and cracked lips , ESR and CRP were markedly elevated.

Which of the following is true :

- a. all children diagnosed with the above condition will have ultimately coronary artery involvement
- b. it's proven to be of infectious origin
- c. it can be presented without fever and called atypical disease.
- d. echocardiogram is needed only for diagnostic but not treatment plan
- e. live attenuated vaccines is postponed 11 months after treatment

✓ Answer: e

Q332. ALL of the following is true regarding juvenile idiopathic arthritis EXCEPT:

- a. Oligoarticular type is highly associated with uveitis
- b. Macrophage activating syndrome can be either the first presentation of the disease or result of non-compliance to treatment
- c. limb length discrepancy is well known chronic complication
- d. polyarticular is the best prognostic type
- e. arthritis can be absent initially in systemic onset type

✓ Answer: d

Q333. At birth, a newborn infant is noted to have the following findings: heart rate 70/min, poor and irregular respiratory effort, limp, no reflex, blue all over the body. The Apgar score of the baby at this point is:

Select one:

- a. 0
- b. 1
- c. 2
- d. 3

e. 4

✓ Answer: b

Q334. Complications of intravenous immunoglobulin (IVIG) therapy include all of the following EXCEPT:

- a. Anaphylaxis
- b. Fluid overload
- c. Transmission of HIV
- d. Aseptic meningitis
- e. Systemic reactions

✓ Answer: c

Q335. All of the following are risk factors for necrotizing enterocolitis, EXCEPT:

- a. Premature infant with birth weight less than 2 kg
- b. Hypotension
- c. Transient tachypnea of newborn
- d. Patent ductus arteriosus
- e. Birth asphyxia

✓ Answer: c

Q336. while you are examining a baby who is 2 months old, you expect to find all the following except:

- a. positive babiniski sign
- b. bilateral clonus
- c. persistent fisting in both hands
- d. head support
- e. positive moro reflex

✓ Answer: c

Q337. Diagnostic criteria for physiological jaundice include all the following, EXCEPT:

- a. daily rise of serum bilirubin does not exceed 5mg/ 100ml/day
- b. peak bilirubin level 12mg/100ml
- c. appears during the first 24 hours of life
- d. fades by 7-10 days
- e. it is unconjugated hyperbilirubinaemia

✓ Answer: c

Q338. Comparing GBS with poliomyelitis... all true except:

Can be due to side effect ... Only GBS

✓ Answer: Can be due to side effect ... Only GBS

Q339. All of the following can cause high anion gap metabolic acidosis except :

Acetazolamide

✓ Answer: Acetazolamide

Q340. All of the following is true about MINIMAL change disease except :

The answer is 30% progress to ESRD

✓ Answer: 30% progress to ESRD

Q341. All about enterovirus are true except : -

- cause aseptic meningitis
- cause hand foot and mouth disease
- Causes ulcerative stomatitis (it is caused by herpes).
- herpangina

✓ Answer: Causes ulcerative stomatitis

Q342. About vaccines ... one is wrong :

varicella vaccine is given in ALL patient on maintenance therapy

✓ Answer: varicella vaccine is given in ALL patient on maintenance therapy

Q343. About kernicterus all are correct except

associated with spastic cerebral palsy

✓ Answer: associated with spastic cerebral palsy

Q344. Female with splenomegaly, lethargy, fever, cervical lymph node :

Answer : ALL

✓ Answer: ALL

Q345. Hx of Seizure with impaired level of consciousness , Lumbar puncture is clear ,

WBCs are 50 all are lymphocytes , What is the next step of management :

PCR for Herpes simplex

✓ Answer: PCR for Herpes simplex

Q346. IVIG not used in :

Selective IgA deficiency (risk of anaphylaxis , but Im not sure at all because there is another choice IVIG is not used like x-linked agammaglobenemia)

✓ Answer: Selective IgA deficiency

Q347. Wrong regarding Childhood leukemia :

75% of cases of ALL are T cell

✓ Answer: 75% of cases of ALL are T cell

Q348. About GBS sepsis , all true except :

oral antibiotics are useful for intrapartum prophylaxis

✓ Answer: oral antibiotics are useful for intrapartum prophylaxis

Q349. About Leukemia , all true except

hyperdiploidy is associated with poor prognosis

✓ Answer: hyperdiploidy is associated with poor prognosis

Q350. Regarding the Q about a patient with cystic fibrosis that had an

infection which gave gram negative bacilli on culture... All antibiotics are used except :

azithromycin

✓ Answer: azithromycin

Q351. All of cause polyhydramnios except?

IUGR

✓ Answer: IUGR

Q352. All of the following increase the risk of jaundice except ?

Phenobarbital

✓ Answer: Phenobarbital

Q353. Wrong about leukemia?

- 85% is B cell
- absence of blast exclude leukemia

✓ Answer: absence of blast exclude leukemia

Q354. LP results: glucose 15 blood sugar 90 , lymphocytes 100 , protein elevated I think

, all are differential dx except ?
Pseudo tumor cerebri

✓ Answer: Pseudo tumor cerebri

Q355. all in first week except?

VSD

✓ Answer: VSD

Q356. All cause un conjugated jaundice except :

Choledochal cyst

✓ Answer: Choledochal cyst

Q357. All about sever HIE except :

Hypertonia and brisk tendon reflex

✓ Answer: Hypertonia and brisk tendon reflex

Q358. All about US in UTI except :

It's benefit for scarring

✓ Answer: It's benefit for scarring

– Fluid therapy in children *(24 questions)*

Q359. A feature of moderate dehydration?

- Sunken eyes
- Delayed capillary refill
- Hypotension
- Weak peripheral pulses

✓ Answer: Sunken eyes

Q360. True about fluid therapy?

- Mild metabolic acidosis due to gastroenteritis is managed by bicarbonate
- We should correct hypernatremia over 24h
- Seizure due to hyponatremia treat with hypertonic NS (2-3)
- Ideal fluid maintenance is. 0.9 NS with dextrose

✓ Answer: Seizure due to hyponatremia treated with hypertonic NS

Q361. Case about viral gastroenteritis and mild dehydration best management???

- ORS
- IV fluid

✓ Answer: ORS

Q362. True about fluid therapy

a. .

✓ Answer: (Incomplete)

Q363. 3 y old female presented with severe pyelonephritis with severe dehydration

- a. IV ampicillin and amikacin * (?)
- b. IV ceftriaxone with vancomycin
- c. Oral ciprofloxacin
- d. Oral TMP-SMX
- e. IV cefuroxime (?)

✓ Answer: a

Q364. Acute gastroenteritis with mild dehydration (no sign and symptoms + just history). What is your next

step?

- a. Discharge and keep on ORS

✓ Answer: a

Q365. Child with severe dehydration, type of fluid: 20ml/kg bolus 0.9 NaCl

✓ Answer: 20ml/kg bolus 0.9 NaCl

Q366. Severe dehydration? 20ml/kg 0.9% NaCl

✓ Answer: 20ml/kg 0.9% NaCl

Q367. Child have hypernatremia and they mentioned S/S of moderate to Severe dehydration, in the ER

was given 20mg/dl bonuses till vitals improved, now what's the fluid that you want to continue the child on?

✓ Answer: 0.45% NS

Q368. A 3 year old girl is seen in the emergency room for seizures. She has history of profuse diarrhea

and vomiting for two days. She looks sick, difficult to arouse and dehydrated with BP 95/50. Her investigations revealed a normal CBC, Creatinine 0.45mg/dl, urea 40 mEq/L, Sodium 113 mEq/L, potassium 3.4mEq/L and glucose 89 mg/dl and calcium 8.9 mg/dl. Which of the following is the most important next step in her management :

- a. Give a bolus of IV 3% hypertonic saline
- b. Give a bolus of IV 0.45% NS
- c. Give her IV D10W infusion
- d. Give her IV calcium gluconate 10%
- e. Give her I ceftriaxone

✓ Answer: a

Q369. A 6 year old boy is admitted with gross hematuria. His BP is 130/90, he has normal electrolytes

but his creatinine elevated and has face edema and his mother indicates his weight is 2 kg above his baseline. Which of the following is correct in the fluid therapy for this patient?

- a. Give him bolus 20cc / kg of IV 0.9% normal saline

- b. Restrict his IV fluids to 400Nm2/day(NOTE: as in lecture I restrict the pt. just to insensible losses)
- c. Restrict his IV fluids to half of the maintenance
- d. Give him his full required daily maintenance fluids
- e. Give only urine out put replacement

✓ Answer: c

Q370. One of the following statements about fluid therapy in children is correct:

- a. in hypernatremic dehydration, correction should be over at least 36-48 hr.
- b. G5W 0.18% N/S is the fluid of choice for maintenance therapy in children
- C. sodium bicarbonate should be given early in the resuscitation of a child with severe dehydration
- d. in septic hypotensive patient, colloids is the ideal fluid choice for resuscitation
- e. 20ml /kg bolus of G5W 0.45 N/S should be given in managing a child with severe hypotension

✓ Answer: a

Q371. You are awakened in the night by a 2-year-old child, who has developed noisy breathing on

inspiration, marked retractions of chest wall, flaring of the nostrils, and a barking cough. He has had a mild upper respiratory infection (URI) for 2 days .

Which of the following therapies is indicated?

- a. Short-acting bronchodilators and a 5-day course of steroids
- b. Intubation and antibiotics
- c. Observation for hypoxia and dehydration alone
- d. Inhaled epinephrine and a dose of steroids
- e. Rigid bronchoscopy

✓ Answer: d

Q372. A 15-year-old girl is admitted to the hospital with severe malnutrition due to anorexia nervosa.

She weighs 30 kg and is 160 cm tall. She has bradycardia and orthostatic hypotension. You plan to stabilize her medically and begin nasogastric tube feeding. Of the following, the electrolyte abnormality that is MOST likely to occur during the first week of her treatment is Select one:

- a. Hypercalcemia
- b. Hyperphosphatemia
- c. Hypocalcemia
- d. Hyponatremia
- e. Hypophosphatemia

✓ Answer: e

Q373. A 4-month-old baby, fully vaccinated, presents to the emergency room (ER) with a history of

two days watery diarrhea up to 10 times/day, without blood or mucus and low grade fever. He developed vomiting many times and refused breast feeding.

His temperature is 38.7 C, heart rate 160/minute. On physical exam, he looks lethargic, capillary refill 3 seconds, anterior fontanel is sunken, and his mucus membrane is dry. One is true:

Select one:

- a. This patient can be treated with oral rehydration solution (ORS)
- b. Seizure in this patient is likely suggestive of Shigella
- c. This patient is considered to have moderate dehydration
- d. Stool culture is likely to show a growth
- e. Although vaccinated, Rota infection is still considered a cause of his diarrheal illness

✓ Answer: e

Q374. All of the following electrolytes are matched correctly except

Select one:

- a. Hyponatremia furosemide treatment
- b. Hypokalemia pyloric stenosis
- c. Hyponatremia 21 hydroxylase deficiency
- d. Hyperphosphatemia primary hypoparathyroidism
- e. Hypocalcemia hypoalbuminemia

✓ Answer: c

Q375. A five month old baby presented with a history of loose watery diarrhea of 20

days. At the beginning of illness baby was admitted to the hospital and a diagnosis of Rota infection, when he was discharged on oral rehydration solution (ORS), when oral intake improved laboratory studies sent again for evaluation. All the following lab results are expected except:

- stool culture is negative
- stool Ph 4.5
- stool positive for reducing substance
- routine stool analysis is negative for WBC and RBC
- Rota immunoassay test is still positive

✓ Answer: Rota immunoassay test is still positive

Q376. A 5-month-old baby who is exclusively on regular formula and weaned from breast milk

since the age of 1 month, presents with a history of watery diarrhea of the last 10 days. On the beginning of symptoms stool immunoassay was positive for ROTA virus but she continued to have diarrhea. Physical exam shows a well hydrated baby. Of the following the most appropriate to be considered:

- a. hydrolysate formula
- b. Lactose free formula
- c. Oral rehydration solution (ORS)
- d. Soy milk based formula
- e. Amino acid based formula

✓ Answer: b

Q377. days, 8-10 times/day, without blood or mucus. associated with severe vomiting. Physical

examination shows temperature 38.2 C, Heart rate 170/min, Blood pressure 65/40, dry skin and mucus membrane, sunken anterior fontanelle, and capillary refill 4 seconds. One of the following is true:

- a. This patient has moderate dehydration
- b. The most likely cause of gastroenteritis is bacterial
- c. This patient can be treated by oral rehydration solution (ORS)
- d. Emergency room (ER) management includes giving IV 0.9% Normal saline 20ml/kg multiple times ???
- e. This patient needs aggressive antibiotic management

✓ Answer: d

Q378. Which of the following statements regarding fluid balance and therapy in children is

not correct ?

- a. The ratio of the intracellular fluid volume to the extracellular reaches adult level by 1 year of age.
- b. The blood osmolality is measured in mmol/L and is a contribution of sodium, potassium and glucose.
- c. The renin angiotensin system is an important factor in controlling blood volume

- d. The daily potassium maintenance in a healthy child is 1-2 mEq/Kg
- e. In a child with mild dehydration a 0.9% NS bolus is usually not required.

✓ Answer: b

Q379. Which maintenance fluid is the one to be given to a child who weighs 30 kg?

- a. 1500 ml/24hr of G10W 0.9 % NS
- b. 1700 ml/24 hr of G10W 0.45 % NS
- c. 1700 ml/24hr of G5W 0.18 % NS
- d. 1500 ml/24hr of G5W 0.45 % NS
- e. 1700 ml/24hr of G5W 0.45 % NS

✓ Answer: e

Q380. A child is presenting now with watery diarrhea... He had acute gastroenteritis 2

weeks ago and stool analysis showed rota virus, then he got better and was discharged on ORS??

- persistent rota virus
- stool analysis now will show acidic stool that is positive for reducing substances

✓ Answer: stool analysis now will show acidic stool that is positive for reducing substances

Q381. Best management for patient with diarrhea due to GE and no vomiting , no

effect on oral intake , mild dehydration :
ORS

✓ Answer: ORS

Q382. oral replacment therapy for

mild and moderate dehydration

✓ Answer: mild and moderate dehydration

– Juvenile idiopathic arthritis *(6 questions)*

Q383. Case that is most likely JIA (joint pain, normal examination on ophthalmoscope)

what diagnostic procedure is not necessary?

Herpes zoster antibody????

Ophthalmology examination??

ANCA antibodies

X ray and US for the affected joint

✓ Answer: ANCA antibodies

Q384. Child with oligoarticular JIA. The most important test to do in follow up is:

- a. Slit lamp examination *

✓ Answer: a

Q385. A case with Juvenile rheumatoid arthritis and + Factor what is next: Periodic slit lamp examination

✓ Answer: Periodic slit lamp examination

Q386. 2 month fever , recurrent and spiking then develope pink rash and arthritis and

hepatosplenomegaly ?

Systemic juvenile arthritis

✓ Answer: Systemic juvenile arthritis

Q387. Patient diagnosed with JIA , next step is ?

refer to ophthalmologist

✓ Answer: refer to ophthalmologist

Q388. which is wrong about JRA>

oligoarthrits is RF +ve

✓ Answer: oligoarthrits is RF +ve

– **Pediatric malignancy *(7 questions)***

Q389. A case of swollen humerus, and Onion skin appearance on radiograph ? Ewings

sarcoma

✓ Answer: Ewings sarcoma

Q390. What investigation should be done in a case of neuroblastoma?

Ct/mri of chest abdomen pelvis

Serum catecholamines

Homovanillic acid (HVA) and vanillylmandelic acid (VMA)??

✓ Answer: Ct/mri of chest abdomen pelvis (and Urine VMA/HVA)

Q391. Bone pain with sunburst appearance on X-ray:

a. Osteosarcoma *

b. Osteochodrosarcoma

c. Ewing sarcoma

✓ Answer: a

Q392. Most common tumor in infants is neuroblastoma

✓ Answer: neuroblastoma

Q393. most common tumor in infancy? Neuroblastoma

✓ Answer: Neuroblastoma

Q394. One of the following is the best drug therapy for a 5 year old child with BP 140/90 and has

Wilms tumor

Select one:

a. Hydrochlorothiazide

b. Propranolol

c. Spironolactone

d. Hydralazine

e. Captopril

Pediatric final exam 6th year 2020

Dr. Omar Nafe

✓ Answer: e

Q395. 2 years old male patient with abdominal Mass discovered accidentally, which of the following is not suggestive of neuroblastoma?

- ataxic gall

- periocular bluish skin discoloration
- hypertension
- absence of calcification on CT scan
- Horner syndrome

✓ Answer: absence of calcification on CT scan

• Nephrology

– AKI and CKD *(23 questions)*

Q396. About chronic kidney disease except:

- a-hypocalcemia
- b-high phosphate I forgot the true answer

✓ Answer: (Answer unclear from prompt)

Q397. Not in prerenal AKI?

- Increased urinary sodium

✓ Answer: Increased urinary sodium

Q398. AKI (renal and pre-renal differences)

✓ Answer: (Comparison question)

Q399. Treatment for CKD: ACEI

✓ Answer: ACEI

Q400. Hypertension in CKD is treated by ACEI

✓ Answer: ACEI

Q401. One is true about EHEC with Shiga toxin :

- Dont give antibiotics & Closely observe renal failure and plt. count

✓ Answer: Dont give antibiotics & Closely observe renal failure and plt. count

Q402. All of the following about Acute Kidney Injury (AKI) are correct except:

- a. In developing countries most cases are prerenal and caused by decreased renal perfusion
- b. In neonates, and in some tubulopathies , AKI can be non oliguric .
- C. Angiotensin converting enzymes (ACE) inhibitors precipitate AKI by inhibiting the intrarenal generation of vasodilator prostaglandin .
- d. AKI is classified into different stages according to the decrease in creatinine clearance (ECCL) and drop in the urine out put .
- e. When needed, RRT (Renal replacement therapy) by both hemodialysis and peritoneal dialysis is equally effective .

✓ Answer: c

Q403. A 2 year old child presented to emergency department with history of ingestion of 6 tabs

of aspirin (100mg/tab) 2 hours ago, the best step in management after stabilization : Select one:

- a. gastric lavage
- b. activated charcoal
- c. urinary alkalinization

- d. hemodialysis
- e. bowel lavage

✓ Answer: b

Q404. All of the following are correct about managing chronic kidney disease (CKD)

except: Select one:

- a. Patients with anemia should receive Iron supplement and erythropoietin
- b. patients should receive one alpha to control secondary hyperparathyroidism
- c. The best antihypertensive shown to slow progress to ESRD is ACE and ARBs inhibitors
- d. Children with CKD benefit from using Growth Hormone therapy
- e. Dialysis is to be initiated when patient reaches a GFR of 25 ml/min

✓ Answer: e

Q405. All of the following are causes of Prerenal AKI (Acute kidney injury) in children except:

Select one:

- a.gastroenteritis
- b.heart failure
- c.Severe burn
- d.Indomethacin
- e.infective endocarditis

✓ Answer: d

Q406. All of the following are correct about Hemolytic Uremic Syndrome (HUS)

except: Select one:

- a. About 50% of children with typical (D+ HUS) will require urgent dialysis
- b. Early antibiotic use after the onset of bloody diarrhea decreases the risk of renal failure
- c. Both hemodialysis and peritoneal dialysis can be used with similar efficacy
- d. atypical HUS (aHUS) accounts for about 10% of the cases
- e. atypical HUS due to inherited complement deficiency has a recurrent course

✓ Answer: b

Q407. 4day old male boy admitted to NICU, as creatinine of 2.5 mg/dl, renal US

showed bilateral hydronephrosis, which of the following is the best next step to helpdiagnose because of his renal failure?

- voiding cystourethrogram
- CT scan
- blood culture
- DTPA
- urine culture

✓ Answer: voiding cystourethrogram

Q408. which of the following is suggestive of chronic kidney disease?

- bicarbonate level of 12
- potassium level 5.8
- phosphate level of 9.4
- urine output 0.3 ml/kg/hr
- urea level of 148 mg/dl

✓ Answer: phosphate level of 9.4

Q409. which of the following is consistent with acute kidney injury due to

hypovolemia?

- urine protein of 3000 mg/l
- urine eosinophils and cellular cast
- urine specific gravity 230 mOsmol/kg
- urine FENa more than two
- urine sodium 15meq/l

✓ Answer: urine sodium 15meq/l

Q410. which of the following is not correlated with poor prognosis in hemolytic uremic syndrome?

- prolonged anuria
- non Shiga toxin HUS
- WBC count > 30.000
- Hb level less than 6g/dl
- age older than 5

✓ Answer: age older than 5

Q411. All of the following are suggestive of Prerenal acute kidney injury (AKI) except:

- Hypotension and use of inotropes
- small dysplastic kidneys on renal US
- Urine specific gravity of 1.025
- FENa less than 1 %
- Urine spot Na less than 20 mEq/L

✓ Answer: b

Q412. All of the following are correct about acute kidney injury (AKI)except

- In AKI patients requiring dialysis, those who receive hemodialysis usually have better outcomes
- In euvolumic patients, fluid therapy as insensibles plus urine output replacement is the safest
- Polyuria might be seen in the recovery phase of ATN (acute tubular necrosis)
- The administration of angiotensin-converting enzyme (ACE) inhibitor will exacerbate the condition
- In children admitted to intensive care (PICU), the incidence of AKI is about 5-10%

✓ Answer: a

Q413. Patient with minimal change disease who had some other problem and they

gave us some investigations including indicating an AKI including BUN that was more than 100 and creatinine about 5 with urine sodium of 10meq/l... :

The right answer was pre-renal azotemia

✓ Answer: pre-renal azotemia

Q414. Wrong regarding CKD :

We use for treatment of hypocalcemia High dose of calcium gluconate

✓ Answer: We use for treatment of hypocalcemia High dose of calcium gluconate

Q415. Not an expected laboratory result for Prerenal Acute kidney injury :

urinary sodium of 55 mEq

✓ Answer: urinary sodium of 55 mEq

Q416. One is wrong about AKI....

Mostly caused by Obstructive uropathy

✓ Answer: Mostly caused by Obstructive uropathy

Q417. prerenal -

enlarged kidney & hydronephrosis (False)

✓ Answer: enlarged kidney & hydronephrosis (False)

Q418. All about pre renal AKI except :

FE Na >2percent

✓ Answer: FE Na >2 percent

– UTI *(11 questions)*

Q419. 4 month baby with frequent vomiting after feeding with normal P/E without weight

loss ,dx ?

Pathological GERD

Physiological GERD

20)

DMSA Imaging to diagnose kidney starring?

✓ Answer: Physiological GERD

Q420. Regarding urinary problems one is incorrect?

Red cell cast and +4 proteinuria can be caused by +ve ESBL UTI

✓ Answer: Red cell cast and +4 proteinuria can be caused by +ve ESBL UTI

Q421. When you least concern about immunodeficiency?

a. 3 times UTI in the last year

b. Recurrent pneumonia

c. Chronic diarrhea

✓ Answer: a

Q422. 3 year old child with 3 episodes of pyelonephritis what is the next step :

DMSA

✓ Answer: DMSA

Q423. A 5 year old boy is seen in clinic for enuresis. His mother states that he was never dry at night

,he has no constipation and no recurrent urinary tract infection. He has an older sibling who is 14 years old that had the same problem when younger . His physical exam was unremarkable, his BP is normal and his height and weight are at the 50% for age . which is the best approach for him?

a. reassures the family as this is a self-limited condition

b. send the patient for urodynamic study

c. start the patient on amitriptyline

d. send the patient for DMSA scan

e. the patient requires urgent cystoscopy

✓ Answer: a

Q424. A 12-hour-old full term male infant, who has been feeding poorly, becomes hypoactive,

tachypnic with grunting. Which of the following initial tests has the lowest diagnostic yield?

Select one:

a. Chest radiograph

- b. Complete blood count
- c. Urine culture
- d. Blood culture
- e. Glucose level

✓ Answer: c

Q425. On evaluating a 3 year old boy with recurrent febrile UTI since the age of 1 year. You find he

has high blood pressure. His Physical exam is unremarkable and his investigation CBC and KFT are normal. Which is the best next step in his evaluation

Select one:

- a. DMSA scan (NOTE : Normal KFT in the ques. is due to healthy kidney/nephrons compensation)
- b. Urine Culture
- c. Renal CT scan
- d. Renal MRI
- e. DTPA

✓ Answer: a

Q426. A 12 hours old full term male infant, who has been feeding poorly, becomes

hypoactive, tachypnic and grunting. which of the following initial testing has the lowest diagnosis yield:

- chest radiograph
- complete blood count
- urine culture
- blood culture
- glucose level

✓ Answer: urine culture

Q427. All of the following are correct about (urinary tract infection) UTI in children except :

- a. Pseudomonas species infection may indicate renal tract abnormality.
- b. More common in males in the first year of life than females are at higher risk
- c. Children with cystitis may present with gross hematuria
- d. After a first UTI, 50-60% of children will develop a second infection within 1 year
- e. Children with pyelonephritis should be treated with IV antibiotics as this is more effective

✓ Answer: d

Q428. Septic 3 yrs old female with pyelonephritis , what empiric tx

- ceftriaxone and vancomycin
- iv ampicillin + gentamycin

✓ Answer: iv ampicillin + gentamycin

Q429. Patient 39 fever , u/s hydronephrosis what to do?

Vcug

✓ Answer: Vcug

– Nephrotic syndrome and proteinuria *(21 questions)*

Q430. Regarding nephrotic syndrome, the wrong statement is?

- a -90% idiopathic
- b-C3 and C4 levels are usually normal

c-Hematuria in 10% of cases

✓ Answer: (Question incomplete)

Q431. True about nephrotic:

- A) Start treatment with cyclophosphamide
- B) Start treatment with Cyclosporine
- C) Start treatment with prednisone 60 mg/ml²

✓ Answer: C

Q432. Which of these vaccines is not given in steroid dependent nephrotic syndrome during relapse?

- OPV
- Flu

✓ Answer: OPV

Q433. Patient presents with picture of nephrotic syndrome, what other finding would support diagnosis?

- Low serum albumin less than 2.5
- 24h urine collection 40

✓ Answer: Low serum albumin less than 2.5

Q434. Wrong about Nephrotic syndrome.

- a. All patient should take prophylactic anticoagulant *

✓ Answer: a

Q435. Steroid dependent nephrotic syndrome is

2022 5th Year Final MCQ Exam

✓ Answer: (Question incomplete)

Q436. One of the following is correct about nephrotic syndrome in children :

- a. A newly diagnosed 4-year old boy needs to receive a booster dose of OPV vaccine
- b. patients with confirmed gene mutation have good response to prednisolone
- C. MCD (minimal change disease) constitutes 25 % of nephrotic Syndrome
- d. The diagnosis is confirmed by urine protein of 40 mg /m²/hr
- e. A positive ASO titer more than 200 IU/ml is required for the diagnosis

✓ Answer: d

Q437. A 6 year old boy with nephrotic syndrome has a relapse 2 days ago, he presents to the

Emergency Room with fever, diarrhea and abdominal pain. On examination he looks sick, is in pain. His BP is 100/60, temp 40c and his pulse 160/min and respiratory rate 30 /min; he has massive ascites and rigid abdomen on exam. His labs showed: CBC: WBC 28, Platelet 250, Hb 13g/dl, Creatinine, Urea and electrolytes are normal. What is the best next step in the management?

Select one:

- a. Do doppler renal US
- b. Do peritoneal tap
- c. Do chest x-ray
- d. Do CT abdomen
- e. Do urine analysis

✓ Answer: b

Q438. All of the following are correct about nephrotic syndrome in children

except: Select one:

- a. 85 % of the children with Focal segmental sclerosis FSGS respond to steroid
- b. Children with congenital nephrotic syndrome are very likely to have mutations c.
- Patients who relapse while are on taper prednisone are Steroid dependant
- d. Only 10 % of nephrotic syndrome cases are secondary
- e. The initial prednisolone treatment dose is 60 mg/m² /day for 4-6 weeks.

✓ Answer: a

Q439. 4 years old girl with nephrotic syndrome presents to the emergency room with

severe abdominal pain. on examination she looks sick, BP is 100/60, temperature 40 Celsius, and her pulse 160/ minute, She is tachypnic and in pain. she has rigid abdomen on exam . Her Labs showed: CBC WBC 28, platelet 250, HB 13g/dl, creatinine urea and electrolytes are normal, what is the best next step in her Management?

- Doppler Renal US
- peritoneal fluid culture
- cxr
- CT abdomen
- do renal biopsy

✓ Answer: peritoneal fluid culture

Q440. all of the following are correct about post streptococcal GN except:

- low complement levels are back to normal in 8 to 12 weeks
 - the edema is due to loss of glomerular filtration resulting in water and solute retention
 - proteinuria is expected to persist up to one year after presentation
 - about 10% of the cases may present with nephrotic syndrome
 - the acute phase of nephritis usually resolves in 2 months
- NOT sure

✓ Answer: proteinuria is expected to persist up to one year after presentation

Q441. all of the following are true about treatment of nephrotic syndrome in children

except:

- children with severe edema should be hospitalized and should have water and salt restriction
- children who fail to go into remission after first three weeks of steroid treatment needle biopsy
- children with age of onset between 2 to 8 years are usually steroid responsive
- children presenting with a gross hematuria might require renal biopsy
- children with congenital nephrotic syndrome usually progress to end stage renal disease

✓ Answer: children who fail to go into remission after first three weeks of steroid treatment needle biopsy

Q442. Which of the following is the most common cause of chronic kidney disease in children?

- a. Nephrotic syndrome
- b. Autosomal recessive polycystic kidney disease
- c. congenital anomalies
- d. Nephrotoxic Medications
- e. Hypertension

✓ Answer: c

Q443. A 10 year old boy is on peritoneal dialysis due to nephrotic syndrome , all of the

following are expected to be seen on his renal biopsy except?

- a. FSGS (Focal segmental Glomerulosclerosis)
- b. MCD (minimal change disease)
- c. Diffuse mesangial sclerosis (DMS)
- d. Wegeners (ANCA) Nephritis
- e. MPGN (Membranoproliferative GN)

✓ Answer: d

Q444. One of the following is correct about nephrotic syndrome in children:

- a. A 5-year old boy who had 2 relapses last year needs a renal biopsy
- b. children should be given all the recommended vaccines
- c. A patient with low C3 level at daignsis requires a kidney biopsy
- d. The diagnosis is confirmed by low serum albumin<2.5 g/dl
- e. Children with congenital nephrotic syndrome usually respond to steroids

✓ Answer: d

Q445. One doesnt cause nephrotic syndrome :

Wegner at 14 year female patient

✓ Answer: Wegner at 14 year female patient

Q446. Patient with nephrotic came with rigid abdomen and fever , what is the

antibiotic : Ceftriaxone and vanco.

✓ Answer: Ceftriaxone and vanco

Q447. One is not used for treatment of nephrotic syndrome :

Erythropoitein

✓ Answer: Erythropoitein

Q448. Minimal change disease

✓ Answer: Minimal change disease

Q449. Wrong regarding patient with proteinuria under age of 1 :

It causes end stage renal disease ??? I'm not sure

✓ Answer: It causes end stage renal disease

Q450. anticoagulation in nephrotic

clexane

✓ Answer: clexane

– Haematuria and nephritis *(21 questions)*

Q451. Best to diagnose PSGN:

- a-Hematuria and RBS cast
- b-KFT
- c-Low C3 complement level

✓ Answer: c

Q452. All causes of glomerulonephritis except?

- Alport
- Membranoproliferative gn
- Membranous GN

✓ Answer: Alport

Q453. Question about igA nephropathy, WRONG ?

- Serum igA elevated in 20% of cases
- If skin rash and abdominal pain present it becomes HSP
- Pt with recurrent gross hematuria at increased risk of ESRD

✓ Answer: Pt with recurrent gross hematuria at increased risk of ESRD

Q454. Wrong about PSGN?

✓ Answer: (Question incomplete)

Q455. Wrong about red urine:

- a. Hematuria more than 20 RBCs in the urine
- b. Urethral cause of hematuria at the end of urination *

✓ Answer: b

Q456. One of the following is not indication for biopsy in PSGN: return Of C3 level to normal after 8 weeks

✓ Answer: return Of C3 level to normal after 8 weeks

Q457. About minimal change glomerulonephritis choose wrong: 80% with hematuria

✓ Answer: 80% with hematuria

Q458. not indication for biopsy in case of PSGN? C3 BACK to normal level after 3 months

✓ Answer: C3 BACK to normal level after 3 months

Q459. One of the following is correct about IgA nephropathy :

- a. Gross hematuria 2 weeks following an upper respiratory tract infection
- b. An elevated Ig A level is required for the diagnosis
- c. 75 % of the patients progress to ESRD requiring dialysis
- d. increased crescent on Kidney biopsy carries a poor prognosis
- e. C3Level is very low in the first 4 weeks of presentation

✓ Answer: d

Q460. Which of the following is correct about Post streptococcal glomerulonephritis (PSGN) ?

- a. Heavy proteinuria more than 1.0 gm /24hr is universal
- b. It is a glomerulonephritis with normal complements (C3 and C4) levels
- C. Biopsy is required if the patient requires antihypertensive treatment
- d. Patients with low C3 level require pulse methyl prednisolone therapy
- e. It has very good prognosis with 95% having complete recovery

✓ Answer: e

Q461. All of the following are correct about post streptococcal glomerulonephritis (PSGN)

except: Select one:

- a. about 10% of the cases might present with nephrotic range proteinuria b.
- positive anti DNAase B is supportive of the diagnosis

- c. a low C3 level at presentation is required for diagnosis
- d. is preceded by an URTI in most cases
- e. blood pressure is expected to remain elevated in the first 6 months of illness

✓ Answer: d

Q462. One of the following is the most common cause of recurrent gross hematuria in

children: Select one:

- a. Wilms tumor
- b. Goodpasture syndrome
- c. Mesangioproliferative GN
- d. IgA Nephropathy
- e. sickle cell disease

✓ Answer: d

Q463. one of the following is the most common cause of recurrent gross hematuria in

children:

- renal Stone
- Wegener granulomatosis
- mesangial proliferative GN
- Alport disease
- IGA nephropathy

✓ Answer: IGA nephropathy

Q464. all of the following glomerulonephritis are associated with low complement

levels except:

- post streptococcal GN
 - membrano proliferative GN
- shunt nephritis
- - henchschonlein purpura
 - lupus nephritis

✓ Answer: henchschonlein purpura

Q465. One of the following is true about Ig A nephropathy:

- a. Presents as gross hematuria 4 weeks after upper respiratory tract infection
- b. An elevated Ig A level is required for the diagnosis
- c. results from a galactose-deficient IgA1 that acts as auto-antigen
- d. A low serum C3 and C4 level is required for the diagnosis
- e. recurrent gross hematuria indicates poor prognosis

✓ Answer: c

Q466. All of the following are correct about post streptococcal glomerulonephritis Except :

- a. On electron microscopy, electron-dense deposits "humps" are observed on the epithelial side of the Glomerular basement membrane GBM
- b. Compared to throat infections ,skin infections usually take longer to cause the nephritis
- c. In rare circumstances, some patients might develop rapid progressive nephritis RPGN requiring dialysis
- d. Persistent microscopic hematuria may persist for 1 yr after the initial presentation.
- e. Early use of antibiotics will improve the outcomes and decrease the need for dialysis

✓ Answer: e

Q467. History of patient with hypertension , hematuria and edema , what is the next step :

✓ **Answer: (Case dependent)**

Q468. What is the best lab investigation for Post strept glomerulonephritis :

C3 level

✓ **Answer: C3 level**

Q469. One is true :

IgA Nephropathy will progress in 30% of cases to ESRD

✓ **Answer: IgA Nephropathy will progress in 30% of cases to ESRD**

Q470. 4 year old patient with hematuria and HTN and abdominal mass , Dx :

Wilms tumor

✓ **Answer: Wilms tumor**

Q471. Gross hematuria isn't a cause of progression kidney injury in ?

Iga nephropathy

✓ **Answer: Iga nephropathy**

– HSP *(5 questions)*

Q472. All of the following are causes of (albuminuria) except:

- a. Cystinosis
- b. Ig A nephropathy
- c. HSP (henoch Schonlein purpura)
- d. lupus nephritis
- e. Amyloidosis

✓ **Answer: a**

Q473. All of the following are consistent with HSP (henoch schonlein) nephritis except :

- a. Hypertension in most cases
- b. Proteinuria in some cases
- c. Thrombocytopenia
- d. Crescents on biopsy
- e. Gross hematuria

✓ **Answer: c**

Q474. All of the following are associated with nephritic syndrome except:

- a. post infectious glomerulonephritis
- b. Henoch schonlein purpura
- c. Wegeners granulomatosis
- d. Amyloidosis
- e. lupus nephritis

✓ **Answer: d**

Q475. What causes small blood vessel vasculitis?

HSP

✓ **Answer: HSP**

Q476. Regarding HSP, what is right?

intussusception is its sever complication

✓ Answer: intussusception is its sever complication

● Neonatology

– Neonatal jaundice *(14 questions)*

Q477. Should be avoided in the neonatal period, can cause jaundice?

- a- Ibuprofen
- b- Ampicillin
- c- Sulfonamides

✓ Answer: c

Q478. Neonatal jaundice direct hyperbilirubinemia. What is the next step?

- a. Urgent abdominal ultrasound

✓ Answer: a

Q479. Direct hyperbilirubinemia at 10th day , except :

- a. Gilbert*
- b. CF
- c. Galactosemia
- d. Neonatal hepatitis
- e. a-1 anti trypsin

✓ Answer: a

Q480. physiological Jaundice?

- a. 16 mg/dl at 7th day
- b. hyperbilirubinemia at 12 hours
- c. increase less than 5 mg/dl per day at the 2nd - 4th day XXX

✓ Answer: c

Q481. Several weeks old boy, his mom said that his color is always has been yellow, completely normal

history and P/E with normal growth parameters ,, his labs showed unconjugated hyperbilirubinemia (it was 270 mmol/L),, what to do?

✓ Answer: (No question, just prompt)

Q482. Start him on phototherapy

✓ Answer: Start him on phototherapy

Q483. biliary atresia

✓ Answer: biliary atresia

Q484. Which statement is not matching?

- a. Hyperbilirubinemia >> Athetoid cerebral palsy
- b. Congenital cerebellar malformation >> Ataxic cerebral palsy
- c. Normal development >> Exclude cerebral palsy
- d. Shaken baby syndrome >> Not cause cerebral palsy

e. Gastro esophageal reflux>>Sandifer syndrome in cerebral palsy patient

✓ Answer: d

Q485. A 13-year-old male presents to your office because of fever, nausea, vomiting, mild abdominal

pain , and jaundice of two days . No family history of liver or gastrointestinal disease. Physical exam shows Jaundice and a tender hepatomegaly . His CBC and electrolytes are unremarkable, AST: 3500, ALT: 5400, Total bilirubin: 8.2. Conjugated bilirubin: 5.4 , Alkaline phosphatase : 420 , GGT: 60, Albumin: 3.8 PT: 12.7 (INR 1.0). The following are true, except:

- a. The lab tests show hepatocellular injury and normal liver synthetic function
- b. The vaccine of this disease is available in Jordanian national programme of vaccination
- c. This patient should be isolated for 1 week after Jaundice
- d. Vaccine is recommended for a 7-month-old household contact younger brother
- e. The excretion of viral particles in stool started earlier, when this patient is a symptomatic

✓ Answer: c

Q486. 12 hours old full-term infant has facial and just donuts. Is breastfeeding well and

has otherwise normal examination at his direct Coombs test is negative. Is indirect bilirubin level is 14 mg/dL. mother blood group is O+, baby blood group is A+, which of the following is the most appropriate course of action?

- recommend cessation of breastfeeding for 48 hours and supplement with formula
- start phototherapy
- give intravenous immunoglobulin IVIG
- Give phenobarbital
- no actions needed

✓ Answer: start phototherapy

Q487. A 4-year-old boy has failed to grow and has evidence of exocrine pancreatic

insufficiency. What is the most likely cause for this?

- a. acute pancreatitis
- b. biliary atresia
- c. Swachman-Diamond syndrome
- d. congenital absence of the pancreas
- e. cystic fibrosis

✓ Answer: e

Q488. All of the following require increasing the maintenance fluids except :

- a. humidified ventilation
- b. burns
- c. fever
- d. Phototherapy
- e. polyuria

✓ Answer: d

Q489. Case of biliary atresia came later on with hematemesis , dilated vessels of

abdomen , Cause of bleeding is :
Esophageal varices

✓ Answer: Esophageal varices

Q490. hyperbilirubinemia -

ataxic (False)

✓ Answer: ataxic (False)

– Neonatal sepsis and bacteria *(6 questions)*

Q491. Wrong about neonatal meningitis?

Dexamethasone is given 15-30 mins before antibiotics

✓ Answer: Dexamethasone is given 15-30 mins before antibiotics

Q492. Neonatal meningitis choose the wrong: The most common cause is E.coli, Neisseria and listeria

✓ Answer: The most common cause is E.coli, Neisseria and listeria

Q493. What is the most common cause of late onset sepsis in neonates ?

- a. Streptococcus agalactiae (GBS)
- b. Klebsiella
- c. E. coli
- d. Staph epidermis
- e. Listeria monocytogen

✓ Answer: a

Q494. A 1.3-kg, 32-week gestation infant is delivered to a mother who has chorioamnionitis and had a

positive group B streptococcal urinary tract infection. The infant requires admission to the intensive care nursery because of respiratory distress. Physical examination reveals a heart rate of 160 beats/min, respiratory rate of 80 breaths/min, and pulse oximetry of 82% on room air.

The infant audibly grunts, has flaring of the ala nasi and intercostal and subcostal chest wall retractions, and is poorly perfused, with a capillary refill time of 2 seconds. There is no heart murmur. Of the following, the MOST likely radiographic findings expected for this infant are?

- a. Air bronchograms, diffusely hazy lung fields, and low lung volume
- b. Cardiomegaly, hazy lung fields, and pulmonary vascular engorgement
- c. Fluid density in the horizontal fissure, hazy lung fields with central vascular prominence, and normal lung volume
- d. Gas-filled loops of bowel in the left hemi thorax and opacification of the right lung field
- e. Patchy areas of diffuse atelectasis, focal areas of air-trapping, and increased lung volumes

✓ Answer: a

Q495. About prophylaxis in neonatal infection : baby treated for 48h and waiting for

culture, state of the mother? :

take only one dose of antibiotic

✓ Answer: take only one dose of antibiotic

Q496. Neonatal sepsis, risk factors for late sepsis except :

early enteral feeding

✓ Answer: early enteral feeding

– Neonatal seizure *(6 questions)*

Q497. Treatment of HIE stage 2 with hypothermia should be done?

- a-Within 12 hours
- b-Within 6 hours

✓ Answer: b

Q498. Wrong about HIE:

a. Delivery difficulties are mandatory in the criteria

✓ Answer: a

Q499. Case of HIE (hypertonia , hyper reflexia , mydriasis) :

Stage 1 HIE

✓ Answer: Stage 1 HIE

Q500. The drug of choice for neonatal seizure is:

- a. carbamazepine
- b. valproic acid
- c. phenobarbitone
- d. midazolam
- e. phynetoin

✓ Answer: c

Q501. Wrong regarding Neonatal seizure :

subtle type is more in term than pre-term ??

✓ Answer: subtle type is more in term than pre-term

Q502. Wrong regarding Cerebral palsy :

Most common cause of perinatal CP is cause by HIE.

✓ Answer: Most common cause of perinatal CP is cause by HIE

– RDS *(20 questions)*

Q503. Main surfactant function :

- a-Decreasing the resistance
- b-Increasing the surface tension
- c-Prevent collapse

✓ Answer: Prevent collapse

Q504. Newborn with red arm, blue legs: coarctation of aorta 36-

True about IgA nephropathy : 30% will progress to ESRD 37-

True regarding RDS and TTN :

- a-RDS typically improves while TTN deteriorates
- b-TTN typically improves while RDS deteriorates

✓ Answer: b

Q505. 37 week with mild distress and cyanosis easily correctable oxygen , diagnosis ?

TTN

✓ Answer: TTN

Q506. Wrong about TTN, diffuse infiltrate

✓ Answer: diffuse infiltrate

Q507. TTN - one of the following is false:

- a. a. improved within 12-24 hours
- b. b. more incidence than RDS
- c. c. seen in CS baby
- d. d. patelyinfillente *
- e. e. supportive treatment only

✓ Answer: d

Q508. All the following are at increased risk of respiratory distress syndrome (RDS), Except:

- a. Infant of diabetic mother
- b. Premature baby
- c. Low birth weight
- d. Second-born twins
- e. Maternal Preeclampsia

✓ Answer: e

Q509. A 1-kg female is born at 27 weeks' gestation because of preterm labor. She is vigorous at birth

but shows signs of significant respiratory distress evidenced by oxygen saturation 70% , subcostal retractions, nasal flaring, and audible expiratory grunting . The best management for her respiratory status is:

- a. Elective intubation and administration of surfactant.
- b. Put on C-PAP and observe her respiratory status
- c. Pus on nasal cannula and observe her respiratory status
- d. Administration of surfactant and put her on C-PAP
- e. Elective intubation without surfactant

✓ Answer: a

Q510. Regarding Respiratory Distress Syndrome (Hyaline Membrane Disease), all of the

following factors decrease the risk of RDS, except :

- a. Use of antenatal steroids
- b. chronic maternal hypertension
- c. Prolonged rupture of membranes
- d. Maternal narcotic addiction
- e. Cesarean delivery without preceding labor

✓ Answer: e

Q511. full term male baby, delivered by cesarean section due to contracted pelvis,

developed respiratory distress 2 hours after delivery, cxr Show hyperinflation and fluids in fissure, the most probable diagnosis is:

- meconium aspiration syndrome
- bacterial pneumonia
- respiratory distress syndrome
- transient tachypnea of the newborn
- transposition of great arteries TGA

✓ Answer: transient tachypnea of the newborn

Q512. A newborn male baby, born at gestational age 30 weeks, birth weight was 1.2

kg, had severe RDS, has been connected to mechanical ventilation and given one dose of surfactant. his O2 saturation has being significantly improved after surfactant therapy. 2 hours later the baby has sudden onset duration with tachycardia, hypotension, severe cyanosis, decrease rt side air entry.

according to his x-ray treatment of choice is:

- start IV prostaglandin PGE1
- start IV indomethacin
- start IV bolus of normal saline
- immediate chest tube insertion on the right side of the chest
- another dose of surfactant is mandatory for this situation

Dr.Salma

✓ Answer: immediate chest tube insertion on the right side of the chest

Q513. A 5 months old male patient who was delivered at 32 weeks of gestation started to have low

grade fever and rhinorrhea , 3 days later he started to have cough , noisy breathing . on exam the patient is distressed , with diffuse wheezes on auscultation , the most likely diagnosis is

- Respiratory distress syndrome
- Bronchiolitis
- GERD
- Laryngomalacia
- Asthma

✓ Answer: b

Q514. The following statements regarding transient tachypnea of the newborn (TTN) in the

newborn are correct, EXCEPT:

- Infants born by C-section are at increase risk for developing TTN
- Residual pulmonary damage is common amongst infants who have TTN
- The incidence of TTN is higher than RDS
- TTN shows marked improvement with 24 hours
- Supportive treatment is required only

✓ Answer: b

Q515. All of the following are Contributing factors in development of Respiratory Distress Syndrome,

EXCEPT:

- Meconium aspiration syndrome
- Maternal diabetes
- Maternal narcotic addiction
- Pulmonary infections with group B Strep
- Fetal asphyxia

✓ Answer: a

Q516. Protective factor for RDS except :

Elective C/S

✓ Answer: Elective C/S

Q517. About effects surfactant treatment in RDS what is wrong : -

there is long term side effect

✓ Answer: there is long term side effect

Q518. Wrong regarding TTN :

More common than RDS

✓ Answer: More common than RDS

Q519. Wrong regarding RDS :

Sphingomyelin indicates lung maturity

✓ Answer: Sphingomyelin indicates lung maturity

Q520. RDS-

Cs without labor

✓ Answer: Cs without labor

Q521. Whats wrong about TTN ?

Surfactant is the best choice for treatment

✓ Answer: Surfactant is the best choice for treatment

Q522. Not present in RDS chest x-ray ?

Patchy infiltration

✓ Answer: Patchy infiltration

– Common problems in neonates *(8 questions)*

Q523. HR 60 , flaccid, no respiration, pale ,no reflexes

APGAR score? 1

✓ Answer: 1

Q524. 4 day baby present with localized parietal swelling doesnt cross suture line, Dx:

Cephalohematoma

✓ Answer: Cephalohematoma

Q525. Apgar score :grimace, <60 bpm, flexion, irregular respiration , blue pale : 4

2022 6th year final MCQ Exam

✓ Answer: 4

Q526. a preterm 28 weaker who was starting on feeding from day one, only has

abdominal distention and intolerance to feed with gastric residual more than 50%, you did abdominal X-ray and you found single dilated Loop, put the patient NPO and insert ngt (nasogastric tube) can you cover him with antibiotic and you sent your investigation, 4 hours later you repeat the X-ray Builders fixed single dilated Loop, what is the next step in management?

- broad your coverage of antibiotics
- Start Continuous positive airway pressure (CPAP)
- observe only
- give gastrograffine
- consults surgery for possible exploratory laparotomy

Dr. Amjad

✓ Answer: consults surgery for possible exploratory laparotomy

Q527. You are performing a routine discharge examination on a term baby on day 4 of life and

notice a swelling on the head. The baby had been delivered by a vacuum extraction and has been well since birth. The swelling is confined to the right parietal bone and measures approximately 4 4 cm, it does not cross the suture lines, it is soft and fluctuant. Which one of the following statements is true? a. This is most like a subgaleal haemorrhage.

- b. The baby has caput succedaneum.
- c. The baby should have a CT of the head performed before discharge.
- d. This is a cephalhaematoma.
- e. This swelling should be drained as soon as possible.

✓ Answer: d

Q528. Apgar score for very pale baby , 30 RR irregular , HR = 90 , No reflex at nasogastric tube placement , Flaccidity :

✓ Answer: 3

Q529. apgar score

✓ Answer: (Case dependent)

Q530. Apgar score, flexion of limb, pulse 90 bpm, cough w/ stimulation, pale, irregular RR, Apgar score is?

✓ Answer: 5

• Gastroenterology, Chromosomal Abnormalities and Nutrition

– Chronic diarrhea and malabsorption *(8 questions)*

Q531. Pt with celiac disease and elevated glucose level and polyuria and polydipsia, whats the wrong ?

Initial treatment with diet modification and life style changes

✓ Answer: Initial treatment with diet modification and life style changes

Q532. Toddlers diarrhea (case). What is your management?

a. Stop juice intake and reassurance

✓ Answer: a

Q533. You dont suspect this disease in 2 months old baby with chronic diarrhea

a. Celiac

✓ Answer: a

Q534. Celiac disease

a. You should screen the level of IgA before look the result of screening by anti-TTG

✓ Answer: a

Q535. 11 year old child has chronic diarrhea, with short status , have DM1 his brother complain of

Hashimoto thyroiditis ,What's the most probable cause of his diarrhea ?

✓ Answer: celiac disease

Q536. celiac disease

✓ Answer: celiac disease

Q537. 4 months old boy is admitted to the hospital with severe bronchopneumonia, he had to stay with me distress and perioral cyanosis, just x-ray shows bilateral

interstitial opacities, he has a history of recurrent pneumonia, chronic diarrhea and oral thrush. His current weight is 2.5 kg. on a mission he underwent Bronchoscopy and the analysis of bronchoalveolar lavage fluid shows pneumocystisjiroveci (carini). which is the most likely diagnosis:

- IGA deficiency
- chronic granulomatous disease
- cystic fibrosis
- severe combined immunodeficiency
- X-linked hypogammaglobulinemia

✓ Answer: severe combined immunodeficiency

Q538. The recommended initial testing for suspected celiac disease is:

- Anti tissue transglutaminase antibody igA And serum IgA level
- Anti tissue transglutaminase antibody IgA alone
- Antiendomysial antibody IgG alone
- HLA testing for DQ2 to And DQ8
- Endoscopy and biopsy

✓ Answer: Anti tissue transglutaminase antibody igA And serum IgA level

– Acute gastroenteritis *(5 questions)*

Q539. 6 week old infant exclusively breastfed, doesn't complete his feeding, mother noted

blood in stool ,rash, what is the diagnosis?

Intussusception

Malrotation

Cow milk protein allergy

Rotavirus

✓ Answer: Cow milk protein allergy

Q540. Preceded by sever gastroenteritis then develop bilateral symmetrical weakness in leg and

sensory affection ..

Guillain-Barresyndrome

✓ Answer: Guillain-Barresyndrome

Q541. You are seeing a 2-month-old girl for follow-up after a hospitalization for acute gastroenteritis

caused by rotavirus two week before. The girl has an increased number of very watery stools since her illness began till now. She appears well hydrated. She is on regular infant formula. Of the following, the MOST appropriate approach to managing this infants diarrhea is to Select one:

- Change to a lactose-free formula for the next few weeks
- Change to casein hydrolyzed formula
- Give her only oral rehydration solution (ORS) until the diarrhea resolves
- Readmit her to the hospital for administration of intravenous fluids
- Repeat her stool studies to confirm the diagnosis of rotavirus infection

✓ Answer: a

Q542. Patient with Gastroenteritis came to ER with seizure and level of 107 mg/dl of

sodium what is next step :

bullous 3% saline

✓ Answer: bullous 3% saline

Q543. One is wrong :

we use usually ceftriaxone for most cases of Gastroenteritis

✓ Answer: we use usually ceftriaxone for most cases of Gastroenteritis

– Infant feeding *(9 questions)*

Q544. One is correct:

- a-The colostrum milk contains high level of carbs and fat
- b-Galactosemia is an contraindication to breast feeding

✓ Answer: b

Q545. Regarding term infant feeding, one is true :

- a. Hind milk is less concentration in fat than Foremilk
- b. The younger infant needs less frequent more volume milk
- C. Colostrum is lower in Immunoglobulin than mature milk
- d. early administration of high allergic food decreases the risk of some food allergy
- e. Vitamin D should be supplemented after 4 months

✓ Answer: d

Q546. One of the following practices is recommended:

- a. exclusive goat milk consumption under the age of one yea
- b. consumption of one liter of cow milk formula at 1 to 2 year of age
- c. vitamin D Supplements to exclusive breast fed baby
- d. introduction of 3 types of food upon the start of weaning
- e. discontinuation of iron therapy once the HB level increased

✓ Answer: c

Q547. Regarding term infant feeding, one is false:

- a. Both breast feeding and regular term formulas have same caloric density
- b. The older infant needs less frequent more volume milk
- c. Colostrum is higher in Immunoglobulin than mature milk
- d. Late administration of high allergic food decreases the risk of food allergy
- e. Vitamin D should be supplemented since birth

✓ Answer: d

Q548. which of the following practices is a recommended practice:

- a. exclusive goat milk consumption under the age of one year
- b. consumption of one liter of cow milk formula at 1 to 2 years of age
- c. vitamin D Supplements to exclusive breast fed baby
- d. introduction of 3 types of food upon the start of weaning
- e. discontinuation of iron therapy once the HB level has increased

✓ Answer: c

Q549. A 14-day old male full term infant, presents to clinic for well-child check. His mother is

concerned because she has noticed that his eyes are turning yellow." She reports that he is a "good eater and is exclusively breast-fed. The patient has gained weight since birth and is voiding and stooling appropriately. What is the most likely cause of his jaundice?

Select one:

- a. Physiologic jaundice.
- b. Crigler-Najjar.
- c. Breast-feeding jaundice.
- d. Breast milk jaundice.
- e. TORCH infection.

✓ Answer: d

Q550. Wrong regarding Cows milk protein :

It isnt affect babies who are exclusively on breast feeding

✓ Answer: It isnt affect babies who are exclusively on breast feeding

Q551. Child was exclusive on breast feeding.. On weaning he start to have chronic

diarrhea abd distention and ftt.. Dx is?

Celiac disease

✓ Answer: Celiac disease

Q552. Cow milk formula child complained of rota infection what formula now

he will use ?

Lactose free milk

✓ Answer: Lactose free milk

– GERD *(7 questions)*

Q553. Regarding mechanism responsible for most gastroesophageal reflux in children?

a- Relaxation of the lower esophageal sphincter, transient

✓ Answer: a

Q554. History of GER (without any cardinal sign) [the baby is gaining weight]. What do you tell the parent?

a. Reassurance of the parent

✓ Answer: a

Q555. All of the following support GERD against GER except: Vomiting after each feed

Wrong matching:

✓ Answer: Vomiting after each feed

Q556. regarding gastroesophageal reflux GER and gastroesophageal reflux disease

GERD, all of the following are true except:

- both are not associated with bilious vomiting
- babies having GER are generally happy spitters, while irritability is prominent in GERD
- anti-regurgitation (AR) formula is considered in both
- if more frequent regurgitation, GERD is likely.
- Positive scintigraphy is positive for GERD

✓ Answer: anti-regurgitation (AR) formula is considered in both

Q557. All the following are characteristic of infantile physiological reflux (GER), except:

- a. GER is due to transient lower esophageal sphincter relaxation
- b. GER is always non-bilious
- c. GER is Familial

- d. GER is not associated with recurrent aspiration
- e. Most infants outgrow GER with when get older

✓ Answer: c

Q558. One manifestation is associated with physiological Gastroesophageal reflux :

Non-billous vomiting

✓ Answer: Non-billous vomiting

Q559. Wrong about GERD?

no diagnosis after 6 months

✓ Answer: no diagnosis after 6 months

– Allergy *(7 questions)*

Q560. Antibody in cow milk protein allergy?

- Specific IgE
- IgG
- IgM
- IgA
- IgE

✓ Answer: IgE

Q561. A 7-year-old boy is brought to the ER by his parents because he woke up from sleep with acute

onset of coughing, increased work of breathing. There is no history of fever or upper respiratory tract infection symptoms. Family history is positive for allergic rhinitis in the mother. On examination the child is alert and awake and in moderate respiratory distress. His pulse oximetry is 89% on room air. Lung examination shows decreased air entry diffusely with scattered wheezes bilaterally. He was given 3 albuterol aerosols, resulting in significant improvement. His chest radiograph is normal except for hyperinflation. Which of the following is the most appropriate test to confirm the diagnosis in this patient?

Select one:

- a. Fractional excretion of nitric oxide.
- b. Elevated serum IgE
- c. Methacholine challenge test.
- d. Response to bronchodilators on pulmonary function testing.
- e. Skin testing

✓ Answer: d

Q562. 1 year old male patient presents with recurrent attack of Wheezy chest(more

than three) last one was two days ago, he has history of atopic dermatitis and food allergy and his mother mentioned that she is on regular ICS (inhaled corticosteroids) the next step in management is:

- Continue on short-acting B Agonist for one week only
- continue on short-acting B Agonist as needed and start ics for 2 months
- start ICS and leukotrienes receptor antagonist agent for 3 months
- start ics for 3 months
- give short-acting beta-agonist and anticholinergic for one week

✓ Answer: continue on short-acting B Agonist as needed and start ics for 2 months

Q563. months. she was previously healthy and she was admitted as case of severe

lower respiratory tract infection to ICU 3 months ago after which the patient started to have her complaints. Receive inhaled corticosteroids and short-acting beta-agonist but with no improvement. The most likely diagnosis:

- Cystic fibrosis
- non atopic reactive airway disease
- foreign body aspiration
- bronchiolitis obliterans
- post-viral Airway hyperresponsiveness

✓ Answer: bronchiolitis obliterans

Q564. A 6-month-old baby who underwent an open heart surgery for tetralogy of fallot (TOF). During

surgery the thoracic duct was injured. The most likely formula needed in management of this patient is:

- a. Lactose free formula
- b. Medium chain triglyceride (MCT) formula
- c. Amino acid based formula
- d. Soya based formula
- e. no formula changes needed

✓ Answer: b

Q565. Anaphylaxis management.

- IM 0.01ml/kg of (1:1000) adrenaline
- SC 0.01ml/kg of (1:1000) adrenaline

✓ Answer: IM 0.01ml/kg of (1:1000) adrenaline

Q566. Sneezing , watery rinorrhea , pale mucosa :

allergic rhinitis

✓ Answer: allergic rhinitis

– Chromosomal abnormalities *(15 questions)*

Q567. Wrong regarding down syndrome:

- a-Low IQ
- b-the most common cause is translocation

✓ Answer: b

Q568. A case of cleft palate, absent thymus, truncus arteriosus ? -deletion of 22q11.2

✓ Answer: deletion of 22q11.2

Q569. Not a feature of down syndrome?

- Cyclopia
- Single simian crease
- Macroglossia
- Microceph

✓ Answer: Cyclopia

Q570. Case of clinical features of down syndrome ?

Trisomy 21 AV canal

✓ Answer: Trisomy 21 AV canal

Q571. Baby with scalp defect, cleft lip, holoprosencephaly ..

a. Trisomy 13

✓ Answer: a

Q572. down syndrome

✓ Answer: (Already covered)

Q573. All the followings are correctly matched ,Except:

- a. Down syndrome : ventricular septal defect
- b. Alagille syndrome : pulmonary stenosis
- c. Turner syndrome : cortication of aorta
- d. William syndrome : subvalvular aortic stenosis
- e. Noonan syndrome: pulmonary stenosis

✓ Answer: a

Q574. Polycythemia in the neonatal period is associated with all of the following,

except: Select one:

- a. Trisomy 21.
- b. Sepsis.
- c. Maternal diabetes.
- d. Intrauterine growth restriction.
- e. Cyanotic congenital heart disease.

✓ Answer: b

Q575. polycythemia in the neonatal period is associated with all of the following

except:

- trisomy 21
- the donor twin in a twin twin transfusion
- maternal diabetes
- intrauterine growth restriction
- cyanotic congenital heart disease

✓ Answer: the donor twin in a twin twin transfusion

Q576. A newborn infant with stigmata of Down syndrome has a heart murmur. Which of the following cardiac lesions is most likely in this baby?

- a. Hypoplastic left heart syndrome
- b. Total anomalous venous return
- c. Coarctation of the aorta
- d. Anomalous coronary artery
- e. Atrioventricular defect

✓ Answer: e

Q577. Regarding down syndrome , what is wrong ?

affected by paternal age

✓ Answer: affected by paternal age

Q578. Which of the following is wrong :

Patau syndrome is 18 trisomy

✓ Answer: Patau syndrome is 18 trisomy

Q579. 11 year old male with long stature and normal IQ :

Marfan ? Im not sure

✓ Answer: Marfan

Q580. Types of genetic mutations in down syndrome and its relation to

mother age

translocation is not related to maternal age

✓ Answer: translocation is not related to maternal age

Q581. Turner syndrome what is not characteristics

antithyroid antibody

✓ Answer: antithyroid antibody

– GI bleeding *(7 questions)*

Q582. Hematemesis with hypotension and tachycardia, Hb 6.

A- Endoscopic treatment

B- Packed RBC transfusion

✓ Answer: B

Q583. A previously healthy 7-month-old child develops paroxysmal colicky abdominal pain. The infant

has occasional vomiting. Over next 12 hours the infant passes stool containing blood and becomes progressively lethargic. After fluid resuscitation , the most appropriate next step in management :

- a. Colonoscopy
- b. Stool culture
- c. Meckel scan
- d. Air-contrast enema
- e. Abdominal X-RAY

✓ Answer: d

Q584. A 12-year-old child with confirmed cystic fibrosis has experienced cramping intermittent

abdominal pain in the right lower quadrant for the past 4 days. The pain is associated with abdominal distension, and bilious vomiting. Last bowel motions were 5 days ago ..

The most likely cause of the abdominal pain is:

- a. Intussusception
- b. Hepatitis
- c. Appendicitis
- d. Distal intestinal obstruction syndrome (DIOS)
- e. Cholecystitis

✓ Answer: d

Q585. A 4-year-old boy complains of rectal bleeding on stool surface. He appears well and denies

nausea or vomiting or abdominal pain. Heart rate and blood pressure are normal, Digital rectal exam is also normal. The best way to establish diagnosis:

Select one:

- a. Colonoscopy

- b. Meckles scan
- c. Abdominal US
- d. Barium enema
- e. Ad nominal XRAY

✓ Answer: a

Q586. 3 years old child is seen in the ER with a history passage of large amount of blood per rectum. There's no history of vomiting, diarrhea, fever or abdominal pain. Physical examination baby looks pale, but not Jaundiced. his heart rate is

✓ Answer: (Incomplete case)

Q587. 5 years old girl noted a blood on the toilet tissue and a small amount of blood on stool..., Abdominal pain, nausea, anorexia or lightheadedness. she has not had any fever or weight loss. digital rectal exam is normal. The most likely diagnosis is:

- - intussception
 - Juvenile polyps
 - meckel's diverticulum
 - anal fissure
 - ulcerative colitis
- Dr. Lina

✓ Answer: anal fissure

Q588. Regarding pediatric gastrointestinal (GI) bleeding, All the following are true except:

- a. Hematemesis in the first day of life in a healthy baby most likely materanl
- b. Anal fissure is the most common cause on lower GI bleeding in infants
- c. Tachycardia is suggestive of significant bleeding
- d. Gastric lavage for upper GI bleeding only
- e. Esophageal varices should be suspected as a cause of bleeding in a patient with biliary atresia

✓ Answer: d

– Hepatitis *(15 questions)*

Q589. Regarding hepatitis all the following are true except:

- a-there is no hep c vaccine
- b-Blood transfusion is the most common mode of transmission for hepatitis B Commonly from mother to child during birth and delivery

✓ Answer: b

Q590. 7 year old female presented with jaundice and fatigue with increased liver enzymes

- and prolonged INR, positive antiLKM
 - Type 2 autoimmune hepatitis
 - Wilson
- 2023 6th year Final MCQ Exam

✓ Answer: Type 2 autoimmune hepatitis

Q591. Baby born to mother with positive HBsAg. what is the most appropriate management

- a. Give HBV-IgG and vaccine

✓ Answer: a

Q592. Hepatitis: ASL>ALT

✓ Answer: ASL>ALT

Q593. hepatitis B

✓ Answer: (Incomplete)

Q594. Which statement is not true regarding national Jordanian immunization program?

- a. it protect against 11 serious infantile infections
- b. it contain 12 vaccines
- c. Rota vaccine Started on 1/3/2015
- d. conjugated pneumococcal vaccine (Prevenar 13) is last vaccine introduced
- e. Hepatitis A vaccine is a killed virus vaccines

✓ Answer: d

Q595. Regarding vaccines one is not matching :

- a. Pure polysaccharide>>pnevovax-23.
- b. Killed>>hepatitis A.
- C. Toxoid>>diphtheria
- d. Live attenuated >>BCG.
- e. Conjugated polysaccharide >> a cellular pertussis vaccine

✓ Answer: e

Q596. You are advised by the obstetrician that the mother of a baby he has delivered is a carrier of

hepatitis B surface antigen (HBsAg-positive). The most appropriate action in managing this infant would be to:

Select one:

- a. Screen the infant for HBsAg.
- b. Isolate the infant for enteric transmission.
- c. Screen the mother for hepatitis B "e" antigen (HBeAg).
- d. Administer hepatitis B immune globulin and hepatitis B vaccine to the infant.
- e. Do nothing because transplacentally acquired antibody will prevent infection in the infant

✓ Answer: d

Q597. 7 year old male patient presented with swelling of the left knee, limping and pallor, on

examination he has HR: 140 and pale, with decreased range of motion on the knee joint, his Hb: 7 g/dl, PTT: 65 seconds. One of the following is true:

Select one:

- a. factor transfusion should be done before aspiration
- b. platelet transfusion is essential in these cases
- c. hepatitis b titer is not of value in the follow up of the above case.
- d. the mode of inheritance of the above condition is autosomal recessive
- e. there is no increased risk of bleeding in the same joint in subsequent times

✓ Answer: a

Q598. you are advised by the obstetrician that the mother of a baby is a carrier of

hepatitis B surface antigen (HBsAg-positive), the most Appropriate action in managing this infant would be:

- screen the infant forHBs Ag
- isolate the infant for enteric transmission
- screen the mother for Hepatitis B e antigen (HBeAg)

- administer hepatitis B immune globulin and hepatitis B vaccine to the infant
- do nothing because transplacentally acquired antibody will prevent infection in the infant

✓ Answer: administer hepatitis B immune globulin and hepatitis B vaccine to the infant

Q599. Q about newborns for mothers with hepatitis b:

Answer was for children born to mothers positive for HbsAg, give both hep. Virus b vaccine and HBIG

✓ Answer: give both hep. Virus b vaccine and HBIG

Q600. Regarding hepatitis serology , what is wrong ?

there is anti Hbsag ab and HbcAg ab after vaccine

✓ Answer: there is anti Hbsag ab and HbcAg ab after vaccine

Q601. Question about viral hepatitis ???

✓ Answer: (Incomplete)

Q602. Baby born to a mother with positive HBsAg , what is the most appropriate

management to the baby?
HB vaccine+ Immunoglobulins

✓ Answer: HB vaccine+ Immunoglobulins

Q603. Wrong about hepatitis A?

cause chronic & fulminant commonly

✓ Answer: cause chronic & fulminant commonly

● Exanthem and Endemic Disease

– Exanthem and endemic disease *(24 questions)*

Q604. Regarding erythema infectiousom, which is wrong?

- a-caused by parvovirus B19
- b-usually a biphasic
- c-exanthem occurs in 3 phases
- d-polymorphic rash

✓ Answer: polymorphic rash

Q605. Not matching:

- a -Scarlet- group A strep
- b-Roseola- coxsackie A

✓ Answer: b

Q606. Function of Varicella Zoster Immune Globulin?

- a-active immunity
- b-passive immunity

✓ Answer: b

Q607. A case of fever , painful oral lesions, vesicles on hand and foot ? Coxsackie A16

virus

✓ Answer: Coxsackie A16

Q608. Not present in scarlet fever?

- White strawberry
- Red strawberry
- Sandpaper rash
- Vesicles on hand and foot

✓ Answer: Vesicles on hand and foot

Q609. Varicella

✓ Answer: (Incomplete)

Q610. SPSS. Wrong

- a. Variable in prognosis *
- b. After 2-12 year of measles infection of vaccine
- c. Causes periodic EEG changes

✓ Answer: a

Q611. Wrong about Typhoid? Pandemic in developing countries.

✓ Answer: Pandemic in developing countries

Q612. The differential diagnosis of Kawasaki disease includes all of the following EXCEPT:

- a. chicken pox
- b. Toxic shock syndrome
- c. Scarlet fever
- d. Stevens-Johnson syndrome
- e. Measles

✓ Answer: a

Q613. A 1 yr.-old-boy was exposed to a child with measles. You will give him.

- a. Vaccine alone within 72 hrs
- b. Immunoglobulin alone within 72 hrs
- c. Reassure mother and arrange appointment within incubation period
- d. Vaccine & immunoglobulin within 72 hrs
- e. Vaccine & immunoglobulin within 5 days

✓ Answer: d

Q614. Regarding febrile seizures, which statement is not true?

- a. it is the most common seizure disorder in infants and young children
- b. the most common cause of fever is usually URTI
- C. Symptomatic febrile seizures, the child has a preexisting neurologic abnormality
- d. It is the main morbidity of roseola infantum
- e. developmental delay is association

✓ Answer: e

Q615. Regarding immunization; which statement is not true Select one:

- a. eradication is worldwide meanwhile elimination is in definite area
- b. myelitis eradication is medically possible
- c. Small pox is the only human disease eradicated so far O
- d. measles is eliminated in Jordan

e. diarrhea is not controlled yet in Jordan

✓ Answer: d

Q616. Regarding sub-acute sclerosing pan encephalitis (SSPE) one is not matching; Select one:

- a. history of measles or measles vaccine 2-12 years before illness
- b. behavior changes first manifestation
- c. outcome variable
- d. seizures myoclonic type

✓ Answer: c

Q617. regarding Subacute sclerosingpanencephalitis (SSPE) what is not matching:

select one:

- history of measles or measles vaccine --- 2 to 12 years before illness
- Behavior changes--- first manifestation
- elevated Anti measles ab IgG --- AC on but not in CSF
- seizures --- myoclonic type
- electroencephalography EEG --- Diagnostic

✓ Answer: elevated Anti measles ab IgG --- AC on but not in CSF

Q618. the differential diagnosis of Kawasaki disease includes all of the following EXCEPT:

- a. Dermatomyositis
- b. Toxic shock syndrome
- c. Scarlet fever
- d. Stevens-Johnson syndrome
- e. Measles

✓ Answer: a

Q619. Case female with palpable tip spleen, erythematous tonsils a some think like that Answer EBV

✓ Answer: EBV

Q620. Newborn presenting with finding suggestive of heart failure, on chest x-ray one of the findings was narrow mediastinum.:

Answer :TGA

Mediterranean fever (brucellosis + typhoid) enteric fever

61.

Choices: Both have human vaccine Best isolated from bone marrow Feco oral

. transmission

✓ Answer: TGA

Q621. Not used vaccine for Severe combined immune deficiency :

Measles

✓ Answer: Measles

Q622. Wrong regarding Infectious mononucleosis :

Rash that appears during course of amoxicillin indicates Penicillin allergy and should not be given penicillin in future for that patient

✓ Answer: Rash that appears during course of amoxicillin indicates Penicillin allergy

Q623. Case of pharyngitis and fatigue with hepatomegaly , leukocytosis with atypical

lymphocytes
Infectious mononucleosis

✓ **Answer: Infectious mononucleosis**

Q624. Regard Otitis media... One is wrong

giving amoxicillin to a child who is vaccinated with pneumococcal vaccine
brucella
endemic diseases
-66
typhoid

✓ **Answer: giving amoxicillin to a child who is vaccinated with pneumococcal vaccine**

Q625. Female patient suffering from night sweating and arthralgia , history of drinking

Unpasteurized milk?
brucella

✓ **Answer: brucella**

Q626. Regarding Kawasaki and scarlet fever, whats don't match?

ESR elevated in scarlet fever only

✓ **Answer: ESR elevated in scarlet fever only**

Q627. Regarding exanthema, whats wrong?

varicella zoster cause Pastia's lines .

✓ **Answer: varicella zoster cause Pastia's lines**

● Cardiovascular System

– Cyanotic/Acyanotic heart disease *(31 questions)*

Q628. 2 days old neonate, came with cyanosis and systolic ejection murmur, on x-ray theres

decreased vascular marking, on ECG theres left axis deviation, what is the most likely diagnosis?

- A) TOF
- B) Truncus arteriosus
- C) Tricuspid atresia
- D) Ebstein anomaly

✓ **Answer: C**

Q629. Most common cyanotic disease in newborn period?

Dextrorotated transposition of great arteries

✓ **Answer: Dextrorotated transposition of great arteries**

Q630. Constant feature in ASD?

Fixed splitted S2 heart sound

✓ **Answer: Fixed splitted S2 heart sound**

Q631. Age for presentation of large VSD?

- 1 DAY
- 1 WEEK

✓ Answer: 1 WEEK

Q632. Pulmonary vascularity is decreased in all of the following except?

- Tof
- Tapvn
- Pulmonary atresia
- Tricuspid atresia
- Pulmonary stenosis

✓ Answer: Tapvn

Q633. All these increases pulmonary blood flow except:

- a. VSD
- b. ASD
- c. AVSD
- d. PDA
- e. TOF *

✓ Answer: e

Q634. About ASD, wrong answer: the most common type is ostium premium

✓ Answer: the most common type is ostium premium

Q635. 1 day baby with cyanosis, the most common cause? TGA

✓ Answer: TGA

Q636. wrong about ASD : ostium primum most common

✓ Answer: ostium primum most common

Q637. Which of the following don't cause early neonatal heart failure?

- 1-ASD
- 2-PDA
- 3-VSD
- 4-COA
- 5-TOF

✓ Answer: 1-ASD

Q638. About PDA one is wrong :

Indomethacin giver for both premature and term

✓ Answer: Indomethacin giver for both premature and term

Q639. Wrong about PDA :

Narrow pulse pressure

✓ Answer: Narrow pulse pressure

Q640. Chest x ray may be used to differentiate between the different types of CHD , increased pulmonary flow is seen in which of the following:

- a. Pulmonary atresia
- b. Truncus arteriosus
- C. Tetralogy of fallot
- d. Tricuspid atresia
- e. Pulmonary stenosis

✓ Answer: b

Q641. A 1 day old infant is cyanotic, hyperoxia test showed PaO₂ of 250 mmhg on 100% O₂, of the

following, which diagnosis is most likely?

- a. Tetralogy of fallot
- b. Truncus arteriosus
- C. Transposition of great arteries
- d. Meconium aspiration
- e. Tricuspid atresia

✓ Answer: d

Q642. Which of the following statements regarding tetralogy of fallot is correct?

Select one:

- a. Atrial septal defect is one of the 4 components of Tetralogy of fallot.
- b. Hyper cyanotic spells are common around 2-4 month of age.
- c. Finger clubbing usually develop within the 1 st few months of life.
- d. Most patient with TOF have left to right shunt across VSD
- e. The murmur heard in patient with TOF become louder during "TET spells".

✓ Answer: b

Q643. A 4 hour old baby girl was admitted with increasing cyanosis, on examination her spo₂ was

78% and she was alert and not distressed, which is the most likely diagnosis?

Select one:

- a. Diaphragmatic hernia
- b. Large VSD
- c. Transposition of great arteries
- d. Tricuspid atresia
- e. Atrial septal defect

✓ Answer: c

Q644. 5 kg. Apgar score . he started to have extreme cyanosis at third day of life

with O₂ saturation =50% despite oxygen therapy. Buy physical exam to have loud single S₂ but no murmur. ECG showed right ventricular hypertrophy with upright T wave in V₁. cxr finding: egg on a string Appearance with cardiomegaly. the most probable diagnosis is:

- truncus arteriosus
- Coartication of aorta
- total anomalous pulmonary venous return (TAPVR)
- transposition of the great arteries (TGA)
- tetralogy of fallot

✓ Answer: transposition of the great arteries (TGA)

Q645. 4 months old boy, has recurrent cyanotic spells with a crying at early morning,

according to this x-ray what is the most likely diagnosis?

- transposition of the great arteries TGA
- tricuspid atresia
- tetralogy of fallot TOF
- Truncus arteriosus TA
- Total anomalous pulmonary venous drainage TAPVR

✓ Answer: tetralogy of fallot TOF

Q646. You are evaluating a 6-year-old boy routinely for school entry. He looks well and not distressed. Physical exam of heart shows normal S1, and S2 has a predominantly fixed split. There is 3/6 ejection systolic murmur at the upper left sternal border and his pulses are normal in all extremities, Of the following the most likely diagnosis is:

- a. Atrial septal defect (ASD)
- b. Ventricular septal defect (VSD)
- c. Hypertrophic obstructive cardiomyopathy (HOCM)
- d. Aortic stenosis (AS)
- e. Pulmonary stenosis (PS)

✓ Answer: a

Q647. All of the following are causes of Excessive Pulmonary Blood Flow, EXCEPT:

- a. Ventricular Septal Defect (VSD)
- b. Atrial Septal Defect (ASD)
- c. Patent Ductus Arteriosus (PDA)
- d. Severe Pulmonary stenosis
- e. Atrioventricular Septal Defect (AVSD)

✓ Answer: d

Q648. Machinery heart murmur in new born child ... :

PDA

✓ Answer: PDA

Q649. When does a newborn with large VSD present?

- Immediately
- 6-8 weeks
- 2 months
- 3-4 months
- >4 months

✓ Answer: 6-8 weeks

Q650. One is not cyanotic Heart disease :

PDA

✓ Answer: PDA

Q651. One drug isn't used for Cyanotic spells at TOF :

steroid

✓ Answer: steroid

Q652. Wrong regarding TOF :

associated with left ventricular obstruction

✓ Answer: associated with left ventricular obstruction

Q653. MCC cyanotic Hd

TOF

✓ Answer: TOF

Q654. PDA -

endomethacin ttt

✓ Answer: endomethacin ttt

Q655. not oligo lung field?

VSD

✓ Answer: VSD

Q656. all cuz decrease pulmonary blood flow except?

VSD

✓ Answer: VSD

Q657. pt asymptomatic and has ejection systolic murmur & Rt axis deviation?

ASD

✓ Answer: ASD

Q658. continuous machinery murmur?

PDA

✓ Answer: PDA

– **Kawasaki disease *(7 questions)***

Q659. Regarding MIS-K and Kawasaki which is wrong ?

risk of ICU admission more in Kawasaki than MIS-K

✓ Answer: risk of ICU admission more in Kawasaki than MIS-K

Q660. Scarlet vs. Kawasaki, wrong statement: thrombocytosis only in scarlet

✓ Answer: thrombocytosis only in scarlet

Q661. Differential diagnosis between Kawasaki and Multisystem inflammatory syndrome in children

(MIS-C) includes all of the following , except:

- a. (MIS-C) onset is in older age children than Kawasaki.
- b. Coronary artery aneurism more common in Kawasaki disease
- c. The risk of ICU admission is higher in (MIS-C)
- d. COVID-19 positive in 75.5% of children with Kawasaki
- e. (MIS-C) present more frequently with gastrointestinal and respiratory involvement

✓ Answer: b

Q662. All the following are true in Multisystem inflammatory syndrome in children (MIS-C).

Except Select one:

- a. It is linked to coronavirus disease 2019 (COVID-19)
- b. The risk of ICU admission was higher patients with Kawasaki disease than (MIS-C) children
- c. Cardiac involvement was more common in patients with (MIS-C).than Kawasaki disease
- d. COVID-19 positivity 75.5% of children (MIS-C)and 20% in Kawasaki disease
- e. An inflammatory syndrome that resemble Kawasaki disease.

✓ Answer: b

Q663. One of the following mismatch:

Kawasaki with vesicular rash

✓ Answer: Kawasaki with vesicular rash

Q664. Not a lab result for Kawasaki :

Spherocytes at peripheral smear

✓ Answer: Spherocytes at peripheral smear

Q665. Difference between scarlet and Kawasaki

Thrombocytosis in scarlet only

✓ Answer: Thrombocytosis in scarlet only

– Rheumatic fever *(43 questions)*

Q666. What is done to limit complications and limit spread of organism in ARF?

Antibiotics

✓ Answer: Antibiotics

Q667. All of the following are true regarding acute rheumatic fever , Except:

- a. An autoimmune inflammatory process that develops as a sequel of streptococcal pharyngitis
- b. The joint involvement is usually migratory deforming arthritis
- c. Rheumatic carditis is characterized by pancarditis, with active inflammation of myocardium, pericardium , endocardium .
- d. Sydenham chorea occurs in approximately 10-15% of patients with acute rheumatic fever
- e. Erythema Marginatum occurs primarily on the trunk and extremities

✓ Answer: b

Q668. An 11-year-old girl was referred for evaluation of a heart murmur. She has right knee pain

and swelling that was preceded by right ankle pain and swelling. Three weeks prior to the presentation she had a fever and sore throat. Carditis in this condition is characterized by all of the following except:

Select one:

- a. Carditis occurs in approximately 50-60% of all cases of acute rheumatic fever
- b. Most rheumatic heart disease is isolated aortic valvular disease or combined mitral and mitral valvular disease.
- c. Subcutaneous Nodules are associated with repeated episodes and severe carditis
- d. Approximately 50-70% of patients with carditis during the initial episode of acute rheumatic fever recover with no residual heart disease
- e. endocarditis (valvulitis) is a universal finding in rheumatic carditis

✓ Answer: b

Q669. A 12-year-old boy has migratory arthritis with red, warm, and swollen joints. He has

serologic evidence of recent group A streptococcal infection. Echocardiography was done.

Cardiac involvement in this condition is characterized by all of the following except :

- a. Carditis occurs in approximately 50-60% of all cases of acute rheumatic fever.
- b. Acute rheumatic carditis usually presents as tachycardia and cardiac murmurs
- c. Rheumatic carditis is characterized by pancarditis, with active inflammation of myocardium, pericardium, and endocardium
- d. Most rheumatic heart disease is isolated aortic valvular disease or combined aortic and mitral valvular disease.
- e. Repeated episodes and severe carditis can be anticipated if the patient has subcutaneous nodules

✓ Answer: d

Q670. Female patient with lower abdominal pain and frequency , dysuria , no fever ,
U/S normal , what is the next step for management :
oral nitrofurantoin

✓ Answer: oral nitrofurantoin

Q671. One of the following don't cause arthritis :
RSV

✓ Answer: RSV

Q672. Mode of transmission of TB :
person to person air borne droplets

✓ Answer: person to person air borne droplets

Q673. Heart disease which is associated with Noonan syndrome :
Pulmonary stenosis

✓ Answer: Pulmonary stenosis

Q674. months

✓ Answer: (Incomplete)

Q675. Folate is important for development of :
Central nervous system

✓ Answer: Central nervous system

Q676. Not used for treatment of MRSA :
meropenem

✓ Answer: meropenem

Q677. Not a feature of congenital Hypothyroidism :
microcephaly (actually it is associated with cerebral myxedema > Increase head circumference)

✓ Answer: microcephaly

Q678. Case of patient with no teeth growth at age of 18th month , one isnt an cause
of her condition :
Tight tongue

✓ Answer: Tight tongue

Q679. What is the mode of inheritance for disease that transmitted 100% from
affected father to his daughters and 50% for affected mother to her sons :
X-linked dominant

✓ Answer: X-linked dominant

Q680. mg / dl for children between 2-7 years (Im not sure)

✓ Answer: (Incomplete; anemia cut point is usually 11 or 11.5 g/dL)

Q681. ml only for maintaince

✓ Answer: (Incomplete)

Q682. Treatment of Mycoplasma pneumoniae :

clarithromycin and azithromycin

✓ Answer: clarithromycin and azithromycin

Q683. Patient with 7.9 mEq of potassium what is the best next step :

Calcium gluconate (to protect heart from arrest)

✓ Answer: Calcium gluconate

Q684. Male with ambiguous genitalia and testis at inguinal , dx :

✓ Answer: (Incomplete)

Q685. beta- dehydroxylase deficiency

✓ Answer: beta- dehydroxylase deficiency (Ambiguous; likely 3-beta-hydroxysteroid dehydrogenase deficiency)

Q686. Which of following is main risk factor for (special type I forget it) :

Eczema

✓ Answer: Eczema

Q687. True regarding vW disease :

It presents as mucocutaneous bleeding

✓ Answer: It presents as mucocutaneous bleeding

Q688. Not a part of jones criteria of rheumatic fever :

Recurrent joint pain of large joints or Tachycardia with mitral regurgitation ? Im not sure !

✓ Answer: Myocarditis

Q689. Not true regarding abdominal examination :

Most of abdominal masses are Malignant

✓ Answer: Most of abdominal masses are Malignant

Q690. First sign of puberty for male :

Testis enlargement

✓ Answer: Testis enlargement

Q691. Hx of self limiting Tonsillitis after that he developed new murmur , ankle swelling

, what is the dx :

Rheumaticfever

✓ Answer: Rheumaticfever

Q692. Milk formula usef for cow's milk Allergy :

aminoacids residues formula

✓ Answer: aminoacids residues formula

Q693. One is not a cause of Infantile Wheeze :

Hypocalcemia ? I'm not sure

✓ Answer: Hypocalcemia

Q694. One statement is true :

Pneumocystis intestinalis is a bad prognostic sign or it is confirmatory sign for NEC
?

✓ Answer: Pneumocystis intestinalis is a bad prognostic sign / confirmatory sign for NEC

Q695. hypotension , hyper-resonance chest , what is the diagnosis :

Pneumothorax and pneumomediastinum

✓ Answer: Pneumothorax and pneumomediastinum

Q696. regarding febrile seizure one is wrong :

EEG predict recurrence.
2018 5th year

✓ Answer: EEG predict recurrence

Q697. CP one is false :

Spastic associated with hyperbilirubinemia

✓ Answer: Spastic associated with hyperbilirubinemia

Q698. drug of choice for listeria monocytogene:

ampicillin

✓ Answer: ampicillin

Q699. Fever in child i think age <5 yr.. Then when the fever disappeared the rash

start. Pink pinpoint blanchable -
> this is common infection acquired in children

✓ Answer: Roseola infantum (HSV-6)

Q700. the difference between DM1 and DM2 what is wrong ?

usually positive family hx in DM1

✓ Answer: usually positive family hx in DM1

Q701. about the breath holding spells..

Caused by agitation?

✓ Answer: Caused by agitation? (Breath holding spells are involuntary/reflexive)

Q702. A case of mother with abruptio placenta and the neonate with blood

streaks in stool the cause :
swallowed blood

✓ Answer: swallowed blood

Q703. One is wrong about congenital hypothyroidism ?

mostly goiterous

✓ Answer: mostly goiterous

Q704. about enuresis . Age was <5 what to do?

Reassure the mother

✓ Answer: Reassure the mother

Q705. About paracetamol poisoning.. Asymptomatic child .. What to do?

gastric lavage

✓ Answer: gastric lavage

Q706. What s wrong about Post. Strep GN ?

antibiotics REGRESS THE DISEASE

✓ Answer: antibiotics REGRESS THE DISEASE

Q707. Child with leg pain , purpura , Hb 7 , next thing to do?

Bone marrow biopsy

✓ Answer: Bone marrow biopsy

Q708. Regarding carditis in ARF, whats wrong?

Myocarditis is the most common

✓ Answer: Myocarditis is the most common

● Respiratory System

– Asthma *(11 questions)*

Q709. Asthma controllers except: Anti-histamine

✓ Answer: Anti-histamine

Q710. Best test to diagnose Asthma is ?

a-serum IgE

b-reversible obstruction on spirometry

✓ Answer: b

Q711. Wrong about pediatric asthma:

Diagnosis by reversible obstruction in spirometry

Inhaled c.s is the mainstay of therapy

Nocturnal cough with absent wheeze is common presentation (wheeze, SOB, cough)

✓ Answer: Diagnosis by reversible obstruction in spirometry (This is a right statement, so the prompt asking for 'wrong' means there's a mismatch; 'Inhaled c.s is the mainstay' is also right. The wrong one might be missing from the list but among given, Nocturnal cough with absent wheeze is wrong).

Q712. All used in asthma exacerbation except:

SABA

Inhaled corticosteroids

Mg sulphate

Leukotriene antagonist

✓ Answer: Leukotriene antagonist

Q713. True about salmeterol for treatment of asthma

a. Should be combined with ICS

✓ Answer: a

Q714. Child with asthma exacerbation was given SABA several times at home with no responses, came

to the ER, you will give him all of the following except?

✓ **Answer: (Incomplete)**

Q715. Which of the following physical findings would be least likely on examination of a child with

moderate to severe asthma ?

- a. Tachypnea
- b. Wheezing
- c. Clubbing
- d. Decreased air exchange over the right middle lobe
- e. An increased anterior-posterior diameter of the chest

✓ **Answer: c**

Q716. Wrong statement :

broncholitis will increase risk of asthma in future

✓ **Answer: broncholitis will increase risk of asthma in future**

Q717. one is not a Sign of moderate to severe asthma:

clubbing

✓ **Answer: clubbing**

Q718. Not used in exacerbation asthma?

inhaled cs

✓ **Answer: inhaled cs**

Q719. Not used for asthma prophylaxis?

- Systemic steroid
- Salbutamol

✓ **Answer: Salbutamol**

– Bronchiolitis *(5 questions)*

Q720. Wrong about bronchiolitis ? a-bronchodilator is indicated

✓ **Answer: a**

Q721. What is of benefit in RSV bronchiolitis?

- Hypertonic saline nebulizer
- Steroid nebulizer
- Epinephrine

✓ **Answer: Hypertonic saline nebulizer**

Q722. About bronchiolitis diagnosis

- a. By history and physical examination

✓ **Answer: a**

Q723. A 3-month-old infant is admitted to the hospital with respiratory distress. He has had cough

and congestion for the last 2 days and is now breathing too fast to eat effectively. You suspect bronchiolitis and respiratory syncytial virus (RSV) antigen testing is positive, Which of the following CXR findings is most commonly seen in infants with bronchiolitis caused by RSV ?

- a. hyperinflation
- b. hilar adenopathy
- c. multi-lobar infiltrate
- d. lower lobe infiltrates
- e. pleural effusion

✓ Answer: a

Q724. All increase risk of having asthma except?

RSV bronchiolitis

✓ Answer: RSV bronchiolitis

– URTI *(25 questions)*

Q725. Wrong about group A streptococcal pharyngitis :

- a-fever
- b-petechia
- c-common under 5 years old

✓ Answer: c

Q726. Wrong about GAS pharyngitis?

- Runny nose and cough
- Exudative pharyngitis
- No known strains resistant to penicillin?
- Rapid antigen test is diagnostic

✓ Answer: Runny nose and cough

Q727. Wrong about croup?

- All cases of stridor should be admitted
- Systemic steroids
- Barking cough

✓ Answer: All cases of stridor should be admitted

Q728. What organisms cause both otitis media and sinusitis?

Strep pneumonia, Moraxellacatarhalis, hemophilus influenza

✓ Answer: Strep pneumonia, Moraxellacatarhalis, hemophilus influenza

Q729. The most specific sign of otitis media is:

- a. Erythema * (?)
- b. Bulging
- c. Immobility

✓ Answer: c

Q730. Wrong about tracheitis:

- a. Thumb sign by X-ray *
- b. The most common cause is S. aureus
- c.

✓ Answer: a

Q731. Minor symptoms of sinusitis (?)

- a. Anosmia
- b. Nasal obstruction *
- c. Facial swelling

✓ Answer: b

Q732. case of epiglottitis what is next: Direct laryngoscope

✓ Answer: Direct laryngoscope

Q733. HOW to differentiate between croup and epiglottitis: By barky cough

✓ Answer: By barky cough

Q734. All these matches are true except:

- a. Croup --- mostly caused by influenza virus
- b. Acute epiglottitis --- thumb sign on lateral x-ray of the neck
- c. Bacterial Tracheitis ---staph aureus is the most common organism
- d. Acute otitis media --- conductive hearing loss
- e. Peritonsillar abscess --- deviation of the uvula

✓ Answer: a

Q735. All these matches are true except:

Select one:

- a. Croup mostly caused by Parainfluenza virus
- b. Acute epiglottitis thumb sign on lateral x-ray of the neck
- c. Bacterial Tracheitis staph aureus is the most common causative organism
- d. Acute otitis media conductive hearing loss
- e. Lateral pharyngeal abscess medial deviation of the uvula

✓ Answer: e

Q736. A 1-year- old boy presented with repeated infections in the last 4 months, including

pneumonia, otitis media and sinusitis, he has persistent diarrhea and recent stool analysis shows giardia lamblia. Lymph nodes couldn't be palpated during exam. His CBC is normal but immunoglobulin level is low for all immunoglobulin types. The most likely diagnosis is:

Select one:

- a. Cystic fibrosis
- b. X-linked hypogammaglobulinemia
- c. Severe combined immunodeficiency (SCID)
- d. Hyper IgM syndrome
- e. Chronic granulomatous disease (CGD)

✓ Answer: b

Q737. the major concern regarding chronic otitis media with effusion is the

development of which of the following:

- meningitis
- mastoiditis
- permanent nerve deafness
- perforation of the tympanic membrane
- impaired speech and language development

✓ Answer: impaired speech and language development

Q738. the mother of a child repeated that she has three days history of fever, hoarseness, and a bad barking cough. Which of the following is true?

- temperature greater than 38.9 Celsius
- expiratory stridor
- infection with parainfluenza virus
- hyperinflation on chest x-ray
- child between 6 and 8 years of age

✓ **Answer: infection with parainfluenza virus**

Q739. A 12-year-old boy presents with fever, fatigue and sore throat. Examination reveals

exudative pharyngitis, generalized lymphadenopathy and mild splenomegaly. Laboratory studies show elevated WBC count with presence of atypical lymphocytes. What is the best action?

- a. no participation in contact sports for next 24 weeks
- b. 2-week treatment with oral prednisone
- c. 2-week treatment with oral acyclovir and prednisone
- d. 10 days of oral penicillin
- e. strict bed rest

✓ **Answer: a**

Q740. All these combinations are true except:

- a. Croup ----- mostly caused by Parainfluenza virus
- b. Acute epiglottitis ---- thumb sign on lateral x-ray of the neck
- c. Bacterial Tracheitis ----- staph aureus is the most common cause
- d. Acute otitis media ----- sensory hearing loss
- e. Lateral pharyngeal abscess ----- medial deviation of the tonsils

✓ **Answer: d**

Q741. Which of the following organism doesn't cause acute pharyngitis:

- streptococcus pneumonia
- Neisseria gonorrhoea
- Group c strept.
- fusobacterium necropharum - diphtheria

✓ **Answer: streptococcus pneumonia**

Q742. A child who had fever with no earache.. On exam by otoscope, the tympanic

membrane of the right ear was hyperemic, tense, bulging and not mobile while the left one was transparent and mobile, dx?

Answers were combinations of left and right normal, acute otitis media and otitis media with effusion, Answer :

Acute otitis media of the right and normal left.

✓ **Answer: Acute otitis media of the right and normal left.**

Q743. Wrong regarding Sinusitis in children :

Frontal sinus treated with Oral antibiotics

✓ **Answer: Frontal sinus treated with Oral antibiotics**

Q744. Typical scenario of epiglottitis with thumb sign , what is the next step :

Call for Anesthesia consultation for intubation.

✓ **Answer: Call for Anesthesia consultation for intubation.**

Q745. Case scenario of stridor with steeple sign , most likely organism :

Parainfluenza

✓ **Answer: Parainfluenza**

Q746. Case of Toxic patient with stridor , not affected by lying supine , Dx ?

Bacterial tracheitis

✓ **Answer: Bacterial tracheitis**

Q747. What is the difference between Viral croup and spasmodic croup :

Rhinorrhea and low fever

✓ **Answer: Rhinorrhea and low fever**

Q748. Sinusitis?

common before 1 year wrong

✓ **Answer: common before 1 year wrong**

Q749. hoarseness of voice stridor next step?

dexa + norepinephrine nebulizer

✓ **Answer: dexa + norepinephrine nebulizer**

– Pneumonia *(15 questions)*

Q750. Wrong about causative agents of pneumonia?

Strep pneumonia is the most common cause overall in pediatric patients

✓ **Answer: Strep pneumonia is the most common cause overall in pediatric patients**

Q751. Organism that causes spontaneous bacterial peritonitis?

Amoebae

Rickettsia

Strep pneumonia)(

CMV

✓ **Answer: Strep pneumonia**

Q752. Wrong about pneumonia: .

Strep pneumonia is the most prevalent organism overall in pediatric

✓ **Answer: Strep pneumonia is the most prevalent organism overall in pediatric**

Q753. Most common cause of pneumonia at 5 y

a. S. pneumonia *

✓ **Answer: a**

Q754. Wrong about cystic fibrosis: Recurrent pneumonia in same side

✓ **Answer: Recurrent pneumonia in same side**

Q755. Case of CF with pneumonia , which group of these antibiotics completely cover the pt. :

Vancomycin / piperacillin

✓ **Answer: Vancomycin / piperacillin**

Q756. The recommended agent for treatment of pneumonia caused by Mycoplasma Pneum. ?

- a. Amoxicillin or ampicillin
- b. Ceftriaxone or Cefotaxime
- c. Clarithromycin or azithromycin
- d. Gentamicin or kanamycin
- e. Trimethoprim-sulfamethoxazole

✓ Answer: c

Q757. A 4-year-old child presents to your office with fever, and increased work of breathing manifested by tachypnea and retraction . chest x-ray confirms lobar pneumonia. What is the most likely etiology of pneumonia in this child?

- a. Mycoplasma pneumoniae
- b. Streptococcus pyogenes
- c. Chlamydia pneumoniae
- d. Streptococcus pneumoniae
- e. Staphylococcus epidermidis

✓ Answer: d

Q758. A 10-month-old infant has poor weight gain, a persistent cough, and a history of several bouts

of pneumonia . The mother describes the child as having very large, foul-smelling stools for months. Which of the following diagnostic test is likely to result in the correct diagnosis of this child?

- a. CT of the chest
- b. Serum immunoglobulins
- c. PPD skin test
- d. Inspiratory and expiratory chest x-ray
- e. Sweat chloride test

✓ Answer: e

Q759. breath / minute, and right sided middle lobe crepitation. He received amoxicillin for 3 days

without improvement .Your next step in management is:

Select one:

- a. Do chest CT scan
- b. Start short acting beta agonist nebulizer and oral steroid for 5 days
- c. Admission and start ceftriaxone iv
- d. Add on clarithromycin orally and reassess after 48-72 hours
- e. Reassurance since this is viral pneumonia and no need for treatment.

✓ Answer: d

Q760. 6 years old male presented with acute onset of fever and productive cough of 2

days duration. There was antecedent upper respiratory tract infection few days ago. The patient was afebrile, tachypnic, there was right sided crepitations. the patient was diagnosed as a case of pneumonia and started an oral antibiotics. 2 Days Later the patient deteriorated and he had right-sided chest pain and became more Distressed with left-sided deviation of the trachea, right sided decrease air entry and dullness to percussion. Most likely explanation of patients condition is:

- right sided atelectasis
- left-sided lung abscess
- right sided pleural effusion
- right sided pneumothorax

- right sided necrotizing pneumonia

✓ Answer: right sided pleural effusion

Q761. A 6 year old male patient presented with low grade fever and dry cough of three days

duration with good oral intake .He was previously healthy and not on any chronic medication, and no personal or family history of atopy .On physical examination he was febrile with respiratory rate of 50 breath / minute, and diffuse wheezes on auscultation.

Your next step in management is:

- a. Start amoxicillin for 10 days and follow after 2 weeks
- b. Start short acting b agonist nebulizer and oral steroid for 5 days
- c. Admission and start ceftriaxone iv
- d. Start amoxicillin and clarithromycin orally and reassess after 48-72 hours
- e. Reassurance since this is viral pneumonia and no need for treatment.

✓ Answer: d

Q762. Which of the following bacteria is less likely to be responsible for early onset neonatal sepsis?

- a. Group B streptococcus
- b. Listeria monocytogenes
- c. Escherichia coli
- d. Klebsiella pneumonia
- e. Staphylococcus aureus

✓ Answer: d

Q763. Wrong matching between cause of pneumonia and age :

New born - Streptococcal pneumoniae ?

✓ Answer: New born - Streptococcal pneumoniae

Q764. In pneumonia one organism associated with immunodeficiency?

Pneumocystis carinii

✓ Answer: Pneumocystis carinii

- Cystic fibrosis *(9 questions)*

Q765. Regarding Cystic Fibrosis all are true except:

- a-meconium ileus association
- b-diagnosed by elevated sweat chloride
- c- in some cases of CF there is hypoproteinemia and edema
- d- CF can cause a clay colored watery diarrhea

✓ Answer: d

Q766. Wrong about cystic fibrosis?

- Decreased synthesis of enzymes causes maldigestion
- Recurrent infections cause bronchiectasis
- Autosomal recessive
- Most common cause of death is respiratory failure

✓ Answer: Decreased synthesis of enzymes causes maldigestion

Q767. All of the following may be investigated for cystic fibrosis, except:

- a. Nasal polyps in a child younger than 12 years old

- b. Newborn with a positive screening radioactive trypsinogen test
- C. Male with unexplained infertility
- d. Newborn diagnosed with meconium ileus
- e. A child with diabetes mellitus

✓ Answer: e

Q768. 4 days old male baby is brought to the ER by his parents because he has abdominal

distension and he is still not passing stool till now, he had no vomiting. On examination he has epicanthal folds, depressed nasal bridge and large protruding tongue and flat occiput, the abdomen is distended without palpable masses. The most likely diagnosis in this patient is: Select one:

- a. duodenal atresia
- b. volvulus
- c. annular pancreas
- d. Hirschsprung's disease
- e. Cystic fibrosis

✓ Answer: d

Q769. A14-year-old boy has cystic fibrosis. He now complains of shaky hands. Neurologic

examination demonstrates hyporeflexia and tremor with hands outstretched. Of the following, the patients symptoms are MOST consistent with deficiency of
Select one:

- a. Vitamin A
- b. Vitamin B1 (thiamine)
- c. Vitamin C
- d. Vitamin D
- e. Vitamin E

✓ Answer: e

Q770. 13 year old child who is known to have cystic fibrosis, admitted as a case of

bronchopneumonia, sputum Gram stain grew Gram-negative bacilli. The following antibiotics have good coverage for her infection except:

- Meropenim
- Gentamycin Ceftazidime
- Piperacillin\Tazobactam
-
- Azithromycin

✓ Answer: Azithromycin

Q771. Known case of Cystic fibrosis present with recurrent vomiting and abdominal

pain , which of the following lab results are not expected to c :
HCo3 = 17 mEq

✓ Answer: HCo3 = 17 mEq

Q772. Cystic fibrosis Question ? :

potentiator or something like that ???

✓ Answer: potentiator or something like that ???

Q773. Cystic fibrosis?

type 1 diabetes in first year

✓ Answer: type 1 diabetes in first year

– TB *(8 questions)*

Q774. All true regarding TB is true except?

- Pediatrics are more likely to develop miliary TB
- Latent TB diagnosed by culture

✓ Answer: Latent TB diagnosed by culture

Q775. Interferon gamma releasing assay beneficial over tuberculin test:

- a. .

✓ Answer: (Incomplete)

Q776. One is correct about tuberculin skin test :

✓ Answer: (Incomplete)

Q777. A 4 year old Jordanian girl came to the clinic because she was found to have a hilar

lymphadenopathy on chest -x-ray, she was visiting her grandfather 1 month ago who was complaining from weight loss, fever and hemoptysis. Your next step in management is :

- a. Do Gastric lavage for AFB
- b. Do interferon gamma releasing assay
- c. give antibiotics for 2 weeks and follow up after that
- d. Treat with Isoniazid, rifampin, pyrazinamide, and ethambutol for 2 months and then isoniazid and rifampin for another 4 months .
- e. do PPD skin test

✓ Answer: a

Q778. The father of a 4 year old Jordanian girl is recently diagnosed with pulmonary tuberculosis

and started on treatment; she is known to have reactive airway disease on Inhaled corticosteroid. She developed dry cough since 2 weeks and she has right sided wheezes on auscultation. Her PPD skin test was 18 cm. your next step in management is:

Select one:

- a. Do Gastric lavage for AFB (acid fast bacilli) and CT chest
- b. Do interferon gamma releasing assay
- c. Reassurance and follow up after 2 months
- d. Treat with Isoniazid, rifampin, pyrazinamide, and ethambutol for 2 months and then isoniazid and rifampin for another 4 months
- e. Give short acting beta agonist for 3 days

✓ Answer: a

Q779. years old boy is admitted to the hospital with a one-day history of left-sided

hemiparesis add a 2-week history of fever intermittent cough. His father had persistent cough. a chest radiograph shows a right lower lobe infiltrate and hilar adenopathy. IGRA (interferon-gamma release assay) results are positive. cerebrospinal fluid mycobacterium polymerase Chain Reaction positive, and AFB (acid-fast bacilli) culture is pending. gastric aspirate AFP cultures are also pending. which of the following is the most appropriate initial treatment?

- Amikacin, Pyrazinamide, and ethambutol.
- Amikacin, Pyrazinamide, ethambutol , refapentine and refampin
- Ethambutol and linezolid.

- Isoniazid, Rifampin, Pyrazinamide and Ethambutol
- Rifampin and Isoniazid

✓ Answer: Isoniazid, Rifampin, Pyrazinamide and Ethambutol

Q780. The father of a 4 year old Jordanian girl was recently diagnosed as a case of pulmonary

tuberculosis and started on treatment , the girl doesnt have any complaints, and has normal examination. Her PPD skin test was 18 cm , chest CT scan was done and it was normal .Your next step in management is :

- a. Gastric lavage for AFB (acid fast bacilli)
- b. Do interferon gamma releasing assay
- c. Reassurance and follow up after 2 months
- d. Give isoniazid daily for 6 months
- e. Treat with Isoniazid, rifampin, pyrazinamide, and ethambutol for 2 months and then isoniazid and rifampin for another 4 months

✓ Answer: d

Q781. wrong about Tuberculin test :

Induration is measured 8-12 hours

✓ Answer: Induration is measured 8-12 hours

• Neurology and Muscular Problems

– Epilepsy and status epilepticus *(27 questions)*

Q782. Wrong about febrile seizures ?

- a-Maybe autosomal dominant
- b-Rarely lead to status epilepticus

✓ Answer: b

Q783. Wrong about epilepsy ?

- a-West syndrome < 1 year of age
- b-Absence epilepsy < 30 seconds
- c-Juvenile myoclonic epilepsy recurrence is rare

✓ Answer: c

Q784. Indications of neuroimaging except?

- a-Partial seizure
- b-Recurrent migraine

✓ Answer: b

Q785. Wrong matched about headache?

- _Migraine have common association with seizure
- _ family history is essential for Dx

✓ Answer: Migraine have common association with seizure

Q786. Wrong about epilepsy drugs :

carbamazepine - side effect hypertrophic gums

✓ Answer: carbamazepine - side effect hypertrophic gums

Q787. Wrong about epilepsy:

- Rolandic - AD Rolandic is partial generalized
- West - partial complex
- Absence - duration seconds

✓ Answer: West - partial complex

Q788. Risk for recurrence of febrile seizure

- a. Partial complex
- b. Age less than 1 y *
- c. Family Hx of epilepsy
- d. Come at higher grade of fever

✓ Answer: b

Q789. Wrong about febrile seizure: Complex partial is risk of recurrence

✓ Answer: Complex partial is risk of recurrence

Q790. A case with 113 Na level and seizure, type of fluid should be given: 3%

✓ Answer: 3%

Q791. risk factor for recurrent febrile seizure :

- Age less than 1 year old
- 2021 th5year final MCQ Exam

✓ Answer: Age less than 1 year old

Q792. Regarding infantile spasm (West syndrome) all are true except :

- a. onset peak between 4 and 7 months
- b. associated to developmental delay
- c. characteristic pattern in EEG (hypsarrythmia)
- d. Vigabatrin and ACTH are the main treatment
- e. Seizures are complex partial in type

✓ Answer: e

Q793. Which statement is not matching ?

- a. Ethosuximide (Zarontin) >>Absence Epilepsy
- b. toperamate (Topamax)>>Migraine Prophylaxes
- c. Acetazolamide(Diamox) >>Pseudo tumor cerebri
- d. Baclofen (lioresal)>>Spastic cerebral palsy
- e. Methylphenidate (Ritalin) >> Oppositional defiant disorder

✓ Answer: e

Q794. A 10 months old child develops recurrent episodes of cry-apnea-cyanosis-loss of consciousness

happens only when he is upset , The most likely diagnosis is :

- a. breath holding spells
- b. infantile myoclonic epilepsy
- c. atypical absence
- d. prolonged QT syndrome
- e. partial complex seizures

✓ Answer: a

Q795. 2 years old boy presented with fever, T=39 for 2 days, hypoactivity and vomiting and when he

arrive to ER he start to have seizure, after you stabilize the patient you did for him CT scan found to have a focal lesion in the left temporal lobe, the management of this patient should include :

- a. Phnobarbital
- b. Carbamazepine
- c. erythromycin
- d. Acyclovir
- e. Phenytoin

✓ Answer: d

Q796. Which statement is not matching?

Select one:

- a. Ethosuximide (Zarontin) Absence Epilepsy
- b. tomoxetine (Strattera)) attention deficit hyperactive disorder
- c. Acetazolamide (Diamox) - -Pseudo tumor cerebr
- d. Botulium toxin (Botox) Spastic cerebral palsy
- e. methyl phenidate (Ritalin)-complicated migraine.

✓ Answer: e

Q797. 5 Years old with twitching of the left Hemi face and jerking of the lateral left hemi

body and mild alteration of the consciousness, which occurred only during sleep.

The diagnosis is?

- night terrors
- complex partial seizures (ronaldic Epilepsy)
- Absence epilepsy
- myoclonic epilepsy
- atonic epilepsy

✓ Answer: complex partial seizures (ronaldic Epilepsy)

Q798. 10 months old child who develops episodes of crying-apnea-cyanosis-loss of

consciousness -myoclonic jerks in fingers. This happens only when he is upset .The most likely diagnosis is

- a. prolonged QT syndrome
- b. myoclonic epilepsy
- c. Absence epilepsy
- d. breath holding spells
- e. atonic seizures

✓ Answer: d

Q799. A 6-year-old boy is reported by his teacher to "space out" in the classroom. Results of

electroencephalography confirm the diagnosis of absence or petit mal epilepsy. Of the following pairs of drugs, the agents MOST likely to be effective in the treatment of absence epilepsy are:

- a. ACTH or corticosteroid
- b. Amantadine or bromide
- c. Carbamazepine or gabapentin
- d. Ethosuximide or Valproic acid
- e. Phenobarbital or phenytoin

✓ Answer: d

Q800. Regarding WEST syndrome, which statement is not true?

- a. its called infantile spasm
- b. in EEG hypsarrhythmia
- c. Onset peak 4-7 months and before 1yr age
- d. Development is normal
- e. Response to treatment is poor

✓ Answer: d

Q801. Regarding febrile seizures, which statement is not true?

- a. family history of febrile seizures is predictive of recurrences
- b. family history of afebrile seizures is predictive of epilepsy
- c. Symptomatic febrile seizures, the child has a preexisting neurologic abnormality
- d. It is the main morbidity of Roseola Infantum
- e. recurrence is more common in complex febrile seizure type.

✓ Answer: a

Q802. A neonate with seizure and glucose less than 40, what to do?

Answer : lv dextrose 10% 4 ml/kg.

✓ Answer: lv dextrose 10% 4 ml/kg

Q803. Case febrile seizure, Child with fever 39c and convulsion without any other

finding , and you give counseling to family, which one is wrong :

Answer 30% end with neurological sequelae

✓ Answer: 30% end with neurological sequelae

Q804. Mismatch:

EEG.... exclude epilepsy

cards eye

contact 50.

(

interested

) school performance

Autism:

✓ Answer: EEG.... exclude epilepsy

Q805. Post neonatal meningitis one is wrong :

pneumococci isnt the most common organism

left side myoclonus ?

-18

Rolandic epilepsy

✓ Answer: pneumococci isnt the most common organism

Q806. Absence seizure ?

Ethosuxmide

✓ Answer: Ethosuxmide

Q807. Most common cause of apnea after 20 seconds of feeding

seizure ?

2017 5th year

✓ Answer: seizure ?

Q808. Most common cause of seizures in infants and young children ?

- Febrile
- Idiopathic epilepsy

✓ Answer: Febrile

– Headache *(14 questions)*

Q809. Wrong matching:

a-high WBC, low pressure-pseudo tumor cerebri

✓ Answer: a

Q810. Female obese, presents with headache, normal CSF, normal ct, what is most likely diagnosis?

Pseudo tumor cerebri

✓ Answer: Pseudo tumor cerebri

Q811. Wrong about headache:

- a. Tension headache daily frontal headache
- b. Cyclic vomiting migraine complication *
- c. Morning headache posterior fossa tumor
- d. Migraine 5-hydroxytryptamine

✓ Answer: b

Q812. Wrong matching: Methylphenidate ---- migraine

✓ Answer: Methylphenidate --- migraine

Q813. Wrong matching: Migraine without aura --- classic

✓ Answer: Migraine without aura --- classic

Q814. Regarding headache which statement is not matching ?

- a. early morning headache and vomiting >>posterior fossa tumor
- b. cyclic vomiting>>complicated migraine
- c. papilledema with normal brain CT>>pseudo tumor cerebri
- d. daily frontal headach>> tension headache
- e. recurrent with free intervals>>migraine

✓ Answer: b

Q815. A 5 years old presented with headache of one month duration. This headache is worse in the

early morning and during coughing, and associated with increase vomiting. This morning mother noted that his gait is unsteady, the most likely diagnosis in this patient is : Select one:

- a. pseudo motor cerebri
- b. cerebellar tumor.
- c. tension headache.
- d. migraine.
- e. aseptic meningitis

✓ Answer: b

Q816. regarding headache which statement is not matching:

- Not associated with aura --- classical migraine

- early morning headache and vomiting --- posterior fossa tumor
- recurrent with three intervals --- migraine
- daily frontal headache --- tension headache
- papilledema brain CT --- pseudotumor cerebri

✓ Answer: Not associated with aura --- classical migraine

Q817. Regarding headache which statement is not matching?

- a. early morning headache and vomiting-----posterior fossa tumor
- b. recurrent with free intervals -----migraine
- c. daily frontal headache-----tension headache
- d. papilledema with normal brain CT-----Pseudotumor cerebri
- e. associated with aura----- common migraine

✓ Answer: e

Q818. A 12 year old obese female is complaining of headache. Fundus examination showed

papilledema. CSF cytology and chemistry are normal. An urgent brain CT scan was normal.
The most likely diagnosis is:

- a. Migraine
- b. Acute meningitis
- c. Pseudotumor cerebri
- d. Hydrocephalus
- e. Cerebral abscess.

✓ Answer: c

Q819. Wrong mismatch regarding Migraine headache :

Prodrome Severe anorexia

✓ Answer: Prodrome Severe anorexia

Q820. Not a rheumatological symptom :

Headache (other choices : Fever , fatigue , joint pain , skin rash)

✓ Answer: Headache

Q821. Sumatriptan ,,

,used for child!! and adult

✓ Answer: used for child!! and adult

Q822. Migraine... Wrong answer

fever and weight loss.

✓ Answer: fever and weight loss

– Cerebral palsy *(3 questions)*

Q823. Wrong about CP ?

circumductive gait..... Spastic diplegia

✓ Answer: circumductive gait..... Spastic diplegia

Q824. Wrong about cerebral palsy :

Hyper-bilirubinemia cause spastic type

✓ Answer: Hyper-bilirubinemia cause spastic type

Q825. 3month baby.. With transfusion exchange.. Has delay in development.?

Athetoid CP

✓ Answer: Athetoid CP

– ADHD *(8 questions)*

Q826. Not matching ? The scientific and trade name have been mentioned by the doctor

a -RITALIN - ADHD

b-TOPAMAX -migraine prophylaxes

c-vigabatrin - visual field defect

d-lamotrigine - lead to neural tube defect in pregnancy it is the only safe antiepileptic drug during pregnancy

✓ Answer: d

Q827. 32)All are features of impulsivity in ADHD except?

✓ Answer: (Question incomplete)

Q828. Regarding ADHD and Autism. Wrong:

a. ADHD communication defect

✓ Answer: a

Q829. Which statement is not true regarding Attention Deficit Hyperactivity Disorder (ADHD) :

a. ADHD Prevalence in Jordan >> 6.24%

b. Often talks excessively >>autism

c. Often fidgets with hands or feet or squirms in seat>> Hyperactive subtype

d. Often answers before questions have been completed >>impulsivity

e. Often has difficulty organizing tasks or activities>> Attentive subtype

✓ Answer: b

Q830. A 12-year-old female presents to your clinic with jaundice. The mom reports that this is the

third time that she has been jaundiced in the past 2 years. She denies abdominal pain, anorexia, weight loss, fevers, light colored stools, or dark urine. Mother reported a poor school performance of her child in the last few months especially in hand writing skills. Family history is negative for any gastrointestinal or liver disease. What is the most likely cause of this presentation?

Select one:

a. Gilbert's syndrome

b. attention defect hyperactivity disorder (ADHD)

c. A1-antitrypsin deficiency

d. Wilson Disease

e. Hemochromatosis

✓ Answer: d

Q831. 3 years old boy comes to Clinic with speech delay weather report that he cannot

say a single word but his hearing is good, noted during interview that the child is very hyperactive and produces continuous wash like movements with his hands.

is most likely diagnosis is:

- Attention Deficit Hyperactive Disorder ADHD

- classic autism

- high functioning autism (autism and ADHD)

- Asperger syndrome
- mental retardation

✓ Answer: classic autism

Q832. regarding (attention deficit hyperactive disorder) ADHD one statement is not true

- a. prevalence in Jordan is 6.25% in school age children
- b. it is classified in 3 subtypes
- c. onset before age 7 years
- d. in the brain there is imbalance between serotonin and dopamine
- e. the main stimulant treatment is methyl phenidate.

✓ Answer: d

Q833. One is not manifestation that indicates Impulsivity :

Dont follow commands (or something like that cz it indicates poor attention)

✓ Answer: Dont follow commands

– Autism spectrum disorder *(5 questions)*

Q834. Regarding autistic spectrum disorder, not matching?

- a-Asperger syndrome - No speech delay
- b-RETT syndrome- microcephaly
- c- childhood disintegrative disorder(CDD)- in female only

✓ Answer: c

Q835. A 5-yr-old girl is evaluated for severe mental retardation, microcephaly, hand-wringing movements, poor growth and weight gain, and seizures. Those findings indicate that she has which of the following disorders :

- a. Juvenile Huntington disease
- b. Rett syndrome
- c. Metachromatic leukodystrophy
- d. Adrenoleukodystrophy
- e. Menkes disease

✓ Answer: b

Q836. Pervasive developmental disorders include all the following except

- a. Autistic disorder
- b. Asperger disorder
- c. Rett disorder
- d. tourette syndrome .
- e. Childhood disintegrative disorder

✓ Answer: d

**Q837. A boy is very active but cant speak and his hearing is good and do a repetitive wash like movement what diagnosis?
Functional autism**

✓ Answer: Functional autism

Q838. Regarding pervasive disorder, whats don't match?

Asperger cause delay in speech

✓ Answer: Asperger cause delay in speech

– Muscular dystrophy *(5 questions)*

Q839. Which one of the followings statements is not matching :

- a. Ash-leaf spots, intracranial calcifications >>Tuberous sclerosis
- b. Gower's sign>>proximal muscle weakness
- c. Caf au lait spots, cutaneous tumors>>Neurofibromatosis
- d. strawberry hemangioma >> Sturge-weber
- e. retinitis pigmentosa >>visual field defect

✓ Answer: d

Q840. Which statement is not matching?

- a. Duchene muscular dystrophy>>mental retardation universal.
- b. Becker muscular dystrophy>>Cramps are common symptoms.
- c. Myotonic muscular dystrophy>>Gower sign
- d. Emery-Dreifus muscular dystrophy>> death because of ventricular Fibrillation
- e. limb-girdle muscular dystrophy >> no calf muscle hypertrophy

✓ Answer: c

Q841. regarding muscular dystrophies one is not matching

- a. Duchene -----ambulation lose before 12years , death before18 years age.
- b. myotonic dystrophy ----- autosomal dominant
- c. Becker muscular dystrophy -----cognitive impairment is universal
- d. facioscapulohumeral dystrophy -----round mouth protruded lips, not close eyes during sleep
- e. Emery- Dreifus muscular dystrophy ----death from conductive defect

✓ Answer: c

Q842. Wrong regarding Duchene muscular dystrophy :

Intelligence is spared

✓ Answer: Intelligence is spared

Q843. duchenne MD one is false :

no cognitive impairment

✓ Answer: no cognitive impairment

– Meningitis *(25 questions)*

Q844. Wrong Regarding encephalitis ?

- a-More common in female
- b-Relapse occur in more than 50% of cases

✓ Answer: b

Q845. 3 times N. meningitides meningitis in the last year. What is the best investigation you want to order?

- a. CH50, AH50 *
- b. CD19, CD20, CD21

✓ Answer: a

Q846. Autoimmune encephalitis. Wrong:

- a. Periodic changes in EEG

✓ Answer: Periodic changes in EEG

Q847. in TB meningitis the test may be negative

✓ Answer: in TB meningitis the test may be negative

Q848. Which statement is not true regarding auto immune encephalitis?

Select one:

- a. autoantibodies: are present in blood as well as cerebrospinal fluid (CSF).
- b. the most common presenting symptoms is alteration of consciousness.
- c. most frequently associated tumor is ovarian teratoma.
- d. Electroencephalogram (EEG) may be abnormal, (extreme delta brush) may support the diagnosis.
- e. Anti-N-Methyl-D-aspartic acid is the most frequent and best characterized antibody receptor.

✓ Answer: b

Q849. regarding autoimmune Encephalitis which statement is not true:

- it's Associated to autoimmune response and paraneoplastic syndrome
- there's antibodies to CNS proteins
- diagnosis by clinical course and serological evidence
- the N methyl glutamic acid receptor is the most common effective receptor
- Neuropsychiatric symptoms are very prominent as most patients are seen by Psychiatrists.

✓ Answer: the N methyl glutamic acid receptor is the most common effective receptor

Q850. Post natal causes of cerebral palsy include all the following except

- a. Hyperbilirubinemia
- b. Bacterial meningitis
- c. Rubella infection
- d. Shaken baby syndrome
- e. Viral encephalitis

✓ Answer: c

Q851. Incorrect answer regarding autoimmune encephalitis: -

- hsv can sometimes trigger autoimmune encephalitis
- Behavioral changes are common presentation in autoimmune encephalitis.
- Anti-potassium channel antibodies are the most common causative antibodies.

✓ Answer: Anti-potassium channel antibodies are the most common causative antibodies

Q852. Csf with lymphocytosis.. Very low sugar and very high protein:

Tb meningitis

✓ Answer: Tb meningitis

Q853. caput succedum not related to meningitis

✓ Answer: meningitis

Q854. Choose the wrong answer?

Acrodermatitis enteropathica copper

✓ Answer: Acrodermatitis enteropathica copper

Q855. Tb

low protein and low glucose CSF analysis

✓ Answer: low protein and low glucose CSF analysis

Q856. Wrong about brochioloitis treatment :

inhaled steroids shortens Hospital stay and improves the condition

✓ Answer: inhaled steroids shortens Hospital stay and improves the condition

Q857. febrile convulsion -

abnormal development

✓ Answer: abnormal development

Q858. jitterness -

autonomic (false)

✓ Answer: autonomic (false)

Q859. oral polio -

cause polio Dx

✓ Answer: cause polio Dx

Q860. microcephaly-

Cytomegalovirus

✓ Answer: Cytomegalovirus

Q861. scaphoid abd + no sounds :

diphragmatic hernia

✓ Answer: diphragmatic hernia

Q862. one month old baby

make a fist

✓ Answer: make a fist

Q863. CP MCC

prenatal

✓ Answer: prenatal

Q864. Regarding CP, whats wrong?

Spastic is 20%

✓ Answer: Spastic is 20%

Q865. regarding bloody diarrhea, caused by?

- giardia lamblia (may be this not sure)

- Entameba histolytica

✓ Answer: Entameba histolytica

Q866. Wrong matching about antiepileptic drugs side effect ?

Livetriacitam... Visual field abnormalities

✓ Answer: Livetriacitam... Visual field abnormalities

Q867. Regarding vaccine, whats wrong?

Rota given SC

✓ Answer: Rota given SC

Q868. hydroxylase deficiency

✓ Answer: hydroxylase deficiency

– **Spinal muscular atrophy *(4 questions)***

Q869. Regarding spinal muscular atrophy which is wrong ?

- a-Autosomal recessive
- b-Werdnig type die before 2 years
- c- type 3 SMA is ddx for duchenne MD

✓ Answer: c

Q870. About SMA (spinal muscle dystrophy) treatment. Wrong:

- a. SMA-1 *

✓ Answer: a

Q871. Which statement is not true regarding NUSINERSINE as treatment for spinal muscular atrophy Select one:

- a. it is the first treatment approved for spinal muscular atrophy
- b. it is antisense oligonucleotide
- c. it makes SMN2 gene copy work as SMN1
- d. it is indicated to treat patients less than 2 years old
- e. it is given intrathecal

✓ Answer: c

Q872. SMA disease one false :

- X_linked recessive
- Death at 2 year
- In pregnancy decrease fetal movement the main chief complain

✓ Answer: X_linked recessive

– **Other neurology *(17 questions)***

Q873. Wrong about transverse myelitis ?

- a-full thickness involved
- b-Most common affect the thoracic spine
- c-fusiform in MRI
- d-Sensation not affected

✓ Answer: d

Q874. Regarding ADEM, which is wrong?

- a-affect entire CNS
- b-5-10 y
- c-unilateral Optic neuritis

✓ Answer: c

Q875. Regarding neural tube defect which is wrong?

- a-Alcohol increases the risk

b-Meningocele is the most common

✓ Answer: b

Q876. Causes of hydrocephalus except?

- a-Chiari II
- b-Anencephaly

✓ Answer: b

Q877. Not true regarding GBS ?

- a -Symmetrical weakness
- b-Respiratory failure in 30% ...
- c-confirmed by serology

✓ Answer: c

Q878. Regarding transverse myelitis which statement is not true:

- a. There is sensory level
- b. Paresthesia of the lower limbs is prominent features
- c. Irreversible fecal and urine incontinence
- d. Nerve conduction study is diagnostic

✓ Answer: c

Q879. One of the following is wrong: Skin dimple is usually associated with meningocele

✓ Answer: Skin dimple is usually associated with meningocele

Q880. hydrocephalus

✓ Answer: (Incomplete)

Q881. Adem = less than 10 years

✓ Answer: Adem = less than 10 years

Q882. Adem = CSF with lymphocytic pleocytosis

✓ Answer: Adem = CSF with lymphocytic pleocytosis

Q883. Not associated with hydrocephalus :

Chiari 1 malformation

✓ Answer: Chiari 1 malformation

Q884. Which statement is not true regarding transverse myelitis?

Select one:

- a. nerve conduction study is diagnostic
- b. there is permanent sphincters dysfunction
- c. in CSF there is pleocytosis.
- d. pain temperature and fine touch are affected
- e. there is sensory level

✓ Answer: a

Q885. Regarding Transverse myelitis which statement is not true:

- There is sensory level
- paresthesia of the lower limbs is the prominent feature

- low back pain presenting feature
- information is across the thickness of the spinal cord
- nerve conduction study is Diagnostic

✓ Answer: nerve conduction study is Diagnostic

Q886. 3 years old boy came to emergency room with complaints of weakness in both

lower legs and inability to walk, he had history of upper respiratory tract infection 2 weeks before, on examination there is symmetrical bilateral loss of deep tendon reflexes, Marked flaccidity, muscles power was grade 3, and sudden onset squint. your most likely diagnosis is:

- Poliomyelitis
- Miller Fisher Syndrome
- transverse myelitis
- polymyositis
- cerebral palsy

✓ Answer: Miller Fisher Syndrome

Q887. regarding Guillain-Barre syndrome which one is not true:

- it is post infectious autoimmune mechanism
- paralysis is symmetrical and ascending
- fever and constitutional symptoms are prominent
- treatment is with IVIG
- CSF examination is important item for the diagnosis

✓ Answer: fever and constitutional symptoms are prominent

Q888. Which is wrong when comparing MS and Adem: -

- Causes encephalopathy... Adem only
- Presents after 10 years of age... MS only
- New lesion on follow up MRI... Ms only
- Causes unilateral optic neuritis..... MS only
- CSF lymphocytosis... Both

✓ Answer: Presents after 10 years of age... MS only

Q889. Csf production rate 20ml/24

hydrocephalus
hour

✓ Answer: Csf production rate 20ml/24 hour

● Vaccination, Immunization and Development Assessment

– Vaccination and immunization and development assessment *(34 questions)*

Q890. Wrong matching:

- a-IPV- 3 serotypes
- b-IPV- killed
- c-IPV -vaccine associated polio paralysis

✓ Answer: c

Q891. Not true about immunization?

IPV given three times by age 18 months
OPV given four times by age 18 months
Measles given three times by age 18 months
At 9 months only rota and hexa given

✓ Answer: At 9 months only rota and hexa given

Q892. Developmental assesment 2y

a. Kick the ball

✓ Answer: a

Q893. Wrong about vaccine: OPV is killed

✓ Answer: OPV is killed

Q894. Wrong about polio vaccine :

IPV decrease transmission in community (the true is OPV)

✓ Answer: IPV decrease transmission in community

Q895. Which statement is not true regarding myelitis vaccine?

Select one:

- a. OPV (Sabin vaccine) is live attenuated virus vaccine
- b. IPV (Salk vaccine) is killed virus vaccine
- c. OPV contain strains 1,2 and 3 of virus
- d. OPV can cut the community transmission of the wild virus
- e. IPV cannot cause vaccine associated paralysis (VAPP).

✓ Answer: d

Q896. regarding prevention of Poliomyelitis, comparing the two available vaccines ipv

and opv. one statement is not true:

- Associated to VAPP (vaccine associated polio paralysis) --- OPV only
- safe and effective --- both
- IGA antibodies --- OPV only
- contain 3 serotypes of poliovirus --- both
- can be given to pregnant lady --- IPV only

✓ Answer: can be given to pregnant lady --- IPV only

Q897. Regarding vaccines one is not matching

- a. Pure polysaccharide----- pneumovax-23.
- b. recombinant ----- hepatitis B
- c. Toxoid -----diphtheria.
- d. Live attenuated virus-----BCG.
- e. Killed ----- IPV.

✓ Answer: e

Q898. Regarding Jordanian national immunization program, one is not true

- a. First vaccine to be given is BCG.
- b. Measles vaccine is given 3 times in the first 18 months.
- c. At age 1 year MMR only.
- d. At age 91 days; hexa vaccine plus rotavirus only
- e. At age 9 months (beginning of 10 months)measles +OPV+ Vitamin A 100,000 units

✓ Answer: b

Q899. Wrong regarding Jordanian vaccination program :

OPV is given 3 times until age of 18th month

✓ **Answer: OPV is given 3 times until age of 18th month**

Q900. Wrong regarding mode of administration of vaccines :

BCG is given subcutaneous

✓ **Answer: BCG is given subcutaneous**

Q901. a baby can wave byebye cannot scribble w/ pencil

10month

✓ **Answer: 10 month**

Q902. wrong about developmental assessment?

✓ **Answer: (Incomplete)**

Q903. words on age of 12 month

✓ **Answer: 3-5 words**

Q904. regarding Rh incompatibility, whats wrong?

direct coomb's test is usually negative

✓ **Answer: direct Coomb's test is usually negative**

Q905. Child can control head movement , responsive smile ,, but cant reach out for

toys ?

✓ **Answer: 3 months**

Q906. months

✓ **Answer: (Incomplete)**

Q907. Dyspnea , cough , wheezes , O2 sat =80% best management ?

Give O2 supplements

✓ **Answer: Give O2 supplements**

Q908. Regarding the previous Q, what is the Findings in lab studies ?

RSV antigens in nasal secretions I think

✓ **Answer: RSV antigens in nasal secretions**

Q909. less common to cause early sepsis?

pseudomonas aeruginosa

✓ **Answer: pseudomonas aeruginosa**

Q910. Infiltration with cavitation the most likely organism ?

Staph (not sure)

✓ **Answer: Staph**

Q911. (not sure)

✓ **Answer: (Incomplete)**

Q912. breast milk?

more protein than cow

✓ Answer: more protein than cow

Q913. Regarding turner's syndrome, whats wrong?

usually come w/ mental retardation (not sure)

✓ Answer: usually come w/ mental retardation

Q914. Regarding growth, whats wrong?

eight increase 10g each day

✓ Answer: eight increase 10g each day

Q915. A full term newborn boy , what is wrong ?

HC is 40 cm

✓ Answer: HC is 40 cm

Q916. immunodef except?

suspected if low titer of antibody after vaccination

✓ Answer: suspected if low titer of antibody after vaccination

Q917. mediated immunodeficiency cell?

- Diegoerge
- lethal viral and fungal
- oral thrush
- absent thymus
- Palpable spleen and LN

✓ Answer: Palpable spleen and LN

Q918. 3 day pt had cyanosis & on CXR egg on side next step in Mx?

give PG

✓ Answer: give PG

Q919. Patient with painless flank mass and HTN..in XR It's in kidney and not cross

midline?

Willistumor

✓ Answer: Willistumor

Q920. Patent with cut wound clean, Last dtp4yaers, What next step?

Give tetanus toxoid

✓ Answer: Give tetanus toxoid

Q921. Case of fever for 2 days then subsided, a maculopapular rash developed , dx ?

Roselea infantum

✓ Answer: Roselea infantum

Q922. One of the matches is wrong :

Conjunctivitis... Parainfluenza

✓ Answer: Conjunctivitis... Parainfluenza

Q923. mismatch antidote?

flumazenil cholinergic

✓ Answer: flumazenil cholinergic

● Miscellaneous

– Miscellaneous *(246 questions)*

Q924. Suspicious of abuse except :

- A-Multiple bruises to the legs in toddler
- B-Bruises to the ears
- C-Bruises in infants <9 months

✓ Answer: A

Q925. Regarding poisoning, Not matching :

- a-morphine - naloxone
- b-organophosphate - atropine
- c- iron EDTA

✓ Answer: c

Q926. Not associated with hypocalcemia:

- A -End stage renal disease
- b-Sarcoidosis

✓ Answer: b

Q927. Not used in hyperkalemia management?

- a-Calcium gluconate
- b-Spironolactone

✓ Answer: b

Q928. Regarding acidosis, which is wrong?

- a-septic shock causes Wide anion gap metabolic acidosis
- b-carbonic anhydrate causes wide anion gap metabolic acidosis

✓ Answer: b

Q929. Needs further workup ?

- a-Total bilirubin < 170 mol/l
- b-conjugated hyperbilirubinemia at any time

✓ Answer: b

Q930. Phenobarbital in neonatal seizures?

- a-Only orally
- b-Enter the CSF rapidly with high efficacy

✓ Answer: b

Q931. Breastfeeding contraindicated when ? - HSV lesion present on the breast

✓ Answer: HSV lesion present on the breast

Q932. Suspicious of abuse ?

The Bilateral well demarcated burn

✓ Answer: The Bilateral well demarcated burn

Q933. Suspicious inborn error of metabolism except?

- a -ambiguous genitalia
- b-congenital lona malformation Not sure

✓ Answer: congenital lona malformation

Q934. A case of recurrent diarrhea, oral thrush (candida) : T cell immune deficiency

✓ Answer: T cell immune deficiency

Q935. A case of Alagille syndrome, ataxic gait, absent DTR ? Vitamin E deficiency

✓ Answer: Vitamin E deficiency

Q936. A case of constipation then suffering from diarrhea ? Overflow incontinence

✓ Answer: Overflow incontinence

Q937. Wrong association:

Galactosemia- premature ovarian failure

✓ Answer: Galactosemia- premature ovarian failure

Q938. Harlequeen?

- a-Normal physiology
- b- echthyosis

✓ Answer: a

Q939. 1year old child came with fever, prenatal u/s show oligohydramnios what is the best next step?

- a-urine analysis and culture
 - b-KFT
 - c-culture
- 2024 5th year Final MCQ Exam

✓ Answer: urine analysis and culture

Q940. Allaremanagementofcyanotictetspellsexcept?

- Morphine
- O2
- Digoxin
- Propronalol
- NaHCO3

✓ Answer: Digoxin

Q941. Wrong match for vaccines?

Pertussis - - > live attenuated bacteria

✓ Answer: Pertussis - -> live attenuated bacteria

Q942. Cyanosis is produced by presence of deoxyhemoglobin of at least?

- 4to6 gm/dl
- 3-5
- 6-8

✓ Answer: 3-5 gm/dl

Q943. Not correct matching between antiepileptics and side effect?

Carbamezapine --> gum hyperplasia

✓ Answer: Carbamezapine --> gum hyperplasia

Q944. MONTH

✓ Answer: (Incomplete)

Q945. Wrong about type 2 failure of thrive((

Chronic malnutrition can't be a cause

✓ Answer: Chronic malnutrition can't be a cause

Q946. cm

✓ Answer: (Incomplete)

Q947. 2 year old patient with gram +vediploci in CSF, what is incorrect?

There is vaccine for this disease

Complication is hearing loss

Need to treat people who are exposed??

Tx duration 10-14 days

✓ Answer: There is vaccine for this disease

Q948. 12 year old presents with pain in legs and arms and bruising, he had chickenpox 3

weeks ago, low platelets, low hgb, what is the management?

IV IG and corticosteroids

Splenectomy

Reassurance) (

Platelets transfusion

✓ Answer: IV IG and corticosteroids

Q949. Treatment for neonatal bacterial sepsis?

Ampicillin-gentamicin

✓ Answer: Ampicillin-gentamicin

Q950. Wrong match?

Constipation -- difficult treatment

✓ Answer: Constipation -- difficult treatment

Q951. Cp incorrect

The most development affect is hearing and speech

gross motor

✓ Answer: The most development affect is hearing and speech

Q952. % end with ESRD and dialysis

✓ Answer: (Incomplete)

Q953. 1st line treatment in neonatal convulsions?

Phenobarbital

✓ Answer: Phenobarbital

Q954. Not a finding in cortication of aorta?

- Absent femoral
- Pounding pulse???
- Femoral pulse before radial
- Bp difference between arm and leg
- Precordium normal
- Femoral before radial

✓ Answer: Pounding pulse???

Q955. Baby with (almond shaped eyes and brachiocephalic and protruding tongue and short neck.) and CHD what's the true statement:

Down 21 : AVSD

✓ Answer: Down 21 : AVSD

Q956. phosphate don't play a role)(

✓ Answer: (Incomplete)

Q957. usually normal ca

✓ Answer: usually normal ca

Q958. x ray for diagnosis and follow up

✓ Answer: x ray for diagnosis and follow up

Q959. upper limb deformity common in young ag

✓ Answer: upper limb deformity common in young age

Q960. Wrong about wheezing

✓ Answer: (Incomplete)

Q961. % if wheezers at 3 years will be wheezeres at 6 years ????????

✓ Answer: (Incomplete)

Q962. 1w Baby with hyperpigmentation and

- What's wrong:
- 3BHd enzyme deficiency is the most common type

✓ Answer: 3BHd enzyme deficiency is the most common type

Q963. What is the feeding volume for baby 6 kg

a. 900 ml/day *

✓ Answer: a

Q964. True about simple enuresis (?)

a. It monophasic *

✓ Answer: a

Q965. Patient with acidosis, hypokalemia and alkaline urine (U-pH=8) {Distal RTA / Type 1 RTA} what is the

most likely finding by ultrasound?

- a. Enlarged kidney
- b. PCK
- c. Nephrocalcinosis *
- d. Obstructive

✓ Answer: c

Q966. Muffled sound ..difficulty in breathing

- a. Retropharyngeal abscess

✓ Answer: a

Q967. Newborn . E. coli culture positive BP 33/47. What is your next step? (?)

- a. IV cortisone
- b. IV antibiotics

✓ Answer: b

Q968. Neonatal resuscitation HR was 65. The case managed by ambue bag with O2. Then HR became 100

what is the next step? (?)

- a. Stop and observation of the respiration
- b. Continue
- c. Decrease the rate

✓ Answer: a

Q969. Which of the following is not affected by warfarin?

- a. Factor V

✓ Answer: a

Q970. Which of the following is not part of the common pathway

- a. Factor VII

✓ Answer: a

Q971. Harlequine newborn:

- a. Normal finding *
- b. Ichthyosis

✓ Answer: a

Q972. Wrong about acute flaccid paralysis

- a. Piolo symmetrical paralysis

✓ Answer: a

Q973. LN biopsy wrong: (?)

- a. Cervical LN is the least important one

✓ Answer: a

Q974. Child abuse the least prediction

- a. Simple linear skull fracture *
- b. Associated with respiratory distress and RS manifestations

✓ Answer: a

Q975. Child with cyanosis during feeding gets better while crying (?)

- a. Insert catheter in the nose (Choanal atresia)

✓ Answer: a

Q976. Wrong about CMV

- a. Treatment of choice is Acyclovir *

✓ Answer: a

Q977. Description of corneal deposition with psychiatric manifestation {Wilson disease}. What is the best

for diagnosis:

- a. Low level of ceroplasmin *
- b. Low copper

✓ Answer: a

Q978. Hirschsprung disease (?)

✓ Answer: (Incomplete)

Q979. After fever subsided rash appeared

- a. HSV-6

✓ Answer: a

Q980. Findings in hypertrophic pyloric stenosis:

- a. Hypochloremic hypokalemic metabolic alkalosis

✓ Answer: a

Q981. About CP. Wrong (?)

- a. Baclofen for spastic
- b. Most of cases due to perinatal injury
- c. . (?)

✓ Answer: b

Q982. Wrong statement about the physiology of CSF

- a. Most volume of CSF is intraventricular *
- b. Rate of production 20 ml/ h
- c. Cholinergic stimulation increases the production
- d. 75% produced by choroidal plexus

✓ Answer: a

Q983. Child with 3 months history of constipation. 4 days history of fresh blood on the stool. The child

refuse to defecate.

- a. Anal fissure

✓ Answer: a

Q984. Congenital hypothyroidism except: Symptomatic at birth

✓ Answer: Symptomatic at birth

Q985. Male with ambitious genitalia.: 3b hydroxysteroid dehydrogenase

✓ Answer: 3b hydroxysteroid dehydrogenase

Q986. Choose true: Anterior fontanelle close at 18 months

✓ Answer: Anterior fontanelle close at 18 months

Q987. A case of child with vacuum delivery with head swelling not crossing the suture lines
choose true: Subgaleal

✓ Answer: Subgaleal

Q988. Wrong matching: Anti resurgent formula for child with fever- Forceful vomiting

✓ Answer: Anti resurgent formula for child with fever- Forceful vomiting

Q989. 2 years old child with head lag he has a history of transfusion when he is 3 days ago,
he has risk for: Choreoathetoid CP

✓ Answer: Choreoathetoid CP

Q990. Wrong about vaccine 91 days - HEXA + Rota

✓ Answer: HEXA + Rota

Q991. Covid 9 vaccine choose wrong: Live attenuated - jonson and jonson

✓ Answer: Live attenuated - jonson and jonson

Q992. Initial treatment of non-disseminated gonorrhoea: ceftriaxone

✓ Answer: ceftriaxone

Q993. Physiological jaundice one true: Less than 5 bilirubin in 1st 24 d

✓ Answer: Less than 5 bilirubin in 1st 24 d

Q994. hepatitisA, WRONG: High GGT

✓ Answer: High GGT

Q995. Case of child with narrow colon and stool stucked in the ileum This child is at risk
for? Infertility

✓ Answer: Infertility

Q996. How to deal first with mineral disturbances in CKDs: Phosphate binder XXX

✓ Answer: Phosphate binder

Q997. Congenital hypothyroidism chose wrong: Always associated with macrocephaly

✓ Answer: Always associated with macrocephaly

Q998. Disseminated meningococci treated with Ceftriaxone

✓ Answer: Ceftriaxone

Q999. A case of child with VACTREL association what is the initial test to exclude renal
problem: Renal sonography

✓ Answer: Renal sonography

Q1000. wrong matching: Edward --- aplasia cutis

✓ Answer: Edward --- aplasia cutis

Q1001. Short case of patient with wheezing: what is the cause - RSV

✓ Answer: RSV

Q1002. A case of child with cough during night and early morning What is next step?

Bronchodilator trial

✓ Answer: Bronchodilator trial

Q1003. male with ambiguous genitalia - 3-beta-hydroxysteroid dehydrogenase deficiency

✓ Answer: 3-beta-hydroxysteroid dehydrogenase deficiency

Q1004. CF patient with Hb 8, pallor, lethargy, which vit deficiency? vit E

✓ Answer: vit E

Q1005. The best indicator for folic acid deficiency? RBC folate deficiency

✓ Answer: RBC folate deficiency

Q1006. vit D supplement 400IU

✓ Answer: 400IU

Q1007. wrong about vaccination: diarrhea isn't controlled in Jordan

✓ Answer: diarrhea isn't controlled in Jordan

Q1008. wrong about congenital hypothyroidism? most babies are symptomatic

✓ Answer: most babies are symptomatic

Q1009. at 2 years of age? climb stair 2 feet step

✓ Answer: climb stair 2 feet step

Q1010. not risk for scarring kidney? age from 5-10 y

✓ Answer: age from 5-10 y

Q1011. antibiotics for non-disseminated gonococci? Erythromycin

✓ Answer: Erythromycin

Q1012. Bone Mineral Disease first step in management? Phosphate Binders

✓ Answer: Phosphate Binders

Q1013. Positive PPD without systemic manifestation, most relevant interpretation? TB

✓ Answer: TB

Q1014. Wrong? Edward: aplasia cutis congenita

✓ Answer: Edward: aplasia cutis congenita

Q1015. Wrong: subglottic stenosis: rapid shallow breathing, grunting, retraction

✓ Answer: subglottic stenosis: rapid shallow breathing, grunting, retraction

Q1016. wrong statement : dimple always indicates spinal pathology

✓ Answer: dimple always indicates spinal pathology

Q1017. A 3 years old boy complain of functional constipation (pass stool 2 times /week with large

diameter stool) and his height & weight was 50% which statement would be correct?

✓ Answer: start ttx. with osmotic laxative

Q1018. start ttx. with osmotic laxative

Q1019. do endoscopy and biopsy

Q1020. functional constipation rarely would be the cause

Q1021. brain tumor

✓ Answer: brain tumor

Q1022. interventricular hemorrhage

✓ Answer: interventricular hemorrhage

Q1023. idiopathic

✓ Answer: idiopathic

Q1024. pituitary adenoma

✓ Answer: pituitary adenoma

Q1025. congenital Hyperthyroidism

✓ Answer: congenital Hyperthyroidism

Q1026. rickits

✓ Answer: rickets

Q1027. eosteogenesis imperfect

✓ Answer: osteogenesis imperfect

Q1028. Decresed alkaline phosphatase

✓ Answer: Decresed alkaline phosphatase

Q1029. hypocalcemia

✓ Answer: hypocalcemia

Q1030. hypophosphatemia

✓ Answer: hypophosphatemia

Q1031. low 1,25 vid

✓ Answer: low 1,25 vit D

Q1032. new born with palpated liver edge 1cm below costal margin

✓ Answer: new born with palpated liver edge 1cm below costal margin

Q1033. 4 year old boy with 3.5 cm anterior cervical lymphadenopathy

✓ Answer: 4 year old boy with 3.5 cm anterior cervical lymphadenopathy

Q1034. double size spleen in new born infant

✓ Answer: double size spleen in new born infant

Q1035. There are 3 patient , pt 1 with high anion gab metabolic acidosis , pt number 2 with 100 Na & 50

K in urine & normal anion gab , pt number 3 with normal anion gab but Na 20 & k 10 in urine , what is the underlying cause of each patient :

✓ Answer: (Case specific)

Q1036. Child 4 years present with fever for more than 1 month with limping and fatigue with hepatosplenomegaly with low platelet and RBCs count what is the best investigation you should do

✓ Answer: bone marrow biopsy

Q1037. bone marrow biopsy

Q1038. abdominal us

Q1039. ct of the chest

Q1040. monospot test

Q1041. which of the following is wrongly matched :

✓ Answer: MS = recurrent attack

Q1042. MS = recurrent attack

Q1043. Mutiple sclerosis = bilateral optic neuritis

Q1044. Premature baby born with apnea, resuscitated with recurrent apnea episodes what is next step

1-cpap

✓ Answer: Give caffeine

Q1045. face mask

Q1046. Give caffeine

Q1047. intubation & mechanical ventilation

Q1048. Live U/S

2-LFT

✓ Answer: LFT

Q1049. stop breast milk till jaundice is gone

Q1050. Continue breast milk

✓ Answer: Continue breast milk

Q1051. Most important cause of first day jaundice?

✓ Answer: Hemolysis

Q1052. Hemolysis

Q1053. sepsis

Q1054. physiological

Q1055. Toddler with multiple bruises of different ages

✓ Answer: toddler with multiple bruises of different ages

Q1056. the rest of answers associated with signs of child abuse

Q1057. One of the following is the most suspicious for child abuse ?

✓ Answer: 6 month with perianal warts

Q1058. 6 month with perianal warts

Q1059. child with multiple bruises of different age

Q1060. 6 month baby of identical twin with multiple bone fracture of different age

Q1061. neutropenia

✓ Answer: neutropenia

Q1062. hyper IGM syndrome

✓ Answer: hyper IGM syndrome

Q1063. Severe combined immunodeficiency

✓ Answer: Severe combined immunodeficiency

Q1064. Given subcutaneous

Q1065. steroid will not affect the size of reaction

Q1066. Result are interpreted after 24-48 h

✓ Answer: Result are interpreted after 24-48 h

Q1067. Interpretation is done for both induration and Erythema

Q1068. D10W + 1/2 NS for 24 h duration

✓ Answer: D10W + 1/2 NS for 24 h duration

Q1069. D5W + 1/4 NS for 48 h duration

Q1070. D5W + 1/2 NS for 48 duration

Q1071. Another dose of the same medication

✓ Answer: Another dose of the same medication

Q1072. Theophylline

3-02

Q1073. Ipratropium

Q1074. subcutaneous adrenaline

Q1075. Lactose intolerance

✓ Answer: Lactose intolerance

Q1076. malnutrition

Q1077. inflammatory bowel disease

Q1078. Baby with thick stain meconium , nurse stated sectioning of nose and mouth then the baby

starts breathing and crying and was vigorous, what to do ?

✓ Answer: discontinue suctioning and see

Q1079. discontinue suctioning and see

Q1080. Deep oral suction

Q1081. See If there is meconium under the cords by direct laryngoscopy , if yes intubate and suction

✓ Answer: See If there is meconium under the cords by direct laryngoscopy, if yes intubate and suction

Q1082. syphilis

Q1083. One of the following is wrong:-

Tzank smear is a gold standard for herpes simplex

✓ Answer: Tzank smear is a gold standard for herpes simplex

Q1084. infant of +ve HBs Ag & -ve HBe :

Give IVIG and HBV vaccine within 24 Hour

✓ Answer: Give IVIG and HBV vaccine within 24 Hour

Q1085. Myelomeningocele one is wrong :

normal deep tendon reflex

✓ Answer: normal deep tendon reflex

Q1086. Wrong about neonates :

High HbA

✓ Answer: High HbA

Q1087. One is true about congenital hypo-thyroidism :

Mostly asymptomatic at birth

✓ Answer: Mostly asymptomatic at birth

Q1088. Brassy cough no drooling high fever TX?

Vancomycin and Cephalo-

✓ Answer: Vancomycin and Cephalosporin

Q1089. child present with cholinergic toxicity (tachycardia,hotness,agitation) what is the antidote :

Physostigmine

✓ Answer: Physostigmine

Q1090. A 3-month-old boy product of normal vaginal delivery at full term presents with recurrent

Spitting up after feeding , No history of irritability, recurrent cough or hospital admissions. He is on regular infant formula . His weight is 5.5 kg. Which of the following is the most appropriate intervention :

- Start Ranitidine
- Surgical fundoplication
- Start on proton pump inhibitor (PPI)
- Start anti-regurgitation (AR) formula
- Start on metoclopramide

✓ Answer: d

Q1091. Following your request for a plain radiograph of the neck of a 2 year old child, the radiologist calls

you to reported steeple sign. The most likely etiologic agent is :

- a. Influenza virus
- b. Parainfluenza virus
- c. Respiratory syncytial virus
- d. Adenovirus
- e. Chlamydia trachomatis

✓ Answer: b

Q1092. Which statement is not true regarding (COVID-19) vaccine :

- a. Inactivated virus Vaccine>>Sino pharm
- b. live attenuated virus vaccine >> (Sputnik V)
- c. Encapsulated mRNA Vaccine >>BioNTech/Pfizer
- d.Virus like Particle Vaccine>>Novavax
- e. Viral vector Vaccine>>Oxford/AstraZeneca

✓ Answer: b

Q1093. A 2 months old baby with gram positive cocci in his cerebral spinal fluid (CSF). The best antibiotic

in this case :

- a. ampicillin + ceftriaxone
- b. ampicillin + vancomycin
- C. vancomycin + ceftriaxone
- d. ceftriaxone alone
- e. cefuroxime + ampicillin(Note : cefuroxime is 2nd generation C.S not 3rd generation)

✓ Answer: c

Q1094. A 3 year old male patient presents with purpuric skin rash that appeared on both calves , he

also has limping due to knee pain followed by abdominal pain. Which of the following regarding this clinical condition is wrong ?

- a. recurrence of skin rash is highly expected in acute phase of the disease and and later upon any stressful event .
- b. renal complication is the second most common criteria for the diagnosis and renal biopsy is always required .
- c. corticosteroid is needed in gastrointestinal and CNS complication
- d. gastrointestinal presentation is variable from abdominal pain to intestinal ischemia
- e. it's not a recurrent condition in children

✓ Answer: b

Q1095. A 7-year-old child who presents to your office with 2-day history of fever, diarrhea, and

tenesmus . Stool examination reveals blood and leukocytes. You suspect infection with Salmonella typhi as the cause of her symptoms. What additional signs/symptoms are typically found with this infection?

- a. rectal prolapse
- b. hepatosplenomegaly and abdominal pain
- c. intensely pruritic skin rash
- d.cough andlymphadenopathy
- e. toxic mega colon and perforation

✓ Answer: b

Q1096. Which statement is not true about vaccines?

- a. eradication is worldwide meanwhile elimination is in definite area

- b. poliomyelitis eradication is medically possible
- c. Small pox is the only human disease eradicated so far
- d. no need for vaccination for eliminated disease
- e. diarrhea is controlled in Jordan

✓ Answer: d

Q1097. A 7 year old girl is seen in the emergency room for abdominal pain. She is afebrile and looks well

. on examination she has suprapubic mild tenderness. Her urine analysis is positive for nitrite and leukocyte esterase and her renal US is normal . Which of the following is the best management choice for her?

- a. Admit her for IV Cefotaxime
- b. Admit her for IV Amikacin
- c. Send her home on oral ciprofloxacin
- d. fend her home on oral cotrimexazole
- e. Send her home on oral metronidazole

✓ Answer: c

Q1098. 1 year old male patient presented with fever of 6 days duration associated with bilateral

conjunctival injection and cracked lips, ESR and CRP were markedly elevated, which of the following is true ?

- a. the acute phase of this disease carries the highest risk for thrombosis
- b. steroid is the medication of choice in these cases
- c. some cases of this disease can be presented without fever
- d. inflammatory markers are supportive for diagnosis and is prognostic
- e. live attenuated vaccines can be given immediately after the last echo at 6-8th week of disease

✓ Answer: d

Q1099. Which of the following is the most important step in managing a patient with potassium level of

Q1100. 8 mEq/L :

- a. Start Sodium polystyrene Sulfonate (kayexalate)
- b. Start sodium bicarbonate infusion
- c. Start labetalol
- d. Start IV calcium gluconate
- e. Start Glucose 10 % infusion

✓ Answer: d

Q1101. At 43 weeksgestation, a long, thin infant is delivered. The infant is apneic, limp. pale, and

covered with "pea soup" amniotic fluid. The first step in the resuscitation of this infant at delivery should be :

- a. Suction of the trachea under direct vision
- b. Artificial ventilation with bag and mask
- C. Artificial ventilation with endotracheal tube
- d. Administration of 100% oxygen by mask
- e. Catheterization of the umbilical vein

✓ Answer: a

Q1102. A 6-year-old presented with a persistent rhinorrhea. He had a cold about 2 weeks ago but

continues to have a blocked nose and a constant cough, which is worse at night. He has no fever but his mother says that he appears more tired than usual. On examination, the child has a purulent nasal discharge, nasal mucosal erythema, and allergic shiners, he otherwise appears healthy. Your best next step in management is:

Select one:

- a. give the 2 weeks of oral amoxicillin-clavulanate
- b. give nasal decongestant and antihistamine for 5 days
- c. give the patient oral amoxicillin-clavulanate and nasal corticosteroids
- d. do sinus x-ray
- e. do sinus aspirate culture

✓ Answer: a

Q1103. Which statement is not true regarding sutures and anterior fontanel closures?

Select one

- a. early closure of coronal suture leads to Brachycephaly
- b. early closure of sagittal suture lead to scaphocephaly
- c. Congenital hypothyroidisms lead to late closure of anterior fontanel
- d. Cranium bifidum is presented with early closure of. Fontanel
- e. delayed closure anterior fontanel is considered after 18 months ago

✓ Answer: d

Q1104. A 6 month old baby presented with tachycardia, tachypnic, poor feeding of 3 months duration,

his Physical Exam revealed continuous machinery murmur and wide pulse pressure, the most likely diagnosis is:

Select one:

- a. Pulmonary stenosis
- b. Aortic stenosis
- c. Ventricular septal defect
- d. Patent ductus arteriosus
- e. Atrial septal defect

✓ Answer: d

Q1105. A 6 year old male asthmatic patient presented to the ER department with increase coughing,

wheezes and respiratory distress. On exam he was distressed with pulse oximetry of 88 % on room air, and bilateral diffuse biphasic wheezes on auscultation, he was managed with short acting beta agonist and systemic corticosteroids and received oxygen by 3 L nasal cannula, he was reassessed after that .The patient was conscious, alert but still distressed and pulse oximetry is 88 % ,his Venous blood gas (VBG) shows PH :7.32/pCO2:55/HC03 :19. Your next step in management is:

Select one:

- a. Increase the flow of the nasal cannula to 4 L/minute
- b. Change to face mask with flow of 5 L/minute
- c. Give high flow nasal cannula with flow adjusted according to the patientweight d.
- d. Intubate the patient and start on mechanical ventilation
- e. Continue to give nebulized short acting beta agonist and repeat VBG after 1 hour

✓ Answer: c

Q1106. A 6 days old breast fed baby had poor feeding and vomiting since birth , on exam he is jaundiced, has hepatomegaly and show excessive bruising, his labs show elevated AST/ALT prolonged bleeding time and aminoaciduria .Galactosaemia is suspected , however urine reducing substance was negative , what is the most appropriate next step :

Select one:

- a. Oral Galactose tolerance test
- b. Challenge with lactose containing formula
- c. Blood analysis to measure Galactose 1 phosphate uridyl transferase enzyme activity d.
- Liver biopsy
- e. Kidney biopsy

✓ Answer: c

Q1107. A 4 month old girl known to have severe pelvi-ureteric junction obstruction is seen in clinic

for diarrheha and fever 39c of one day. Her urine analysis showed numerous WBC, 4-6 RBC, +1 protein. CBC: WBC 23, Hb 10.2, platelet 245. Which of the following is the best option for her antibiotic treatment?

Select one:

- a. Ampicillin and gentamicin IV
- b. Cefuroxime IV
- c. Cefixime oral
- d. Nitrofurantoin oral
- e. vancomycin and ceftriaxone IV

✓ Answer: a

Q1108. A 4 year old male patient presented with high grade fever and wet cough of 1 week duration.

He has good oral intake .He was previously healthy and not on any chronic medication, and no personal or family history of atopy. On physical examination he was febrile with respiratory rate of

Q1109. The MOST important bed side tests done during initial resuscitation of ill infants are 02

saturation measurement and acutely measure which of the following:

Select one:

- a. serum calcium.
- b. blood glucose.
- c. blood gases.
- d. blood urea.
- e. serum sodium.

✓ Answer: b

Q1110. An infant has been diagnosed with phenylketonuria after neonatal screening, ONE IS

CORRECT Select one:

- a. It is caused by inability to produce phenylalanine
- b. Seizures can occur
- c. The infant will be severely affected at birth
- d. The urine is odourless
- e. Untreated individuals have normal IQ

✓ Answer: b

Q1111. One statement is not true in regarding encopresis

Select one:

- a. encopresis means fecal incontinence without organic cause
- b. considered in children 4 years age or older
- c. it is 3 to 4 times more in females than males
- d. 30% to 40% of these children have relevant behavioral disorders
- e. per rectum (PR) examination differentiate constipation from non-constipation

✓ Answer: c

Q1112. Which statement is not true regarding (COVID-19) vaccines?

Select one:

- a. Inactivated virus Vaccine (Sino pharm)
- b. Viral vector Vaccine (Oxford/AstraZeneca)
- c. Encapsulated mRNA Vaccine (BioNTech/Pfizer)
- d. Virus like Particle Vaccine (Novavax)
- e. Live attenuated virus vaccine (Johnson and Johnson vaccine)

✓ Answer: e

Q1113. Which of the following scenarios is most suggestive of abuse?

Select one:

- a. Differenratures in 7 months old non identical twint age f
- b. A tibial fracture in toddler with blue sclera
- c. Perianal warts in baby of 6 months
- d. 3 circular blisters with raised crusty borders occurring on the face and hand of a toddler
- e. Multiple bruises of different ages in a toddler

✓ Answer: c

Q1114. A 5 year old male patient presented with history of purpuric skin rash on the buttocks and

ankle pain of 3 day duration, which of the following is wrong

Select one:

- a. if urine analysis revealed RBCS then steroid treatment should not be initiated immediately
- b. abdominal or gastrointestinal manifestations should be considered and need surgical intervention in some cases
- c. as the patient has a purpuric skin rash then platelet count should be checked and it's expected to be low
- d. IV immunoglobulin is not needed in most types of these type of cases
- e. the skin rash can be recurrent in the acute period and later on if any stress happened

✓ Answer: c

Q1115. Which statement regarding historical Corona virus epidemics is not

true? Select one:

- a. MERS 2012 (Middle East Respiratory Syndrome) has the highest mortality and the least prevalence
- b. COVID-19 has the least mortality and the highest prevalence
- c. SARS COV1 2002 (Severe Acute Respiratory Syndrome) has highest (about 34%) mortality rate
- d. CORONA virus undergo major shift every 8 years
- e. Bats are natural hosts for most subtypes of corona viruses

✓ Answer: c

Q1116. Which of the following support the diagnosis of prematurity in physical

exam? Select one:

- a. Ear with instant recoil.
- b. Gelatinous red translucent skin.
- c. Crease over whole sole of the foot.
- d. Areola measures 10 mm bud.
- e. Both testes are descended into scrotum.

✓ Answer: b

Q1117. A child who is aged three years and developmentally normal, is expected to perform which one of the following skills:

- count up to 20
- Copy Square
- pedal tricycle
- balance on one feet
- brush teeth

✓ Answer: pedal tricycle

Q1118. 4 years old boy is seen because he began to have trouble walking 3 months ago, motor development was normal until then, also he has walked with his toes a little, now he cannot climb stairs with his mother at home. On examination he's normal except for 4 \ 5 power in his hip extensor. the true statement about his condition is:

- Has high CPK
- amputation by age 25 years
- muscles of the hands are affected
- this disease is not associated with cardiac involvement
- this disease is not associated with cognitive impairment

✓ Answer: Has high CPK

Q1119. regarding Polio myelitis one is not matching:

- incubation period is --- 8 to 12 days
- asymptomatic infection --- 90 to 95% of cases
- Polio virus --- is killed at temperature -20 Celsius
- Polio virus --- picornaviridea family , Enterovirus genus
- diagnosis --- Isolation and identification of virus from stool

✓ Answer: Polio virus -- is killed at temperature -20 Celsius

Q1120. while you're examining a two month old male baby you expect to find the following except:

- fistling of both hands
- unilateral clonus
- bilateral positive Babinski sign
- head Lag
- open posterior fontanelle

✓ Answer: fistling of both hands

Q1121. A 6 years old boy presented with four months history of crying and straining

while passing motion, he passed large caliber stool, bowel motion once a week, he have noticed small amounts of bright red blood on the toilet paper intermittently after he is passing a bowel movement. he has negative family history of constipation or GI diseases and no intake. physical exam and growth

parameters were normal except for anal fissure. which is true:

- underlying Organic disease for constipation is expected
- anal fissure is not an alarming sign
- stimulant laxatives are the first line for management
- abdominal x-ray is diagnostic
- barium study is needed for suspected Hirschsprung's disease

✓ Answer: anal fissure is not an alarming sign

Q1122. A 12 year-old boy has migratory arthritis with red, warm and swollen joints. He has serology evidence of a recent group A streptococcal infection. arthritis in this condition is characterized by which of the following?

- usually not painful
- heels without deformity
- appears after the fever subsides
- Seen only in patients with concurrent carditis
- involves large and small joints equally

✓ Answer: heels without deformity

Q1123. A child with mental retardation is also noted to have severe myopia, subluxation of the lens is found (Ectopialentis). this generally occurs after three years of age in children with which of the following?

- Hawkinsinuria
- tyrosinemia
- phenylketonuria
- isovalericacidemia
- homocysteineurea

✓ Answer: homocysteineurea

Q1124. 2 years old girl presents to the clinic complaining of diffuse wheezing for the last

Q1125. At 43 weeks gestation male infant is delivered. the infant is apneic, limp, pale And covered with pea soup amniotic fluid . the first step in the resuscitation of the infant at delivery should be:

- artificial ventilation with bag and mask
- artificial ventilation with endotracheal tube
- administration of 100% Oxygen by mask
- catheterization of the umbilical vein
- suction of the trachea under direct Vision with endotracheal tube

✓ Answer: suction of the trachea under direct Vision with endotracheal tube

Q1126. 37 weeks gestation boy is born after uncomplicated pregnancy to a 33 years old mother. at birth he was the leathergic and had a heart rate of 40. when was administrated via bag and mask, and he was intubate, his heart rate remained at

Q1127. which of the following is the most appropriate Next Step?

- administer IV bicarbonate
- administer IV atropine
- administer IV epinephrine
- administer IV calcium chloride

- begin chest compressions

-

✓ Answer: administer IV epinephrine

Q1128. Most important bed side test done during initial resuscitation of an infant are O2

saturation measurement and to acutely measure which of the following?

- serum calcium
- blood glucose
- blood gases
- blood urea
- serum sodium

✓ Answer: blood glucose

Q1129. 3 Days full term male baby product of C/S due to fetal distress, birth weight is

Q1130. which of the following is not supportive of a diagnosis of distal renal tubular

acidosis

type 1?

- nephrocalcinosis
- positive urine anion gap
- urine pH of 5.5
- hydronephrosis on renal ultrasound
- serum K level of 2.9 mEq/L

✓ Answer: urine pH of 5.5

Q1131. The following is the best treatment for hypercalciuria:

- hydrochlorothiazide
- sodium bicarbonate
- pyridoxine vitamin B6
- Furosemide
- Allopurinol

✓ Answer: hydrochlorothiazide

Q1132. Patient with wilms tumor, drug of choice for his HTN ?

- Captopril

✓ Answer: Captopril

Q1133. 4 years old female patient with a history of limping of one week duration

associated with non blanchable skin rash over the buttocks and calf muscle with low grade fever, Her exam revealed features of arthritis and knee joint. Which of the following is true?

- initiation of steroid is essential
- synovial fluid aspiration is necessary
- urine analysis is important for diagnosis and prognosis
- it is a highly recurrent condition
- antinuclear antibody ANA, rheumatoid factor RF, And Compliments are first-line investigations.

✓ Answer: urine analysis is important for diagnosis and prognosis

Q1134. A 3 years old child with gram positive diplococci in his cerebral spinal fluid(CSF) the best

antibiotics selection for him is

- a. ampicillin +ceftriaxone
- b. ampicillin +vancomycin
- c. vancomycin+ceftriaxone
- d. ceftriaxone alone
- e. cefuroxime +ampicillin

✓ Answer: c

Q1135. weight gain , hair loss , hepatic toxicity , teratogenic effect are associated with which of the following antiepileptic drugs:

- a. phenytoin (epanatin, Dilantin)
- b. Phenobarbitone. (luminal)
- c. Valproic acid.(depakine)
- d. carbamazepine.(tegretol)
- e. Lamotrigin.(Lamictal)

✓ Answer: c

Q1136. A 10-month-old baby, presents to the ER with a low grade fever and watery diarrhea of

Q1137. a 6 month old male patient presented with fever and bruises of 3 days duration , you did a complete blood count and found the WBC count 3/mm³ and Hb :5 g/dl . which of the following is wrong:

- a. it is a hematological emergency that needs to be investigated
- b. you may find muskeloskeletal finding on physical examination
- c. they need droplet and contact isolation
- d. antibiotic coverage is not indicated
- e. in older ages it is related to some viral infection .

✓ Answer: d

Q1138. A 3 year old male patient presentes with purpuric skin rash that appeared on both calves,he has limping due to knee pain that was followed by abdominal pain. Which of the following regarding this clinical condition is wrong :

- a. recurrence of skin rash is highly expected in acute phase of the disease and later upon any stressful event
- b. renal complication is the second most common criteria for the diagnosis and renal biopsy is needed in certain conditions
- c. corticosteriod is needed in Gastrointestinal and CNS complication
- d. GI presentation is variable from abdominal pain to intestinal ischemia
- e. its not a recurrent condition in children

✓ Answer: e

Q1139. Regarding nerve injury at birth, which of the following statements is correct?

- a. Facial nerve paralysis is usually bilateral
- b. Damage to C1,C2 causes Klumpke's paralysis
- c. Horner's syndrome is due to C8, T1 injury.
- d. The arm in Klumpke's paralysis is held in waiter's tip position.
- e. Injury of C5, C6 may cause an Erb's paralysis

✓ Answer: e

Q1140. Regarding treatment of neonatal convulsion due to neonatal hypoglycaemia, the initial step should be:

- a. I.V hydrocortisone
- b. An intravenous bolus of 200 mg/kg (2 mL/kg) of 10% glucose-400 mg/kg (4 mL/kg) of 10% glucose
- c. Initial therapy should be a glucose infusion given at 8 mg/kg/min
- d. I.V diazoxide
- e. I.V octreotid

✓ Answer: b

Q1141. A 4 year old male patient presented with history of gum bleeding of 3 days duration

,mother implied that there is history of URI(upper respiratory tract infection) 2 weeks ago,his vital signs were normal ,no lymph node enlargement ,no organomegaly ,his pletlet count 10×10^9 which of the following is true:

- a. platelet transfusion is highly recommended in this case
- b. measurement of anti-pletlet antibodies is essential for diagnosis
- c. splenectomy is the preferred way of treatment .
- d. if these finding persist beyond 6 months, anti double standered-dna and anti nuclear antibody should be sent
- e. the bone marrow aspiration and biopsy is the first line investigation for diagnosis

✓ Answer: d

Q1142. A multiparous woman whose blood type is negative, gives birth at term to an infant who has (A positive) blood group and a hematocrit of 55%. A serum bilirubin level obtained at

Q1143. A 4 year old girl presents with fever 39,vomiting for one time and abdominal pain.Urine analysis

showed positive leukocyte esterase and nitrites. Which of the following antibiotics is not effective in treating her?

- a. Gentamicin
- b. Cefixime
- c. Trimethoprim/sulfamethoxazole
- d. Nitrofurantoin
- e. Cefotaxime

✓ Answer: d

Q1144. A 3 year old male patient presented with high grade fever ,lethargy and with WBC count

= 2.0 and differential of neutrophils /lymphocytes: 5/80 ,which of the following is true

- a. the most common cause of this condition is congenital
- b. they do not need admission , and home observation is sufecient
- c. the absolute neutrophilic count is 100, which is severe neutropenia
- d. ceftriaxone is the best chioce in these cases
- e. bone marrow aspiration and biopsy is not needed in prolonged recurrent cases

✓ Answer: c

Q1145. Whichofthefollowingsupportsthedagnosis of prematurity in physical exam?

- a. Ear with instant recoil.
- b. Gelatinous red translucent skin.
- c. Creases over whole sole of the foot.
- d. Areola measures 10 mm bud.

e. Both testes are descended into scrotum.

2019 - 6th year:

✓ Answer: b

Q1146. At 18 month age:

Shows 4 parts of the body

✓ Answer: Shows 4 parts of the body

Q1147. One is wrong about NTD :

craniosynostosis is associated with persistently open anterior fontanelle , it is the most common disability

✓ Answer: craniosynostosis is associated with persistently open anterior fontanelle

Q1148. Q about HSV whats wrong?

Tx does not decrease the mortality

✓ Answer: Tx does not decrease the mortality

Q1149. Wrong mismatch :

cyclosporine alopecia

✓ Answer: cyclosporine alopecia

Q1150. One is not from johnes criteria :

Myocarditis

✓ Answer: Myocarditis

Q1151. One is not a benign skin lesion

- mongolion spots
- erythema toxicum
- port wine stain

✓ Answer: port wine stain

Q1152. The mid parental height of a female whose father is 173 cm and mother 160 cm

is ?

✓ Answer: 161 cm

Q1153. cm +/- 10

Q1154. Child came with Multiple bruises of different ages and bilateral multiple retinal

hemorrhages :

Answer: child abuse

functional constipation

.. daily

37.

bowel motion is not consistent with the diagnosis of functional constipation.

red anal fissure is not considered a red flag.

fissure

anal painful defecation

constipation

flag..

functional constipation

Q1165. 600 g neonate with low po2 and normal pH (what are other details ??) , Next step of mangament :
IV glucose (confirmed by doctor)

✓ **Answer: IV glucose**

Q1166. Wrong matching regarding side effects of anti-epileptic :
Phenytoin causes hair loss

✓ **Answer: Phenytoin causes hair loss**

Q1167. Which of following isnt indication for Neuroimaging :
Brief febrile convulsion

✓ **Answer: Brief febrile convulsion**

Q1168. One is not Pervasive development disorder :
oppositional defiant disorder

✓ **Answer: oppositional defiant disorder**

Q1169. Wrong regarding normal development : at 24 months :
vocabulary 20 words
Total Questions: 1169

✓ **Answer: vocabulary 20 words**

“لا يخيب الله من سعي، ثق بالشفاء مادمت تستشفي، وبالرزق مادمت تكدح، وبالوصول مادمت تجاهد، وبالفرج مادمت ترضى، وبالإجابة مادمت تسأل وتلح، لا تمل! ولا تبرح الباب، لا تخذلك عجلتك في المنتصف، ولا تقف وقد بدا النور قريباً، واصل المسير، صبح أمانيك دنا، بشرى لك!★”

♥ وفقكم الله ويسر أموركم ؛ لا تنسو الفريق من صالح دعاءكم

