PEDIATRIC MINI OSCE ARCHIVE

UPDATED FROM BEFORE 2022 UNTIL 12.2025

DONE BY ROUH GROUP

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DR.Omar Nafi :

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- Seizures
- Cerebral palsy
- immunization
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- MUSCULAR DYSTROPHY

DR.Reham :

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- URTI
- CF AND OTHERS
- ASTHMA

DR.Abdhadi :

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- BLEEDING
- LEUKEMIA
- PEDZ MALIGNANCY

DR.Alaa' :

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- GERD
- FEEDING
- GI BLEEDING
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DR.Randa :

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DR.Amjad :

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- JAUNDICE
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- IODM

DR.shawawrh

DR.Mohammed;

- Congenital heart
- disease
- Kawasaki

Others

DR.Omar Nafi :

Development Assesment

Station 1

This photo makes some confusion,child seems to push a hand of car and unsupported, but the doctor says the child is supported

(Not the same photo as in the exam)

What is the vaccine the child is taking at this age?

Answer:

- Measles

-OPV

Station 2

The vocabulary for this child?

Answer: 50 word

Station 3

What is the name of this sign?

Answer: Tip toe walking

Give 2 DDX:

Anewer: cerebral palsy

Duchanne

Station 4

Showing this picture:

A child holding a cup with both hands.

Questions:

1. What is the developmental age of this child?

• 12 months

2. What three vaccines are recommended at this age?

• MMR (Measles, Mumps, Rubella)

• PCV (Booster)

• Hepatitis A

Station 5

Showing this picture:

A child holding a cup with both hands.

Questions (Yes / No based on the picture):

1. Can the child go to the bathroom alone?

› Yes

1. Can the child identify 4 colors?

• No

3. Can the child say approximately 20 words?

• Yes

Development Assesment

6 developmental

A → pincer grasp ✓

B → stands with support ✓ ✓

vaccines at this age measles, OPV

picture C (rash, fever 40°C), 2 DDX

scarlet fever ✓

kawasaki ✓

فقرة حزر فزر الصورة

Station 7

Pic 1: 18 months

Pic 2: 2years

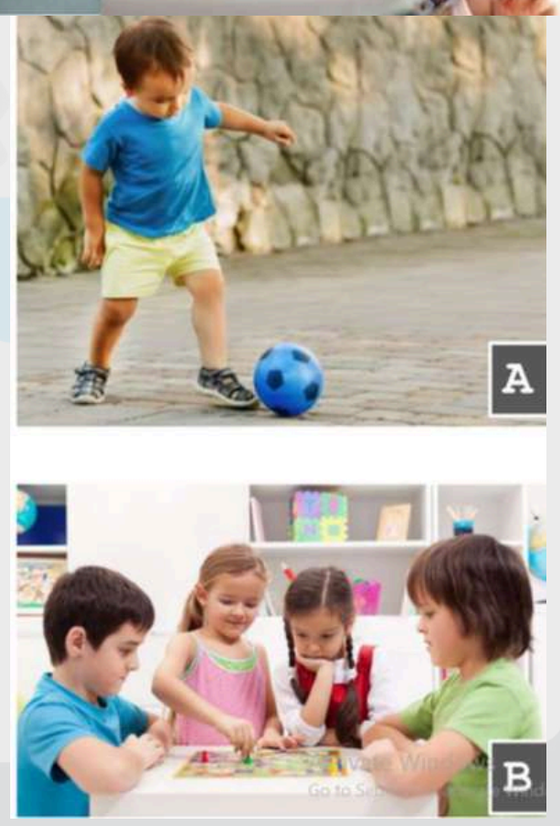
Pic 3: 14-15 months

Pic 4: 2years

Station 8

What is the skill shown in image A?

- Kicks a ball
- At what developmental age?
- 2 years
- What is the type of play shown in image B?
- Interactive play (vas||)
- At what developmental age?
- 3 years



Station 9

Mention two skills

Symbolic play

Kissing

What is the developmental age

18 months

Station 10

Mention two skills present in this image

Responsive smile

Fix and follow 180

What is the developmental age

Six weeks

Mention skill in prone postion

Raise head to 45

Development Assesment

Station 11

a) What is the skill shown?

Stand with support (furniture)

b) Age of development:

10 months

c)fine motor skill:

Pincer grasp

d) a game that she can play:

Plays gesture games

o Plays “peek-a-boo

Station 12

a) development age:

4 years

b) what is shape she can copy?

Cross

c) 3 social skills:

Brush teeth, Wash Hand , Toilet alone

d) to what number she can count?

20

Station 13

Development age ?

1. 10 months
2. 12 month
3. 18 month
4. 24 month

Station 14

write the name of each skill?

1. Drink from Cup by tow hands
2. Casting the objects

• what the vaccines, should be given to them?

HAV , MMR

• if baby have this rash and conjunctivitis,

• write 2 differentials?

Measles

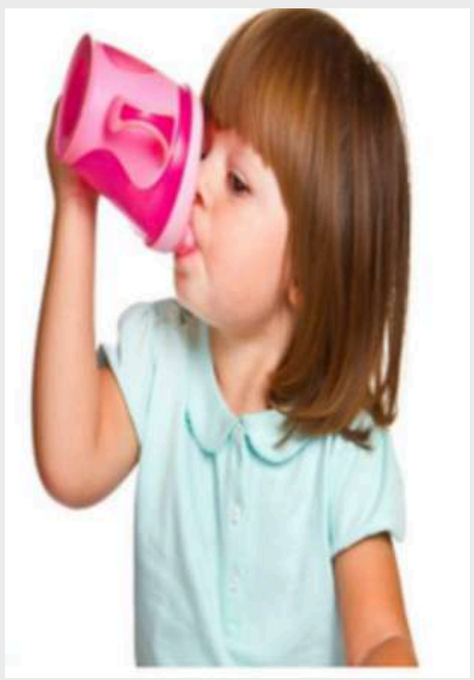
Rubeola

kawasaki

Development Assesment

Station 15

How many words he can say? 10



at what developmental age ?

18 months

at what developmental age ?

4 y

Name of this skill ?

Interactive play

Station 16

Other social skills does this boy do it:

name 4 colors

plays cooperative games

**what's the name of this skill and at which age:

Sit alone with straight back at 8 months

**what's the name of this skill and at which age:

Stands with support walks around furniture at 10 months

** how many words does this boy talk and type of play :

He kisses his parent,10 single words, shows 4 parts of the body, symbolic play

**what's the name of this skill and how many words does he talks:

Casting objects /single words (2-3 words other than 'dada'/'mama'),

commands with gesture

Development Assesment

Station 17

A-Skill of A and B and at what age? •

a : casting object. b : drink from a cub

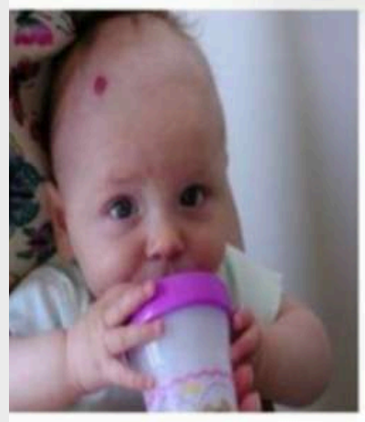
Both at 12 months •

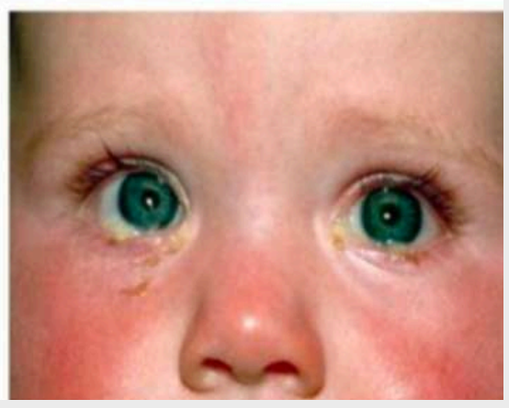
B- what vaccines should they receive? •

MMR1, HAV •

C- if the patient with 40c fever for 5 days and •

pic of C what is your ddx: kawasaki, measles





Station 18

1) Developmental age?

10 months

2) Mention 2 other skills?

Waves 'bye bye'

Mature pincer grip

3) Write vaccines given at this age.

OPV

Measels

vit A 100

Station 19

A picture of two draw man test:

Calculate the age of each child→ by using 3+ (n/4)

Age for these

The spoon one is 18 months

The fork one is 24 months (2 years)

Station 20

1-Can copy (shape) : circle

2- Can build (cubes) : Bridge

3-How many words can he say?

200 words

4-What type of play ?

Interactive play

Development Assesment

Station 21

What is his age?10 months

What he can do in gross motor?

Stand with support, Walk around furniture

Mention 2 skills in social

Waves bye bye

Plays" peek-a-boo "

Station 22

Mention one gross motor skill at this age:

Walk around the furniture

Stand with support

Mention one fine motor skill at this age:

Mature pincer grasp

What vaccines she should takes at this age?

OPV (3rd dose) / Measles vaccine (1st dose)

Station 23

1- What is the name of the skill?

Marked head lag

2- What is the developmental age?

less than 6 weeks

Station 24

Child find hidden object at any age ?

- 9 months
- What is the formula of draw man test ?
- 3+n/4
- If child draw man with 20 parts what is expected age ?
- 8 years old

What the expected age of this girl ?

4 years old

what she can draw ?

cross

Station 25

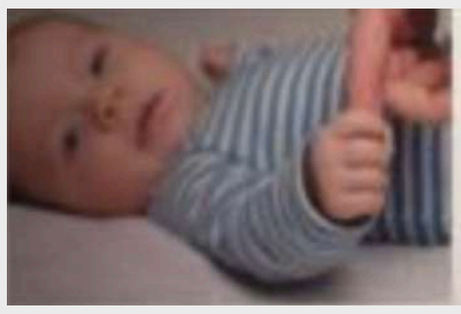
What is the fine motor skill that this child can do ?

Mature pincers grap

Development Assesment

Station 26

Write the name of each sign in developmental Assessment



Palmar reflex

Palmar grasp

Mature pincer grip

Station 27

How old is the baby ?

o 3 months

❖How many words can he speak ?

o Vocalizes, laughs and coo

❖DDx for the rash

o Chickenpox

o Measles

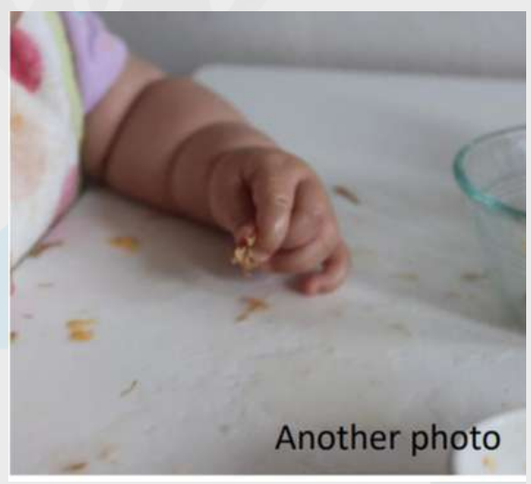
o Rubella

o HS

Station 28

what is the gross motor skill associated with this fine motor skill

→ Walk around with support (furnitures)



Station 29

How many this kid can count ?

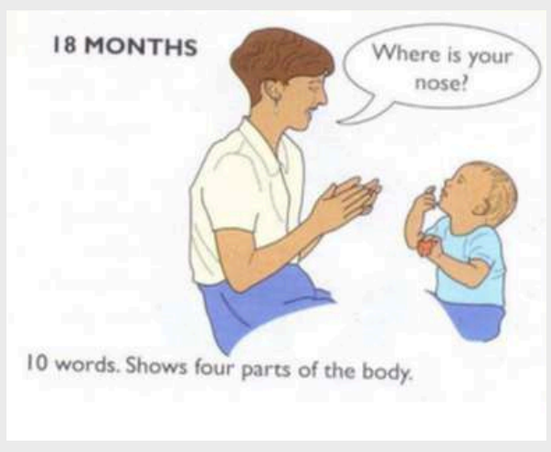
→ 20 The age is 4y

Station 30

this kid use spoon or fork??

18 MONTHS

→ Spoon



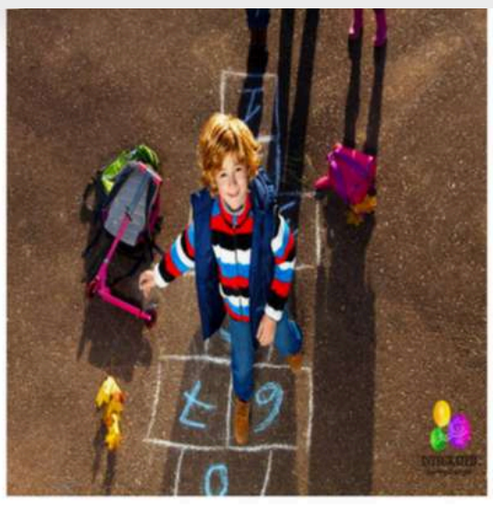
Station 31

Whats the age for baby talks

- 10 word ?18m
- 50 word ?2y
- 200 word ?3y

Development Assesment

Station 32



5 years

3 years

9m

Station 32

What the name of this skill :

pat a cake

Station 33

Station 34

1) What is his developmental age?

18 months

2) How many words he can say?

10 words

Station 35

What is the developmental age for each picture? (not the same pictures)

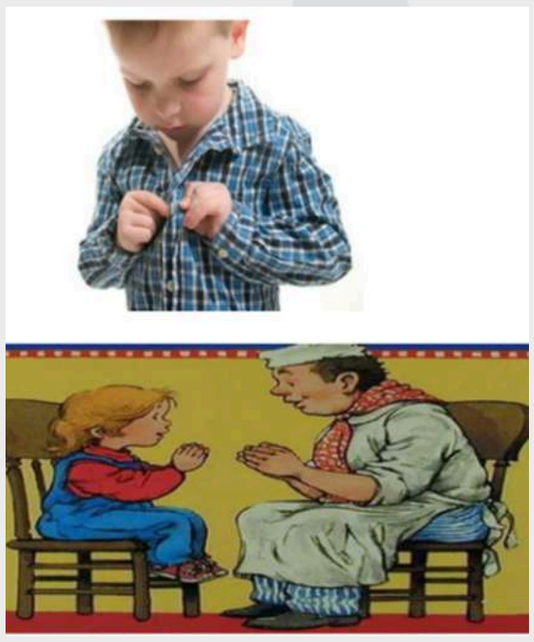
18 months

2 years

Station 36

Dressing himself : 5 years

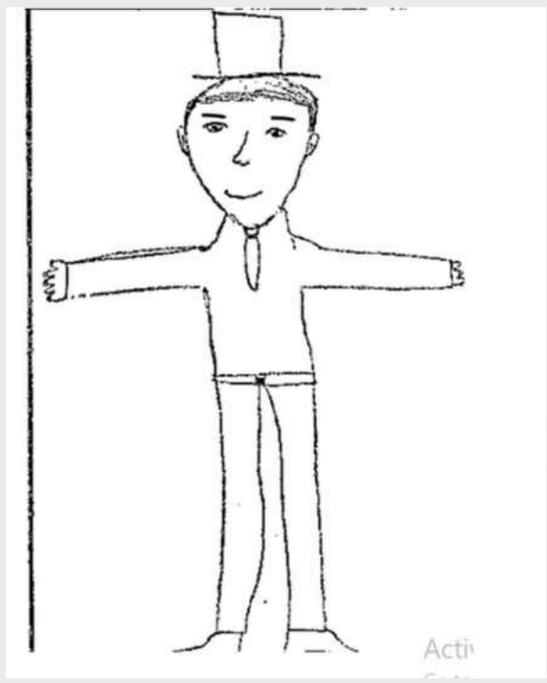
- Pat-a-cake: 9 months



Station 37

developmental age : 5-6 years or More than 5 years

- Formula that you use : 3+(n\4)



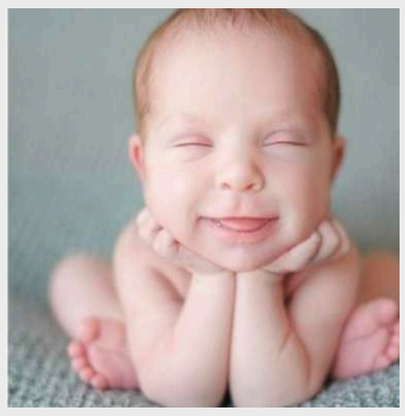
Development Assesment

Station 38

What is the child doing in both pictures and what is the developmental age?

6 Weeks

Responsive smile



Neonate/ <6 Weeks

Spontaneous Smile

Station 39

1- name two skill in the pic?

raise the whole chest by hands

2- the developmental age ?

6 MONTHS

Station 40

Write down how much words can each of them say

Mama , Dada

50 Words

Station 41

What are the aspects of developmental assessment is affected in this patient?

Speech, Language and Hearing

Station 42

Two skills ?

- Responsive smile, follow object in 180 degree
- Age?
- 6 weeks

Station 43

How many words can he speak?

10 words

How he indicate desire ?

By pointing

Station 44

1-What's the name of this skill?

- Reach out for toys
- 2-The developmental age is ?
- at least 4 months

Development Assesment

Station 44

1- What is that skill ?

- Scribbling
- 2- what is the age ?
- 14 months

Station 45

Station 46

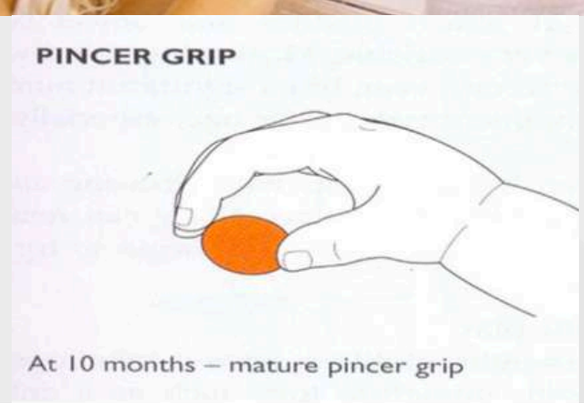
What age? 4 years

What's his pencil skill ? Draws a cross

Station 47

What age?

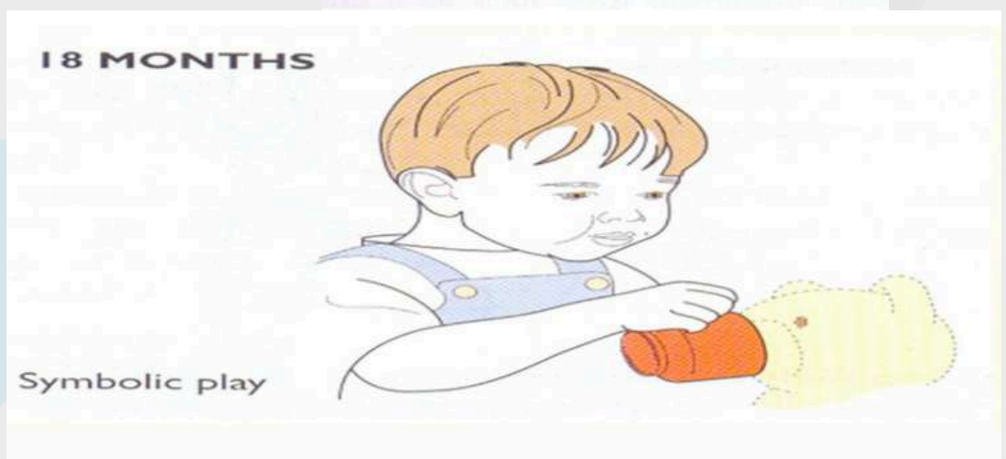
10 months



Station 48

How many words can he say

- 10 words



Station 49

What's the age of each skill?

Both of them at 3 years

Station 50

Developmet assesment

- 1-raise chest on palms

6 Months

- 2-reah out toys

4 M

- 2-responsive smile

6 Weeks

- 4-identify body parts

18 M

Station 51

If this baby can stoop down to pick up an object what is the estimated age?

18 months

Station 52

Number of words	age
10 words	??
50 words	??

18 monthes

2 years

Development Assesment

Station 53

What is the name of this test ?

Object Permanence

2- what is the estimated age?

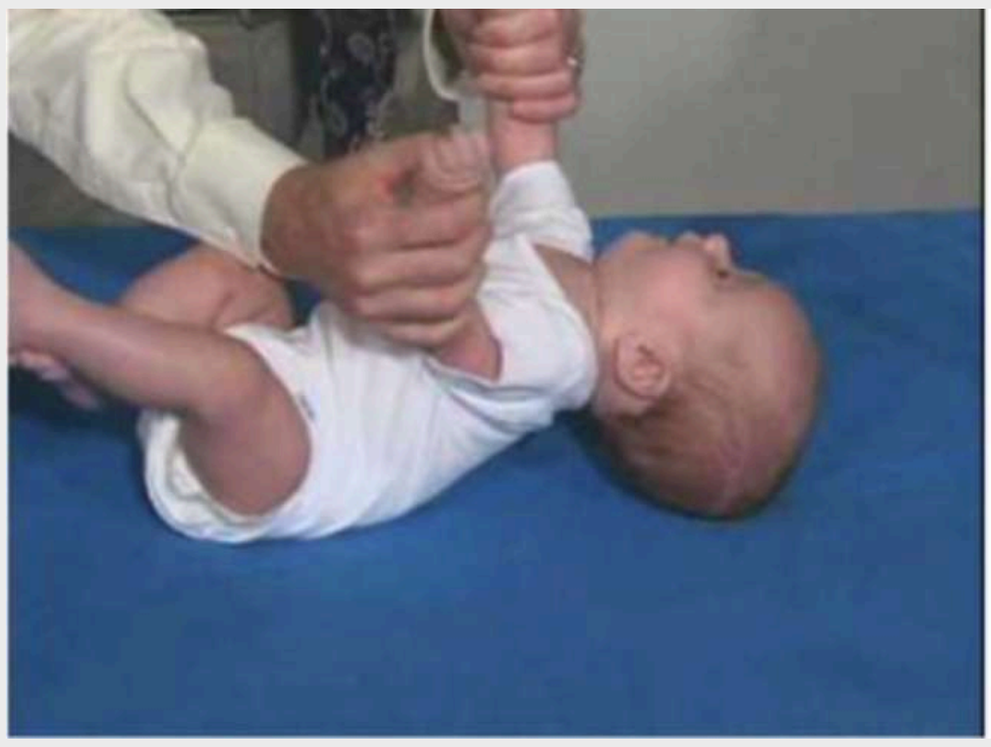
9 months

Station 54

4 months.. (reach out)

مبارك انت هيك خلصت اطفال

Seizure

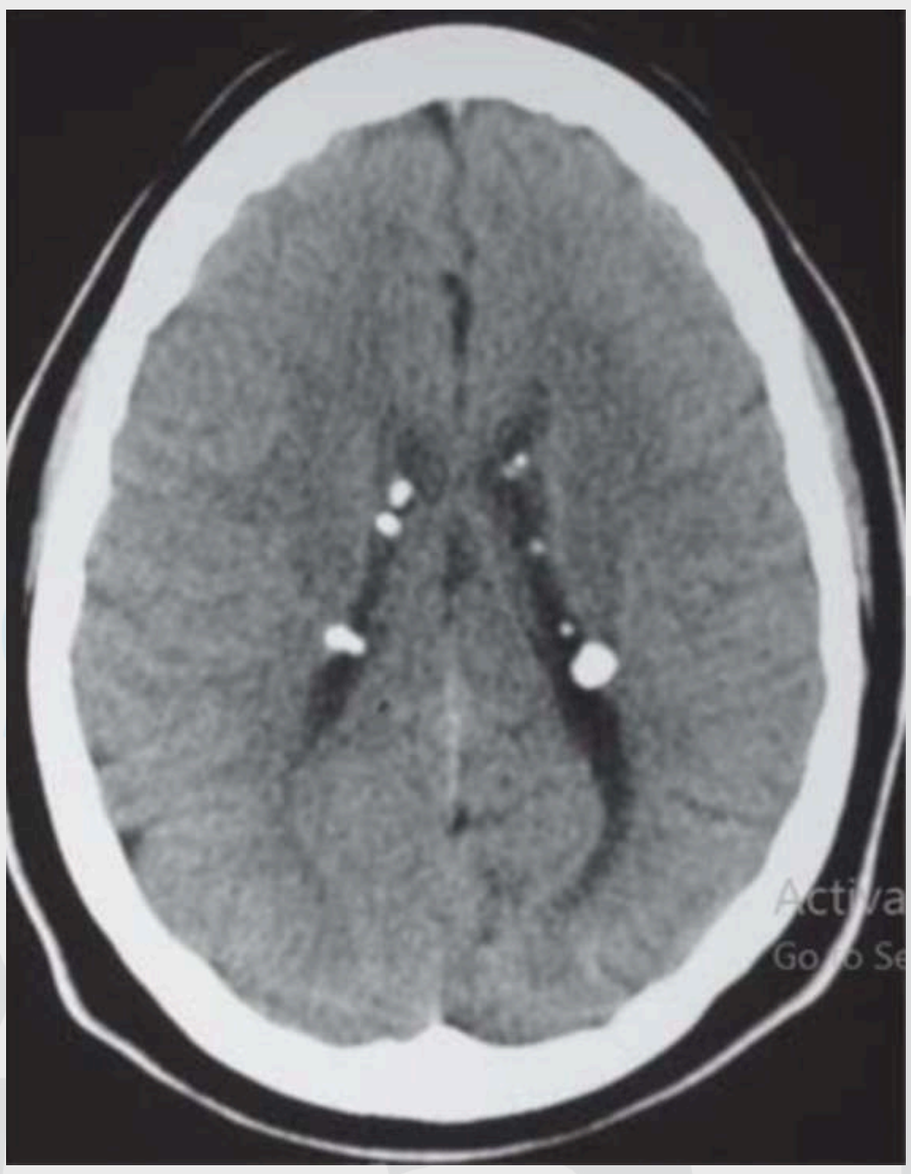


Long case 2

2. Picture for child development with head lag:

- A) Age for child? below 6 week, some say below than three month

- B) EEG? Hypsarrhythmia

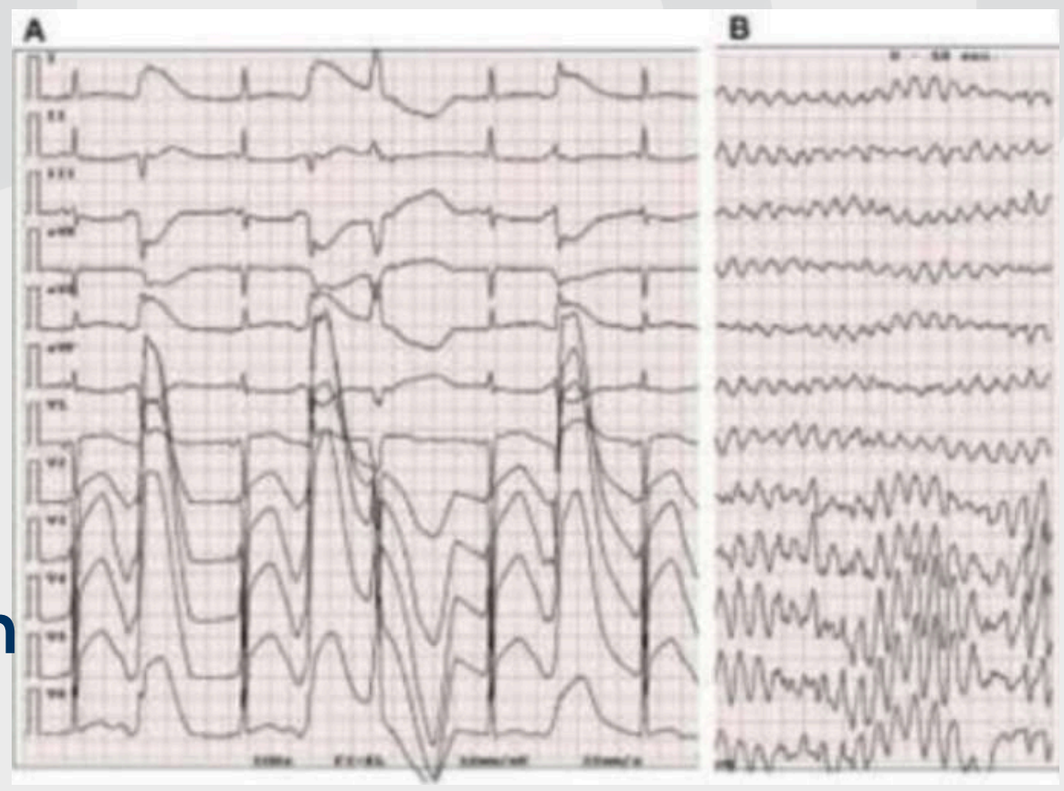


- C) picture for lesion, name of it? Ashleaf

- D) diagnosis? west syn.

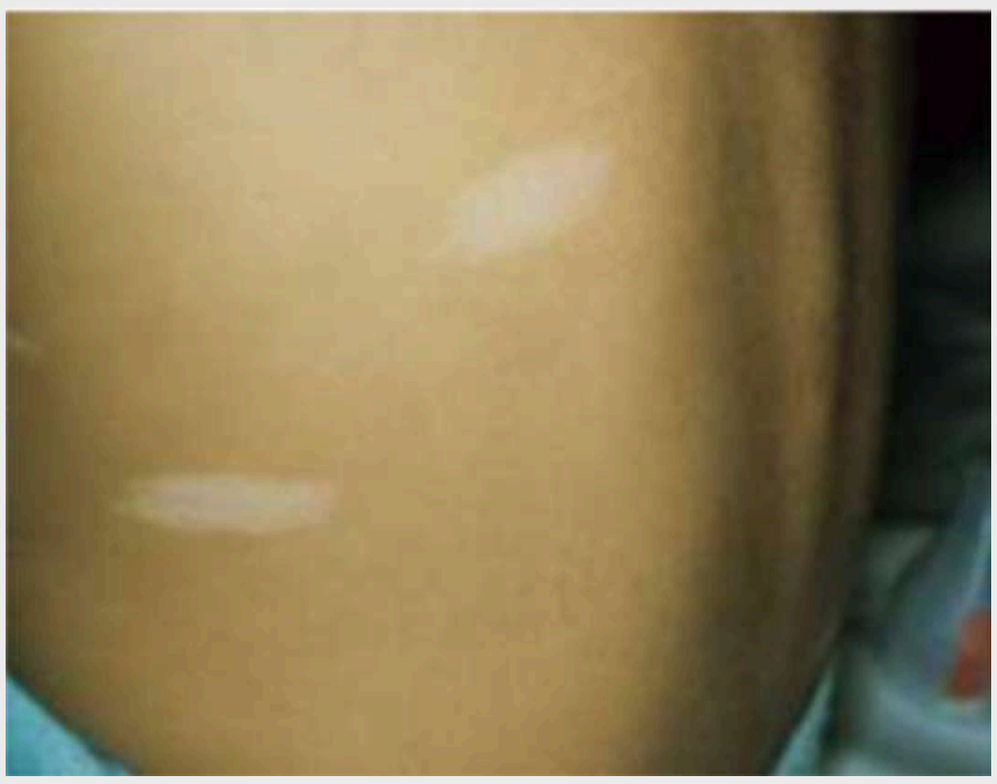
- E) cause? tuberus scelerosis

- F) manegment? Vigabatrin



- g) Side effect of druge? Visual defect

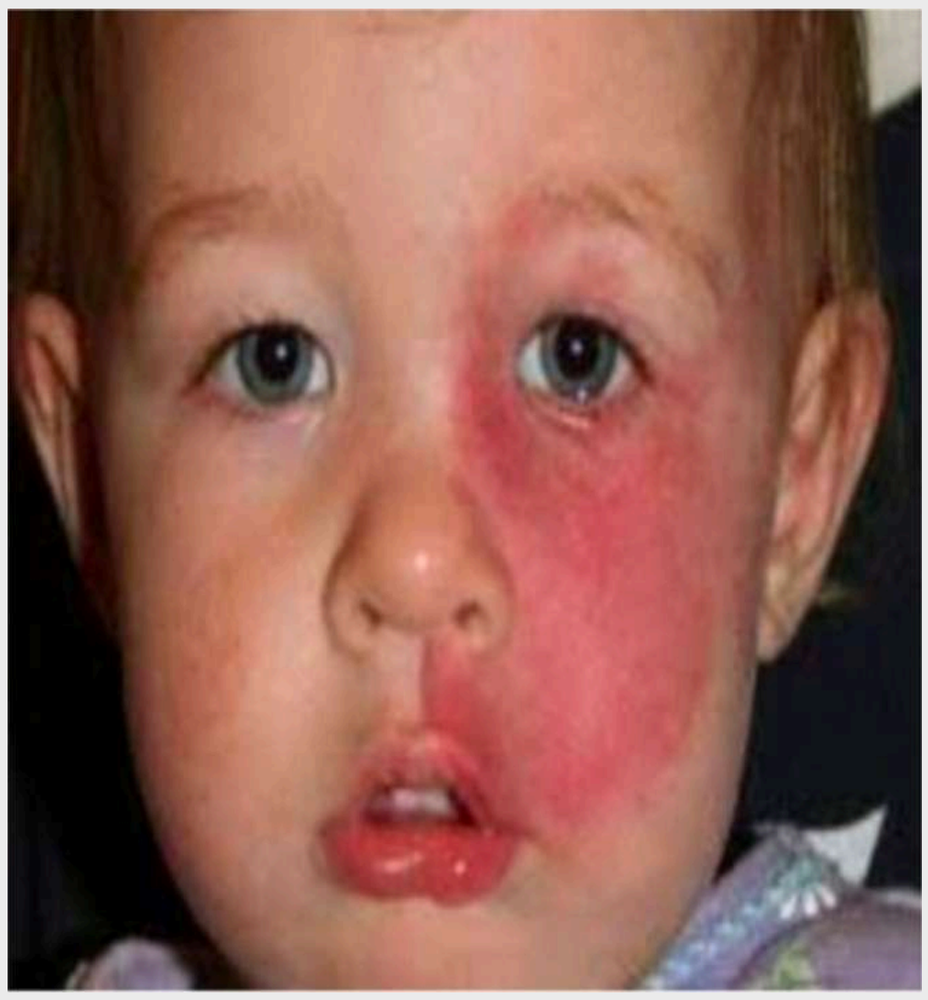
- g) What is the finding in the brain image: ventricular calcification



Seizure

A child with seizures

• 1. What is the dx? Sturge weber syndrome



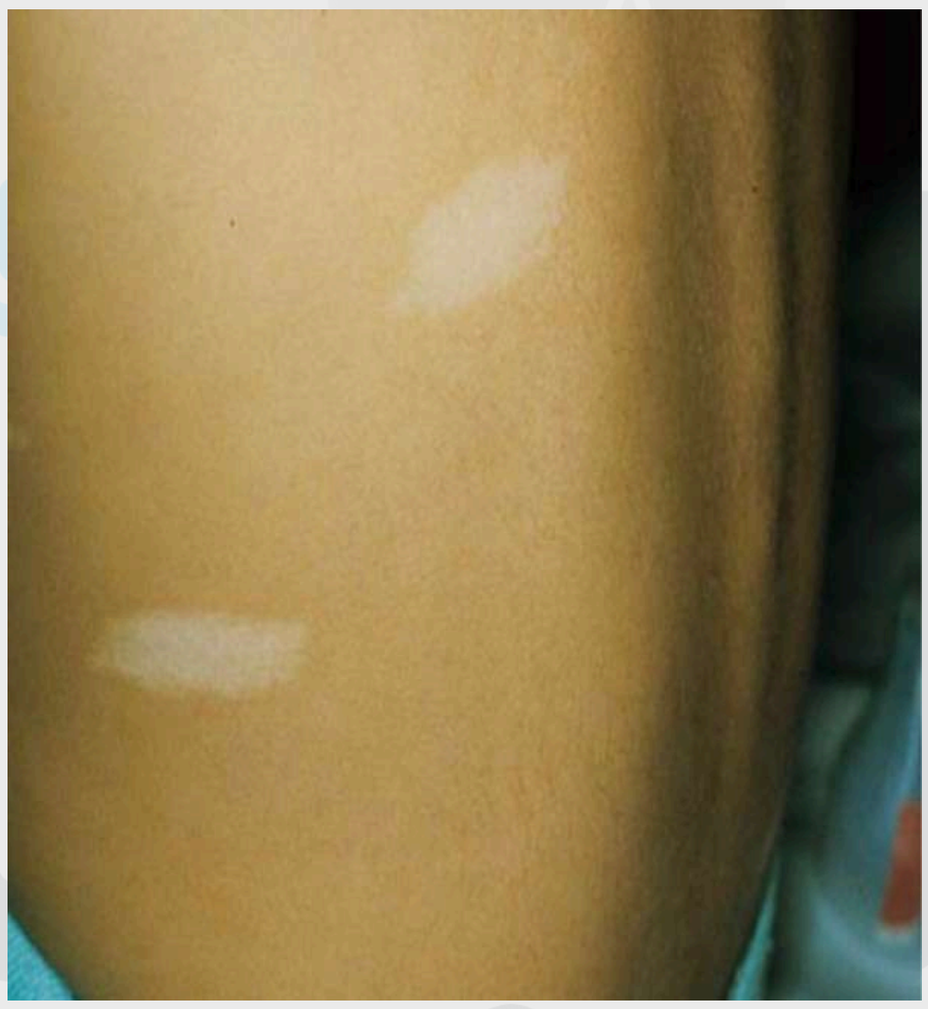
• 2. What do you see on the ct scan?

Tram track calcifications

complication in the eye?

Glaucoma

Child of 6 months of age presented with spasm of flexor and extensor and still has head lag



1-What is the diagnosis ?

West syndrome

2-what is the management ?

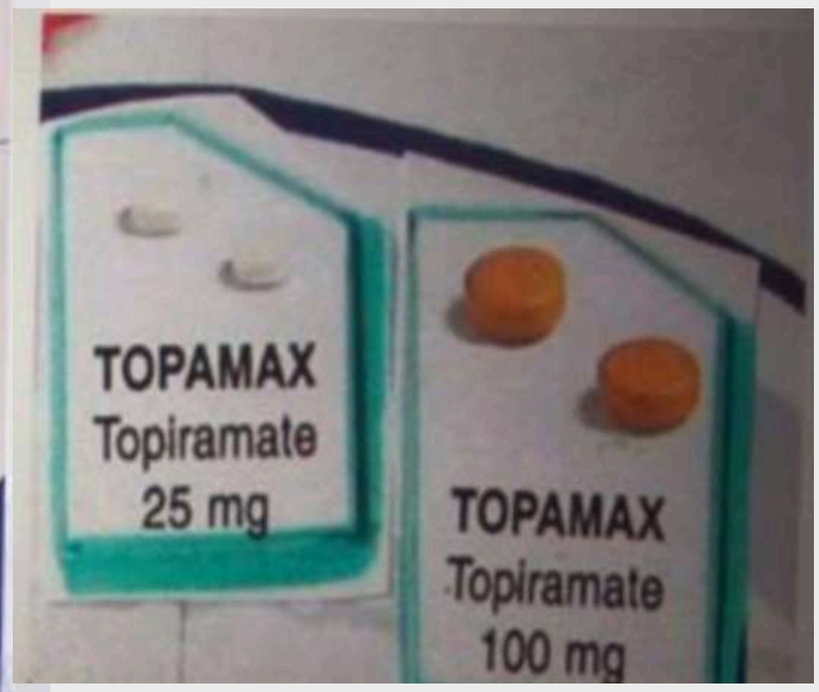
Vigabatrine

This drug used as

1- prophylactic for : Migraine

2- treatment of : Epilepsy (Seizures)

B—what is the side effect



• Weight loss

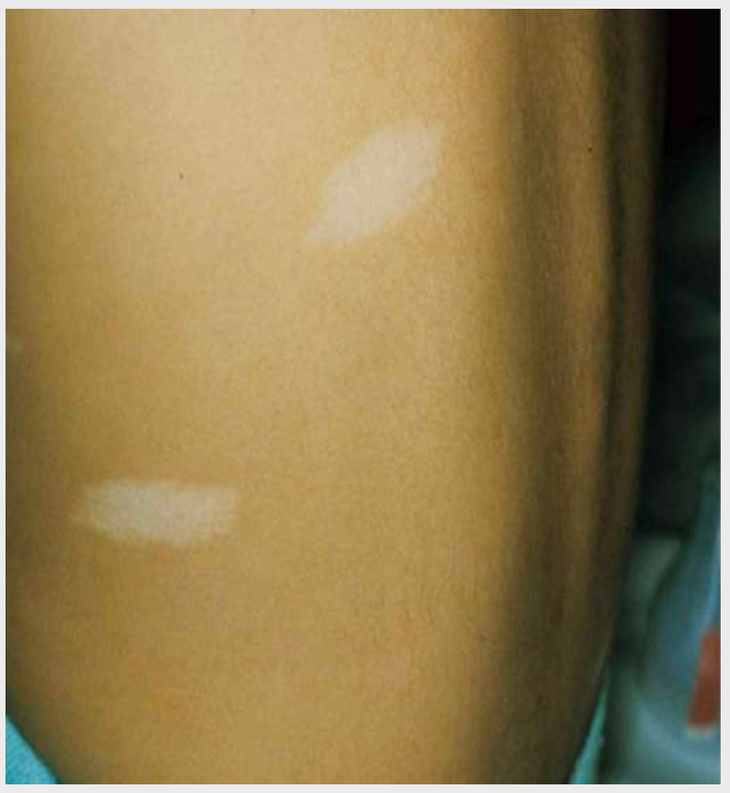
• Kidney stones

• Paresthesia

• Cognitive slowing (Word-finding difficulty)

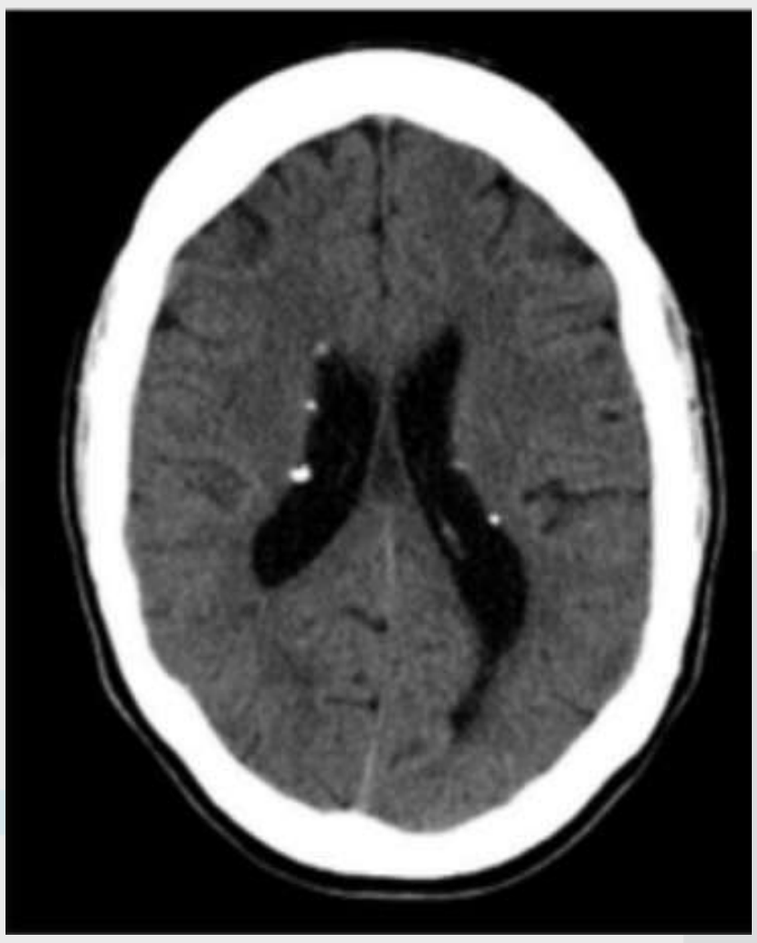
Seizure

Child with seizures with skin finding:



1. name of skin leasion? ash-leaf spots

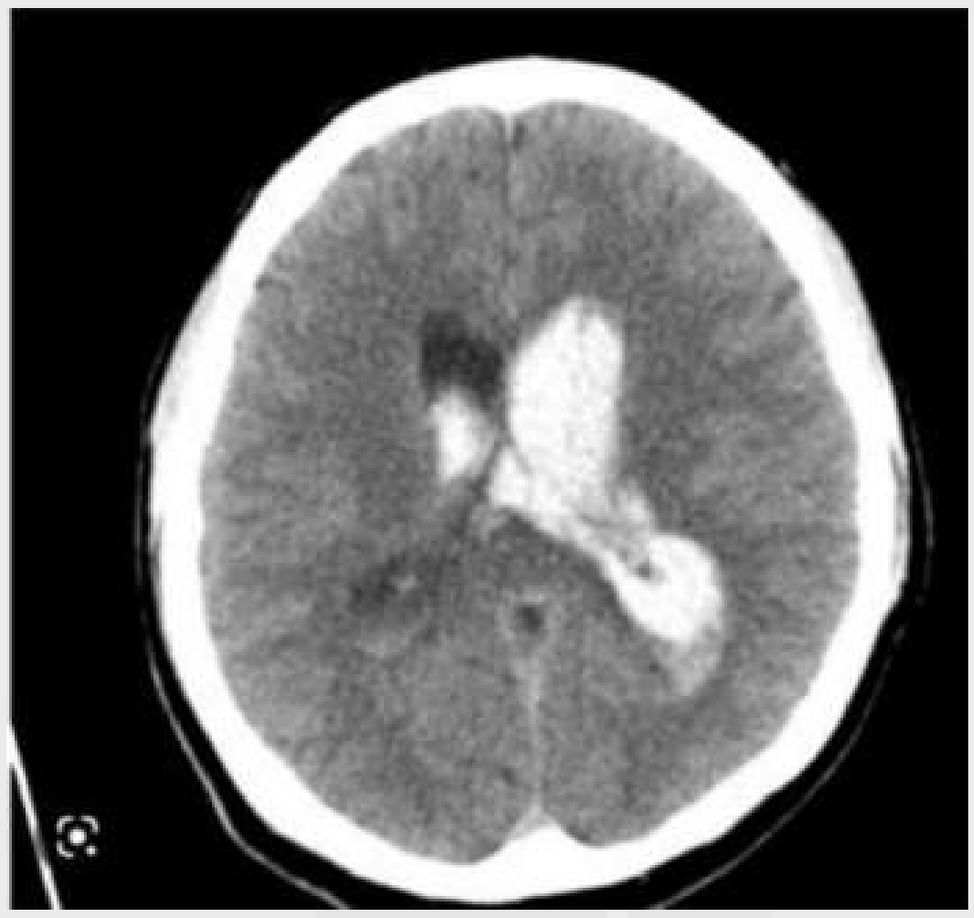
2. CT findings? Calcification



3. Dx : Tuberous sclerosis

CEREBRAL PALSY

Infant develop seizure within his fist hours of life and doing brain ct scan and this the result:



What is the most common cause

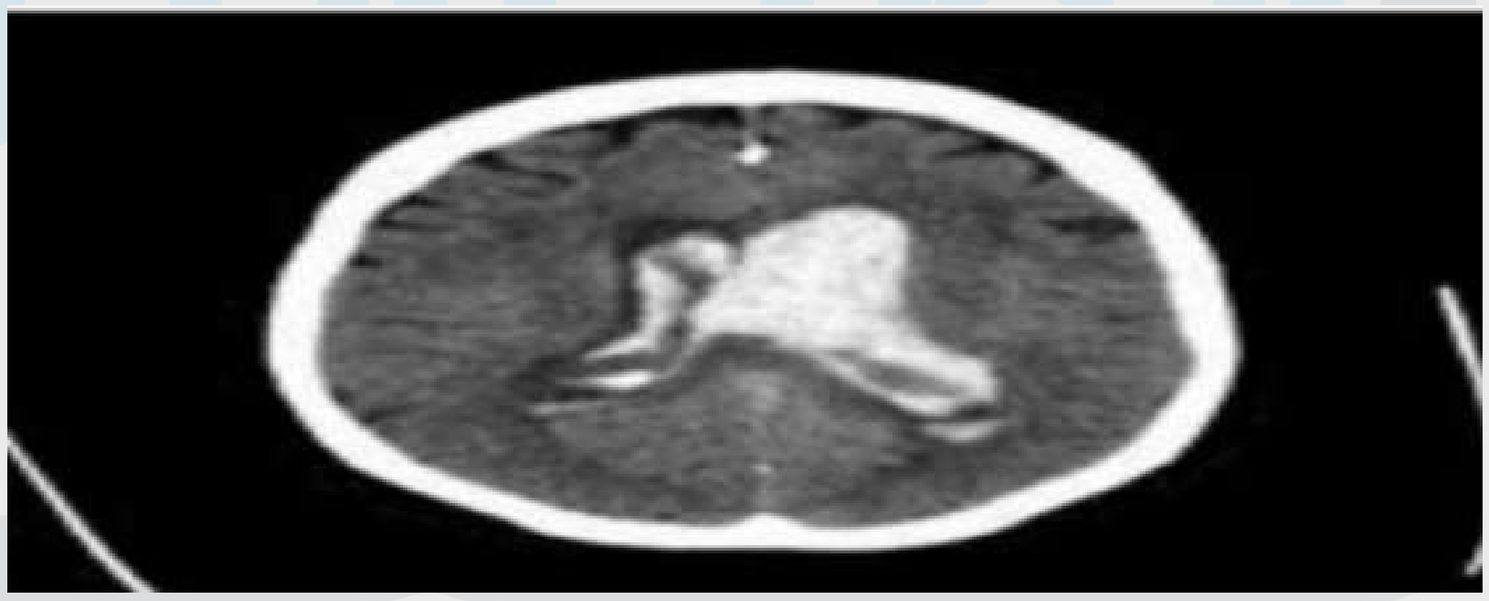
Intraventricular hemorrhage

What is the complications

periventricular leukomalacia

Spastic cerebral palsy

Developmental impairment



Your DDx

Intraventricular hemorrhage

Mention 2 complications

double diplagia spastic CP, seizure

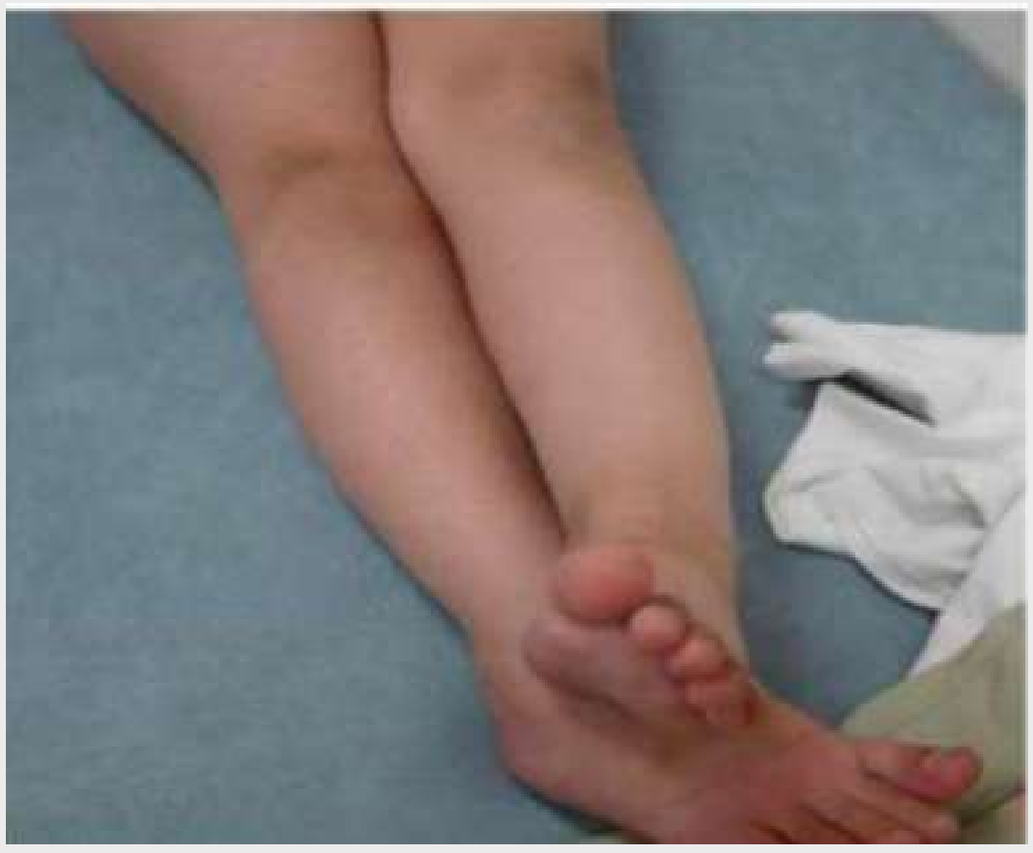
What is the aspect of development the most impaired ??

Gross motor

I am not sure (it maybe fine motor)

CEREBRAL PALSY

-What"s the name of this sign?



Scissoring Posture.

Mention 4 causes.

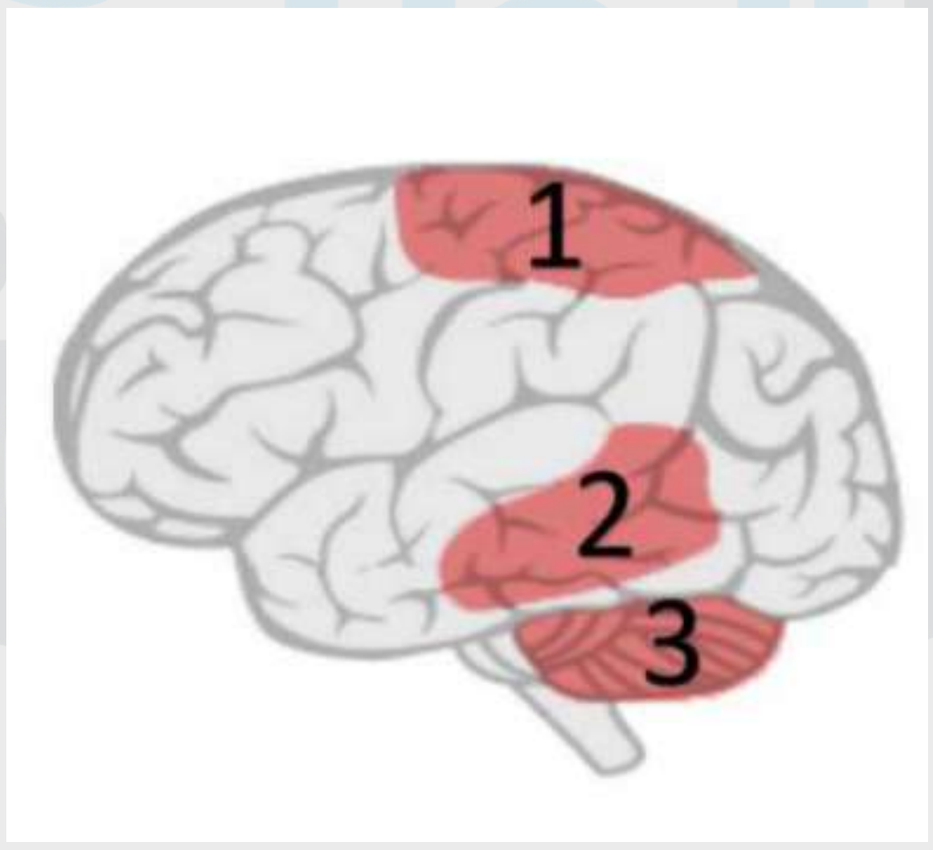
Spastic CP.

Cervical spondylosis with myelopathy

Spinal cord trauma or tumors.

CVA, MS ...

What is the type of cerebral palsy for each area?



1 - Spastic palsy

2 -> Dyskinetic (choreoathetoid) palsy

3 - Ataxic palsy

1+2+3 - Mixed cerebral palsy

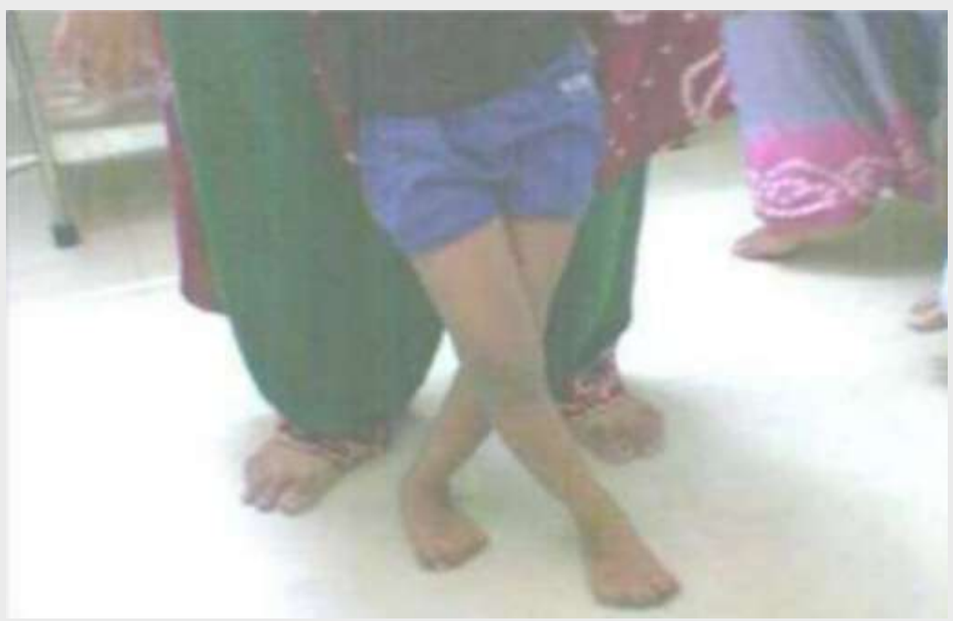
DIAGNOSIS :

SPASTIC DIAPLEGIC CEREBRAL PALSY

WHAT IS THE DEVELOPMENTAL AGE SIGN NAME

Less than 8 months?

Scissoring Posture.



CEREBRAL PALSY

What is the name of this sign?

Tip toe walking

Give 2DDX:

cerebral palsy

Duchanne

Question 8: an 8-year-old girl presents to the clinic; she cannot sit with balance.

What is her gross motor developmental age?

Less than 8 months

When attempting to assist the patient to stand, the posture in picture B was noted, what is the name of the posture?

Scissoring posture

When attempting to assist her again, the patient stood like the picture C, what is the name of this?

Tip toe walking

Given that the tone in her upper limbs is normal, what is the diagnosis?

Diplegic cerebral palsy

Immunizations & Vaccines

Immunization

A 12 months male baby has itchy rash:

a) Can he take any vaccine and when?

Answer: No, vaccines should be deferred (postponed) during the acute phase of the illness

Two complications?

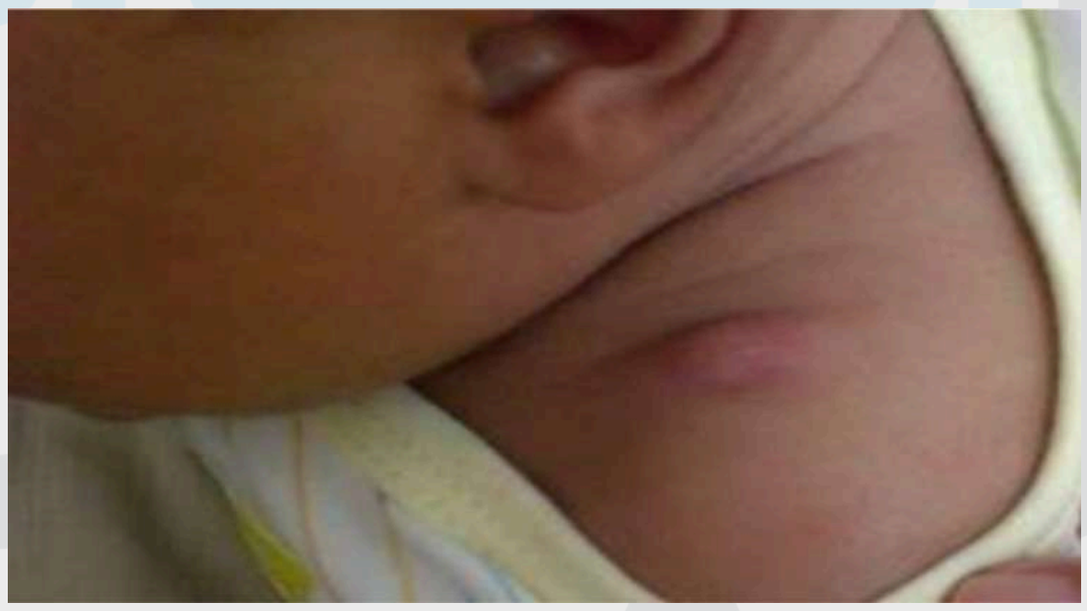
Secondary bacterial skin infections (e.g., Impetigo or Cellulitis caused by Staph or Strep).

Pneumonia (Varicella pneumonia).

This baby took a vaccine. After 6 wks he developed this lesion with axillary LNs enlargement

What is your spot Dx?

Post-BCG vaccine abscess formation with regional lymphadenitis.

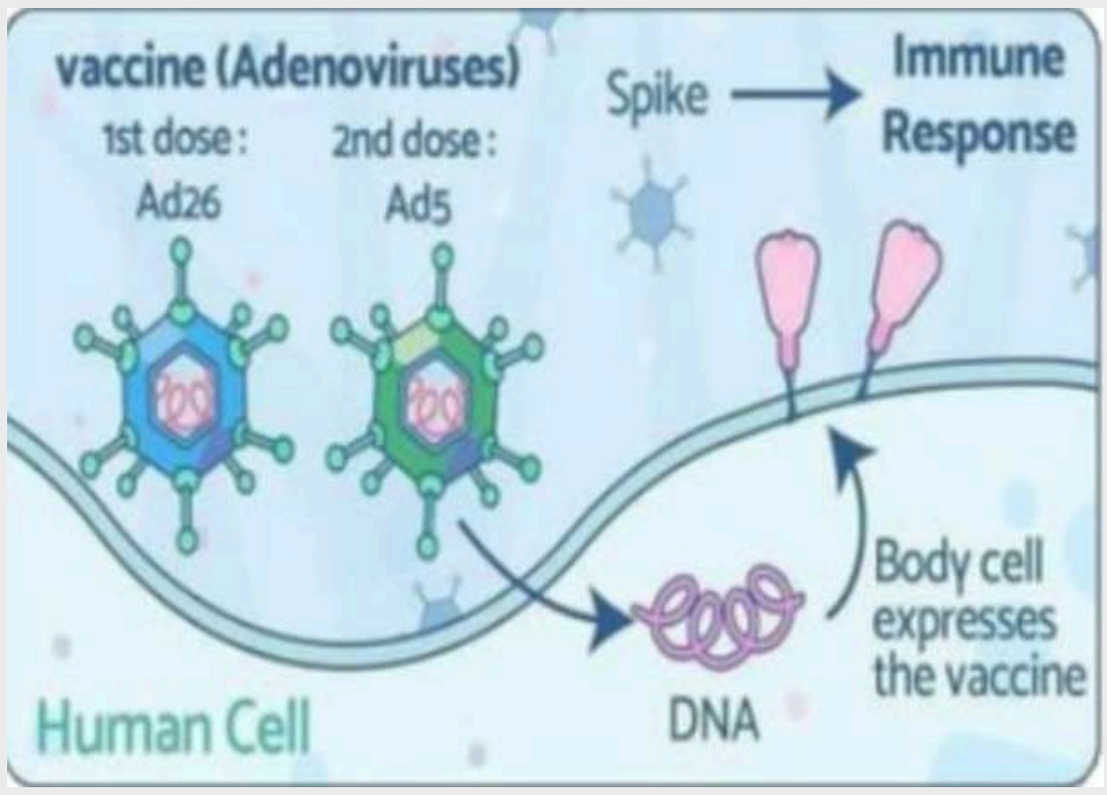


what is this vaccine name:

sputnik v

2) stored at what temperature for 2 years:

(-18)



Immunizations & Vaccines

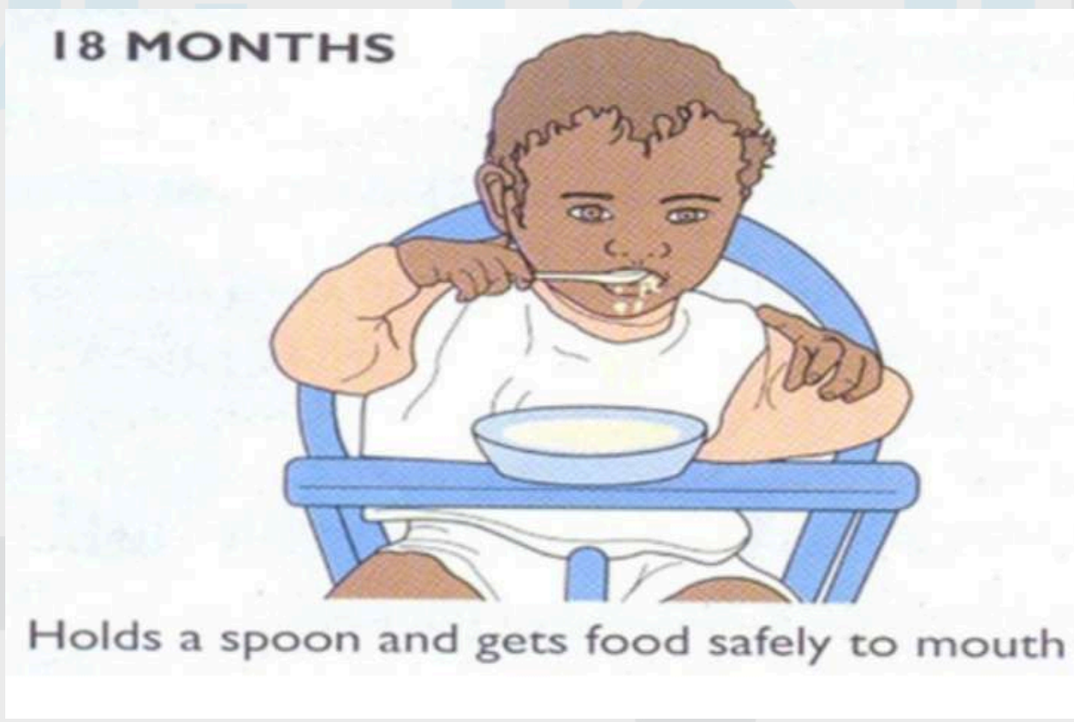
Complete the vaccines for a 12 month old:

MMR 1st dose

Hepatitis a 1st dose

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

What's the vaccines taken at this developmental age? (18 MONTHS)



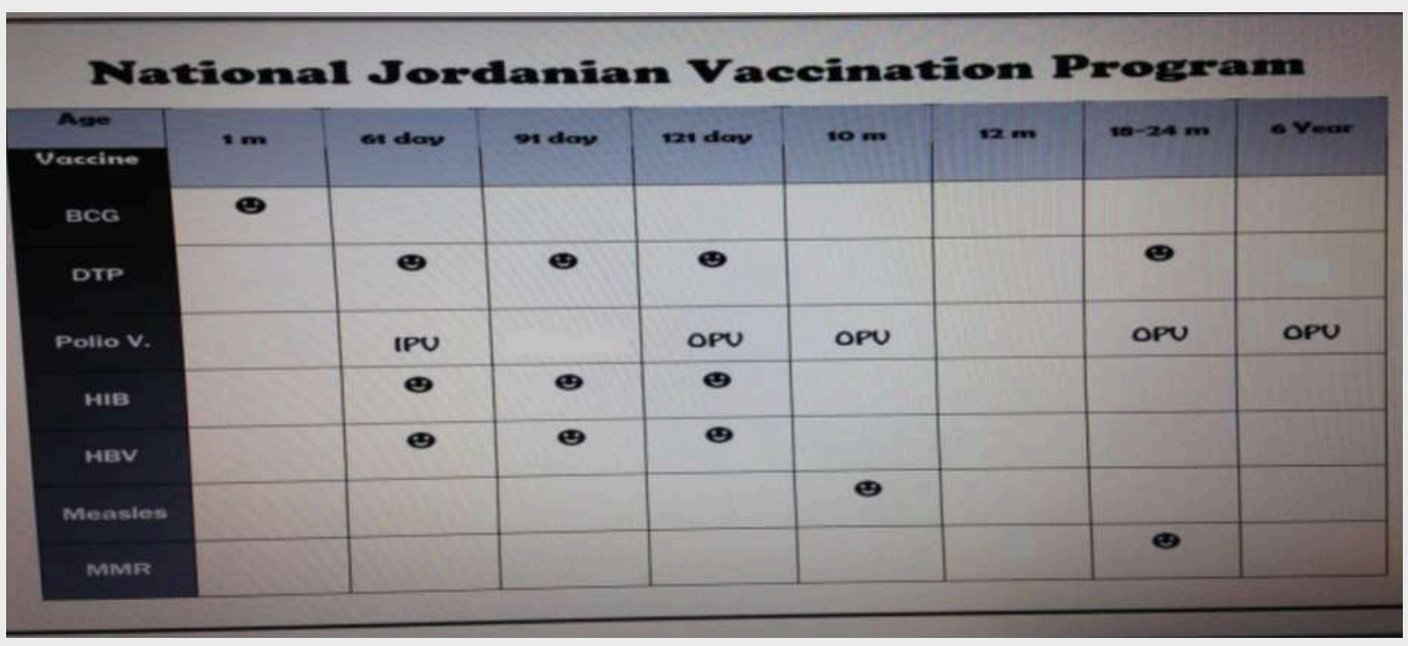
MMR2

vit A 200 000 U

Booster PaTd

Booster OPV

What are the absent vaccine by time?



at 91 day ... IPV and OPV

at 12 month... MMR

at 6 year... dT

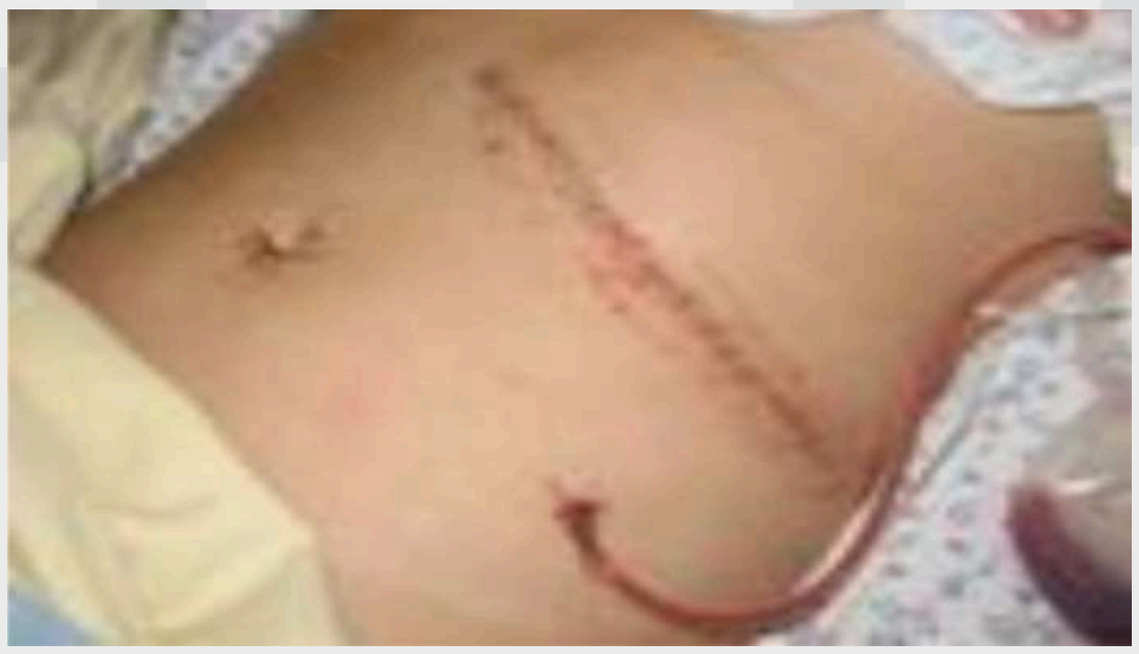
Immunizations & Vaccines

A Nurse is giving injection to a 2 month old baby in his Rt thigh.
What is she giving him?

DTP, HIB, HBV and IPV

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

6 YO child with this scar on his abdomen What vaccines would you like to give him?
Post splenectomy pt should receive Pneumococcal vaccine or Meningococcal vaccine.



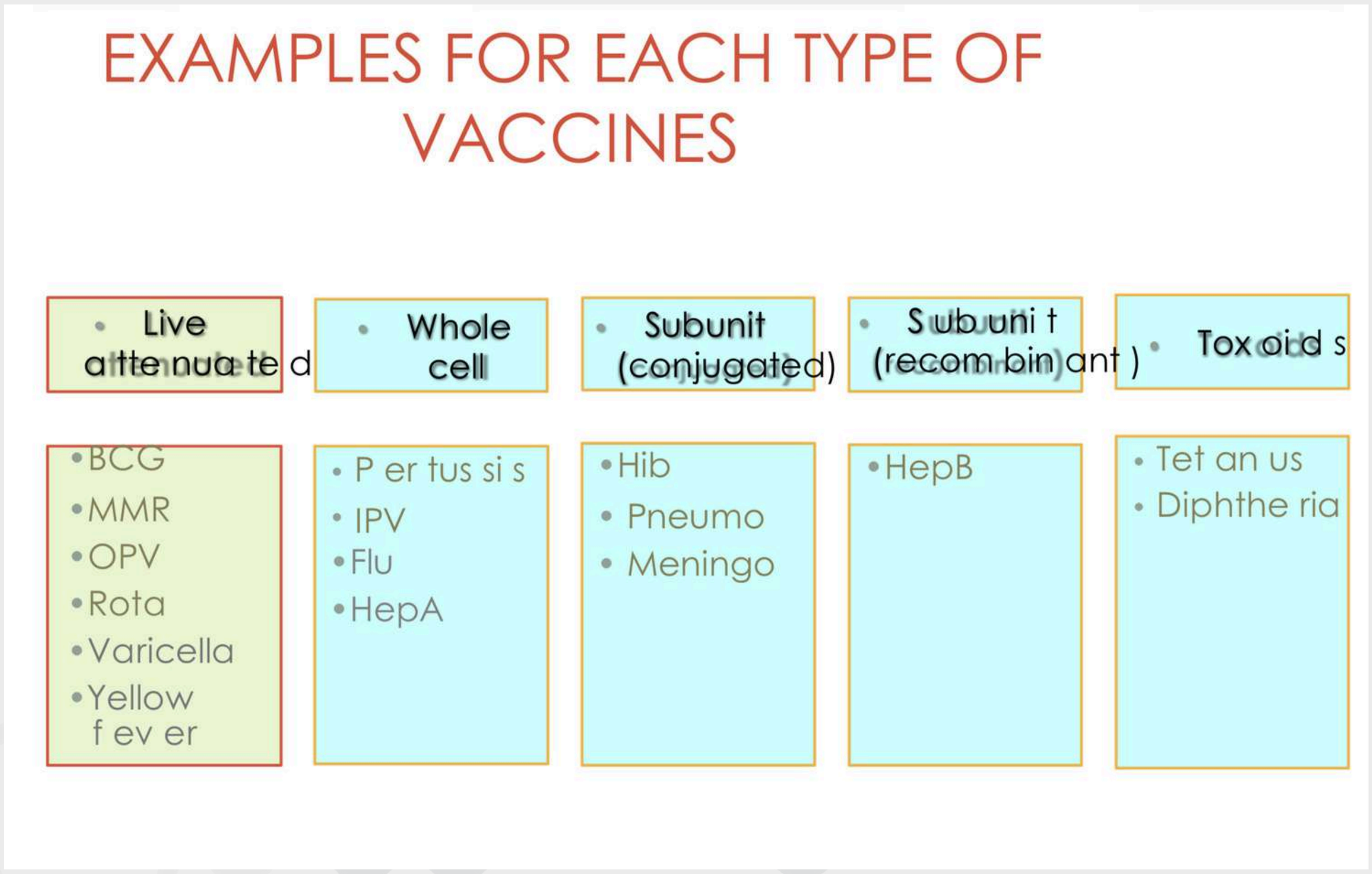
Mention 3 moderate side effects for DTP:

Seizure, Non-stop crying for 3 hours or more, High fever

1- What vaccines you give for a 4 months old baby?
(DTaP – Hib – IPV) – HBV – RVS
2- What is the route of administration?
IM

Immunizations & Vaccines

Example of each type of vaccine?



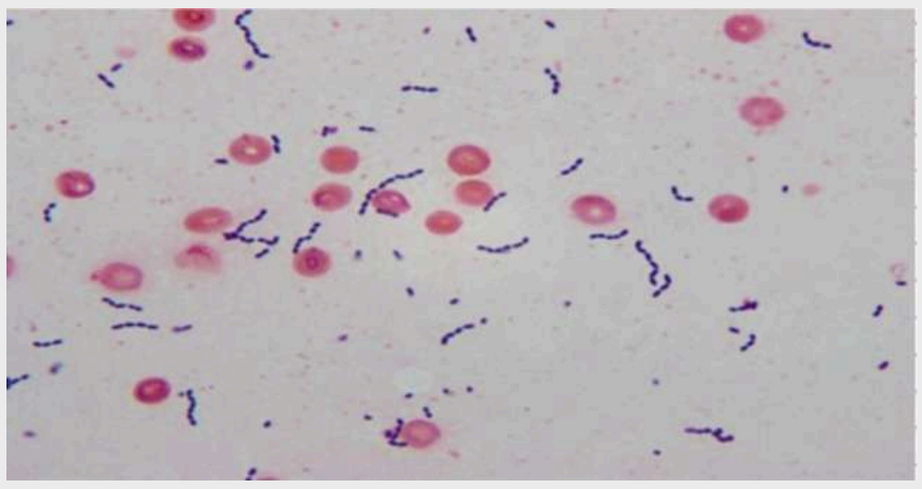
Complete the table :

Age	Vaccine
Within 1st month	BCG Vaccine
2 months Day 61	Hexaxim vaccine (Hexa) - first dose, ROTA vaccine - first dose
3 months Day 91	Hexaxim vaccine (Hexa) - second dose, ROTA vaccine - second dose, OPV - first dose
4 months Day 121	Hexaxim vaccine (Hexa) - third dose, ROTA vaccine - third dose, OPV - second dose
9 months	Measles vaccine, OPV - third dose, Vitamin A (100 thousand international units)
12 months	MMR-1, HAV
18 months	MMR-2, DaPT, OPV, HAV, Vit A (200 thousand international units)
6 years	Td
15 years	Td

Meningitis

Q1 :

CSF gram staining for 6 weeks baby show this organism.

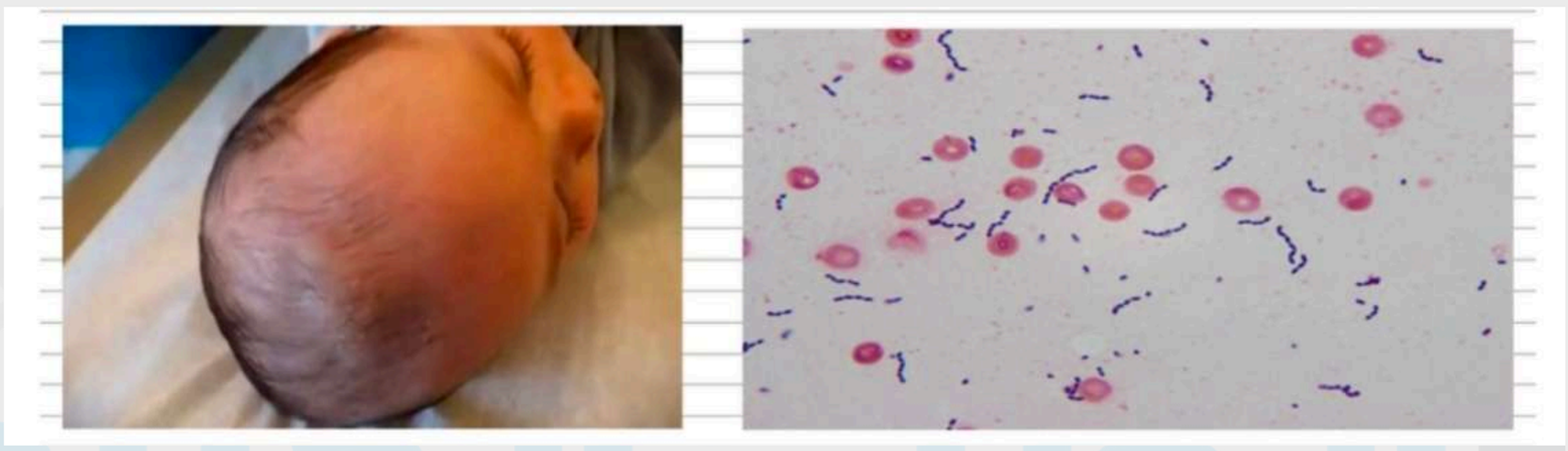


- What is the causitive agent ?

GBS

- What is the duration of treatment ?

14 days



Q1 :

-what is the findings ?

Bulging anterior fontanell

- What is the causitive organism?

GBS

- What is the treatment ?

Ampicillin + 3rd generation cephalosporine

- What is the duration of treatment ?

14 days

Q1 :

Case of meningitis less than 2 years :

- Name of the test ?

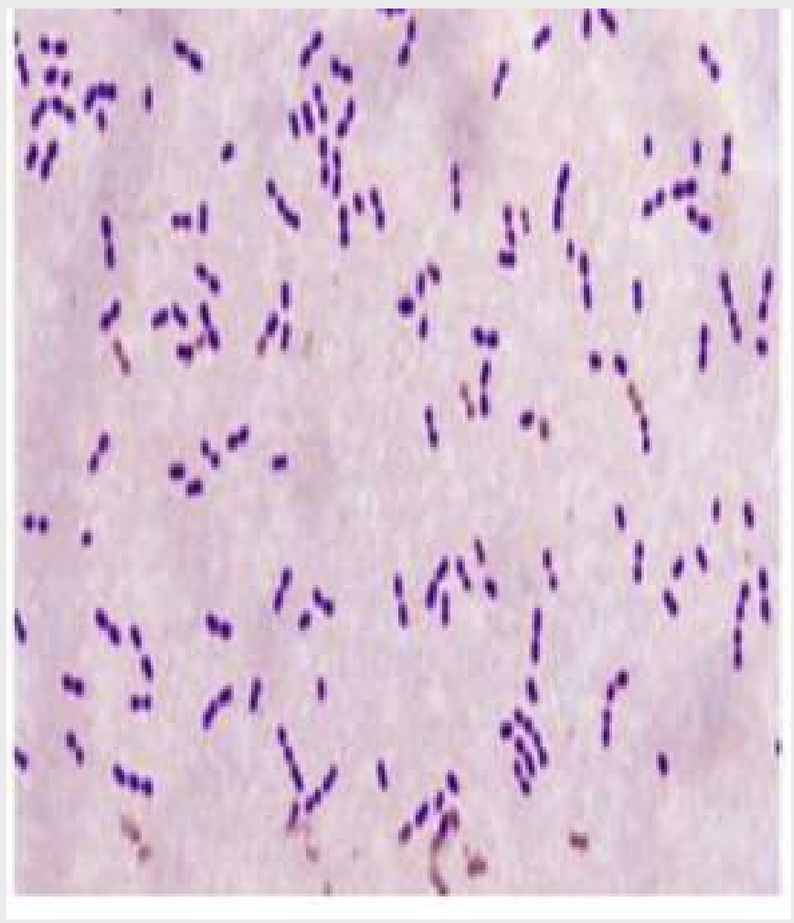
CSF gram stain

- Identify the organism ?

S.pneumoniae

- How to prevent ?

Pneumoccocal conjugated vaccine



Meningitis

Q1 :

1) What is your diagnosis?

Meningiococcemia

2) What test is done here?

CSF gram stain

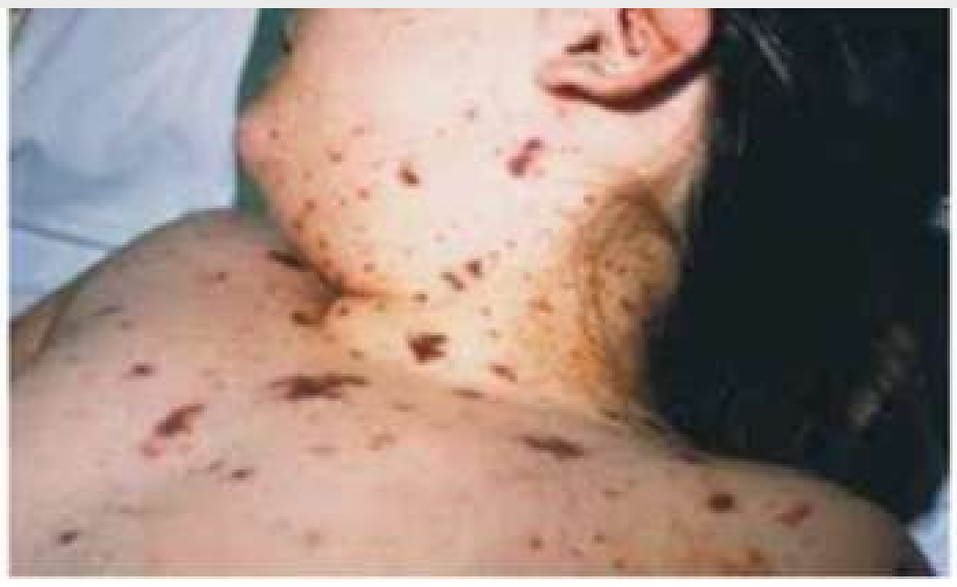
3) What organism causes this case?

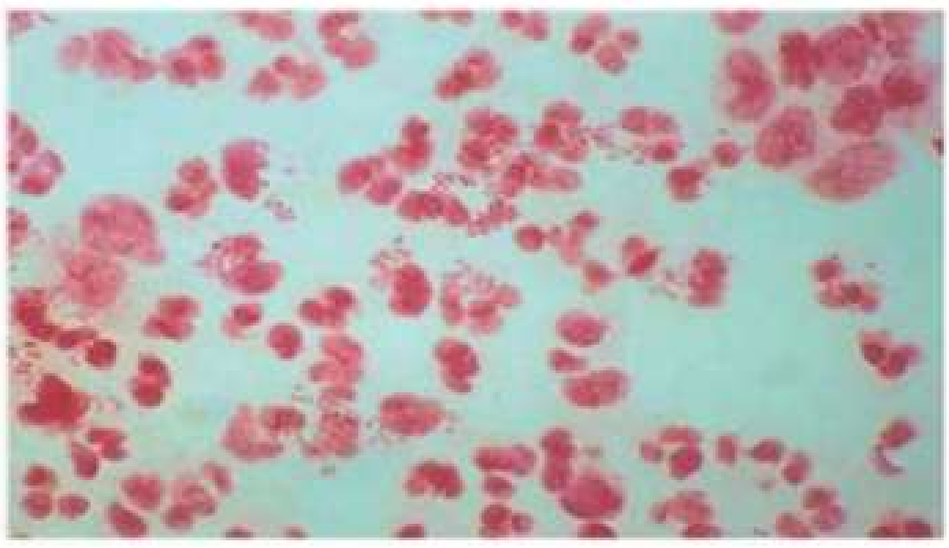
Neisseria meningitides

4) What is the treatment of choice?

• 3d generation cephalosporin,

Vancomycine , Steroids





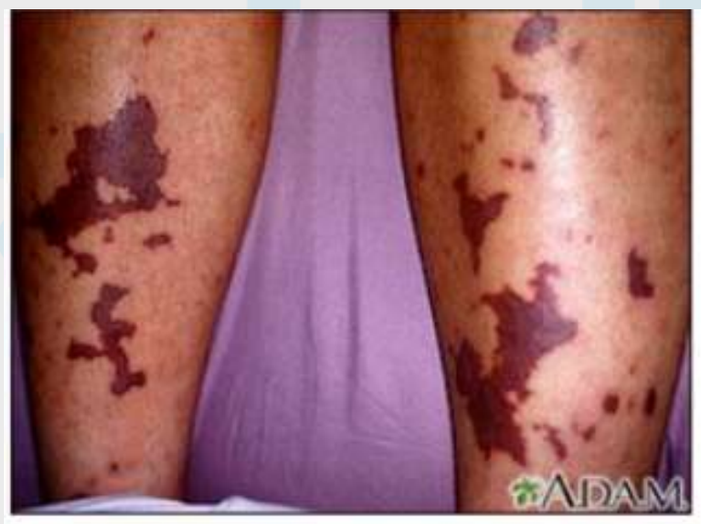
Q1 :

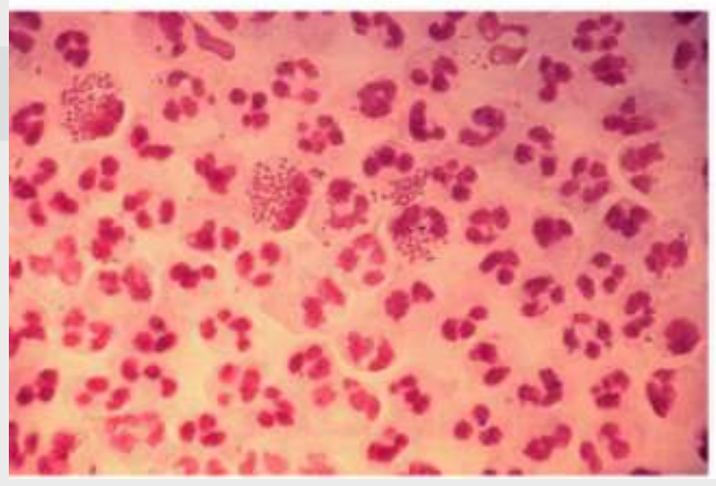
• Presentation of meningitis of 1 year old

1. Dx : meningococcemia

2. name of test : gram stain

3. name : N. meningitides





Q1 :

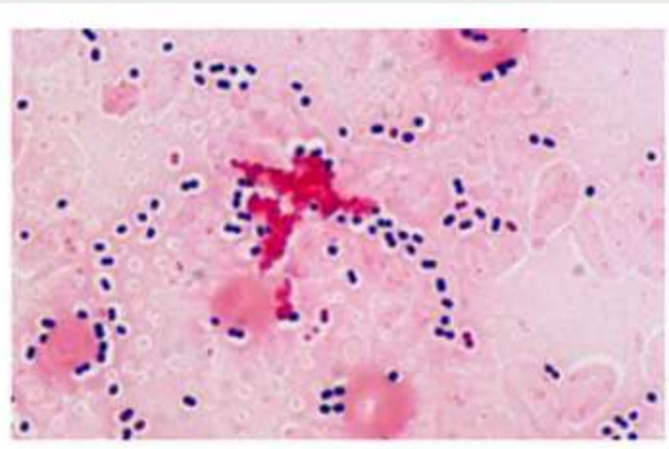
• Presentation of meningitis of 6 months .

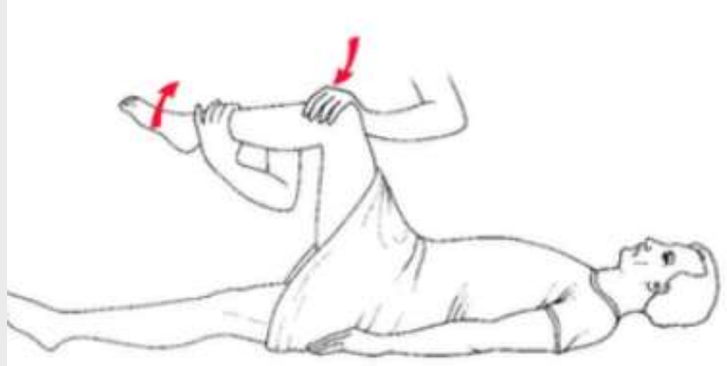
1. name of test : CSF gram stair

2. name of sign: Kernig's sign

3. management:

ceftriaxone + vancomycin





Meningitis

Q1 :

15 months old patient with history of vomiting and fever.

WBC= 22 , Platelets= 298, RBC= 4.5, Na = 136, K=3.6 , glucose = 95

<u>urine</u>:

RBC= 2-4 , protein =+1 , PH = 5.5

<u>CSF</u> :

protein = 110 , glucose = 25 , WBC = 1000 (90 % neutrophile)

1- What is your DDx

Bacterial meningitis

2- The most common 3 organism

Strep. pneumonia

N. meningitidis

H.Influenza

3- if the culture show gram + diplococci , what is the organism ?

Strep. pneumonia

4- whats your treatment

3rd generation cephalosporine + vancomycin

Corticosteroid (dexamethasone)

5-two organisms prevented by vaccination

H.Influenza vaccine , pneumococcal vaccine

6- If you repeat KFT and the Na become 127 , what is your DDx ?

SIADH

7- Mention 3 long term complication

deafness ,other cranial nerve deficits , cerebral infarction

recurrent seizures or mental retardation

Q1 :

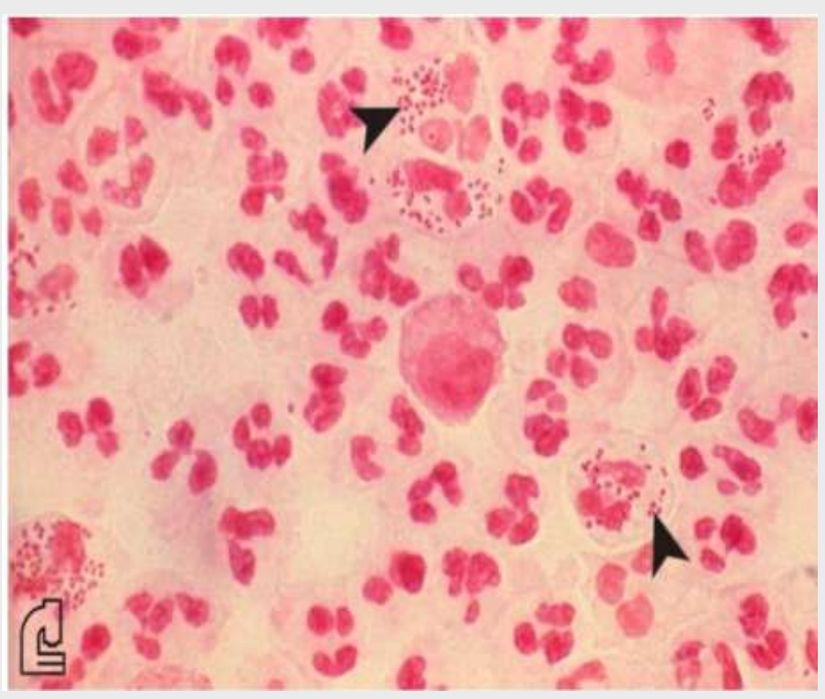
-Describe the study of CSF :

CSF stain

-Findings :

Intracellular gram -ve diplococci

{N.meningitidis}



Meningitis

ESSAY STATION :

Patient with gonococcal meningitis presented by intractable seizure and not respond to antiepileptic drug

-Cause of seizure :

Hyponatremia (Electrolytes showing this)

-Diagnosis :

Waterhouse-Friderichsen syndrome

-Cause:

Meningiococcemia

-Initial management :

Antibiotics/3rd G cephalosporin, CS, FFP

-Treatment prophylaxis of contact of age less than 18 year :

Rifampin

-Types of vaccine for organism:

Polysaccharide based and Protein based

-Complication:

Seizure, Hearing loss, Mental retardation

Q1 :

Describe:

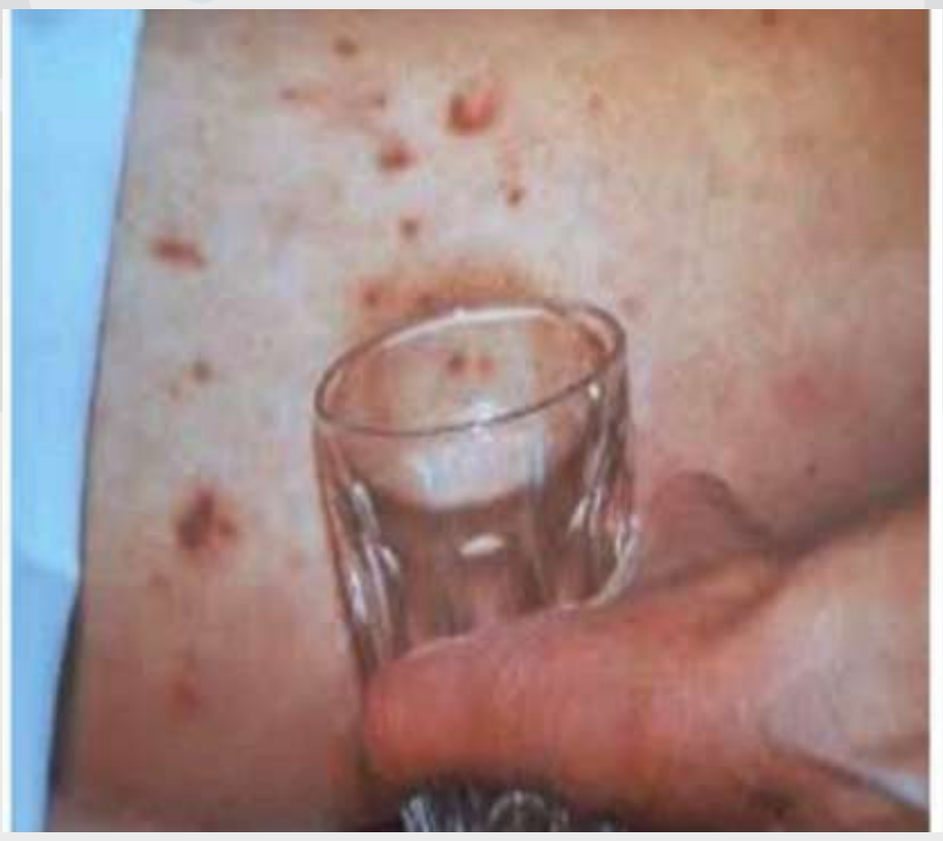
Skin glass test

Use:

differentiate between blanching/nonblanching purpura

Nonblanching purpura :

Meningiococcemia & Thrombocytopenia



Q1 :

4 weeks baby

what is the organism :

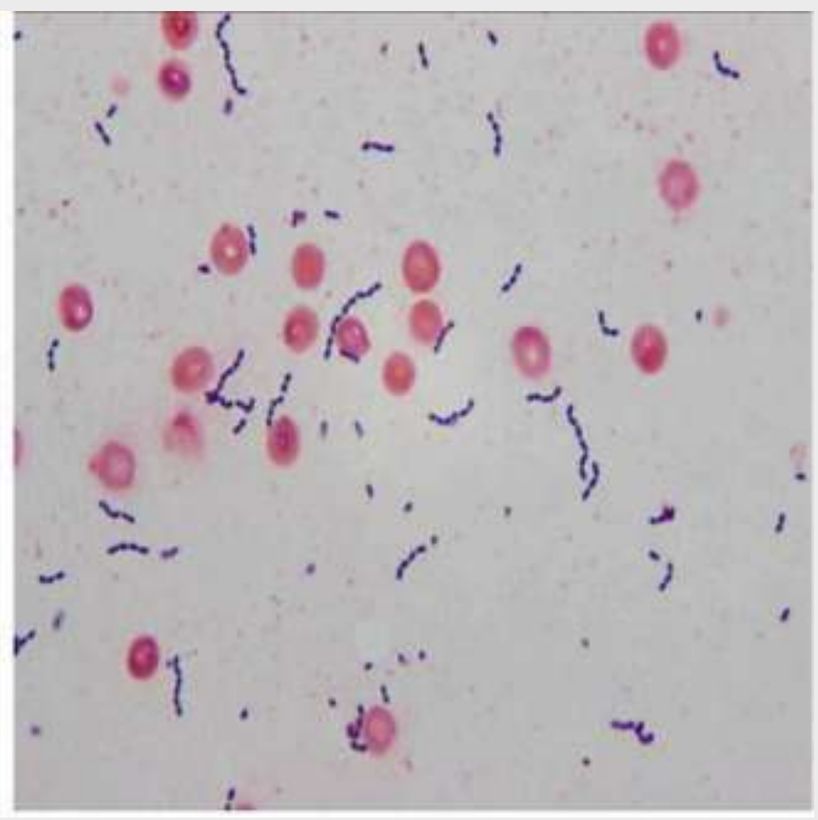
GBS

what is the test ?

CSF gram stain

Duration of treatment ?

14 days



Muscular dystrophies

Q1: A)What is the sign in each picture?

Answer:

First picture (left):

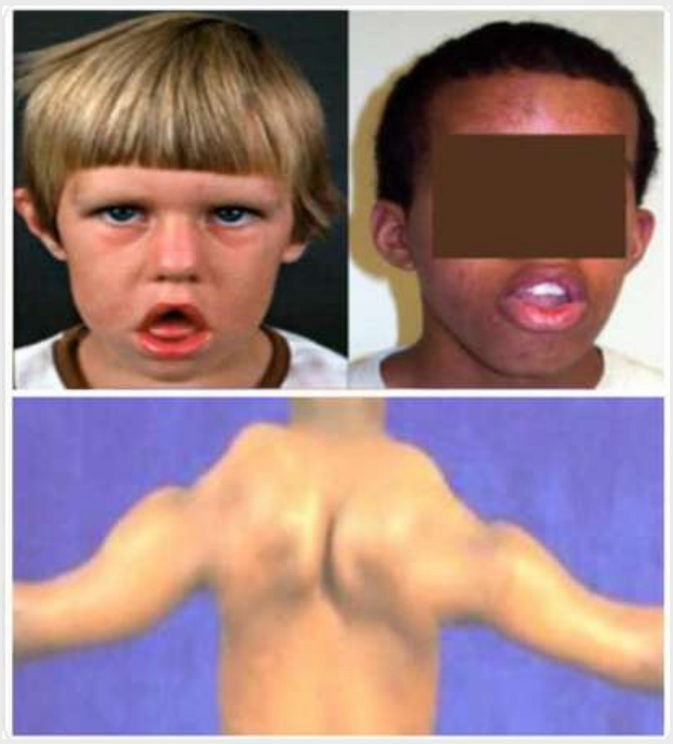
→ Facial wasting(Myopathic facies /Hatchet face)

Second picture (right):

→ Inverted V-shaped (tented) upper lip

Third picture (back):

→ Scapular winging



B)What is your diagnosis?

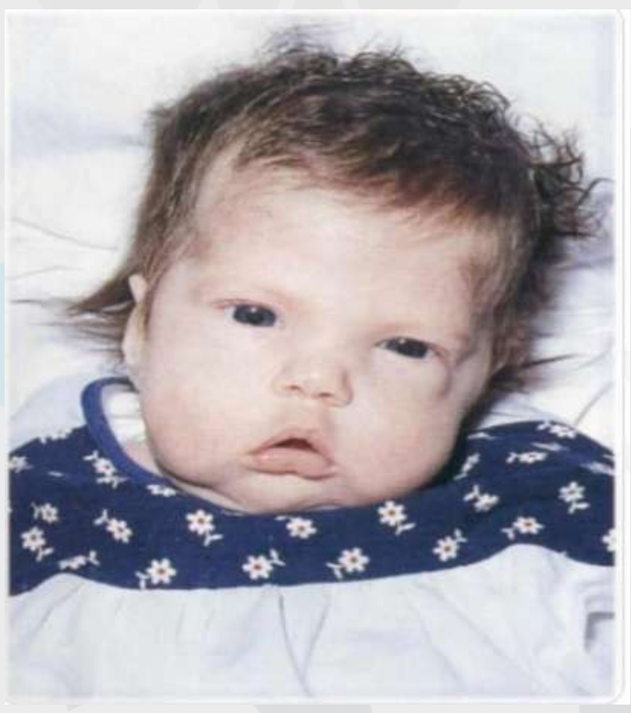
Answer:

-Myotonic muscular dystrophy

Q2: A)What is the most prominent facial feature in this condition?

Answer:

-Inverted V-shaped upper lip (tented upper lip) and facial wasting.



B)What is the diagnosis?

Answer:

-Myotonic muscular dystrophy (specifically the Congenital form of Myotonic Dystrophy Type 1)

C)Inheritance?

Answer:

-Autosomal dominant

D)Incidence?

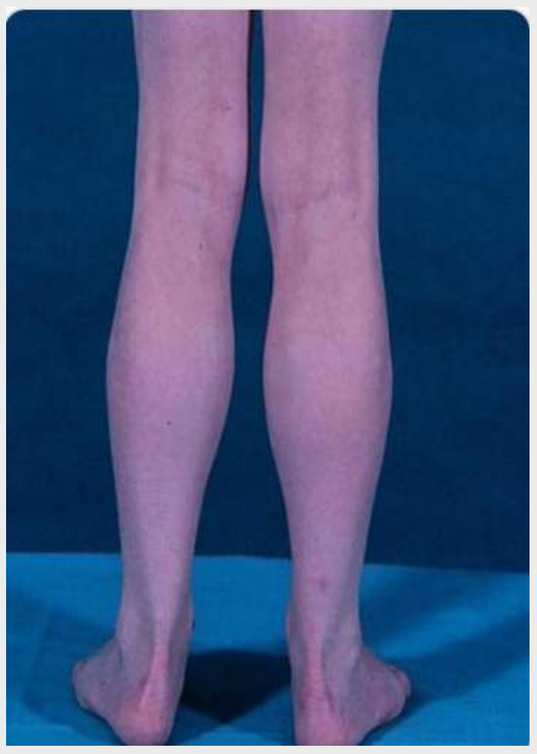
Answer:

-1 in 30000

Q3: A)What is the sign?

Answer:

-Calf muscle hypertrophy (Pseudohypertrophy)



B)Mention 2 DDx.

Answer:

-Duchenne muscular dystrophy (DMD), Becker muscular dystrophy (BMD)

C)What is the enzyme?

Answer:

-creatine kinase

Muscular dystrophies

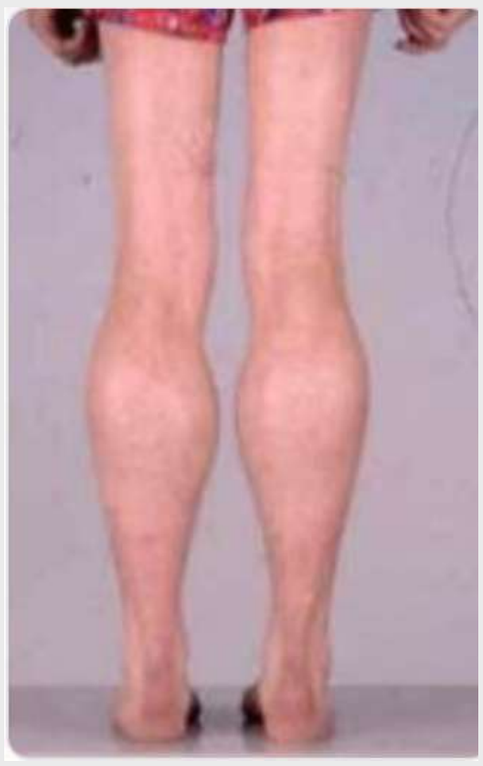
Q4: A)Write 3 DDx of this condition.

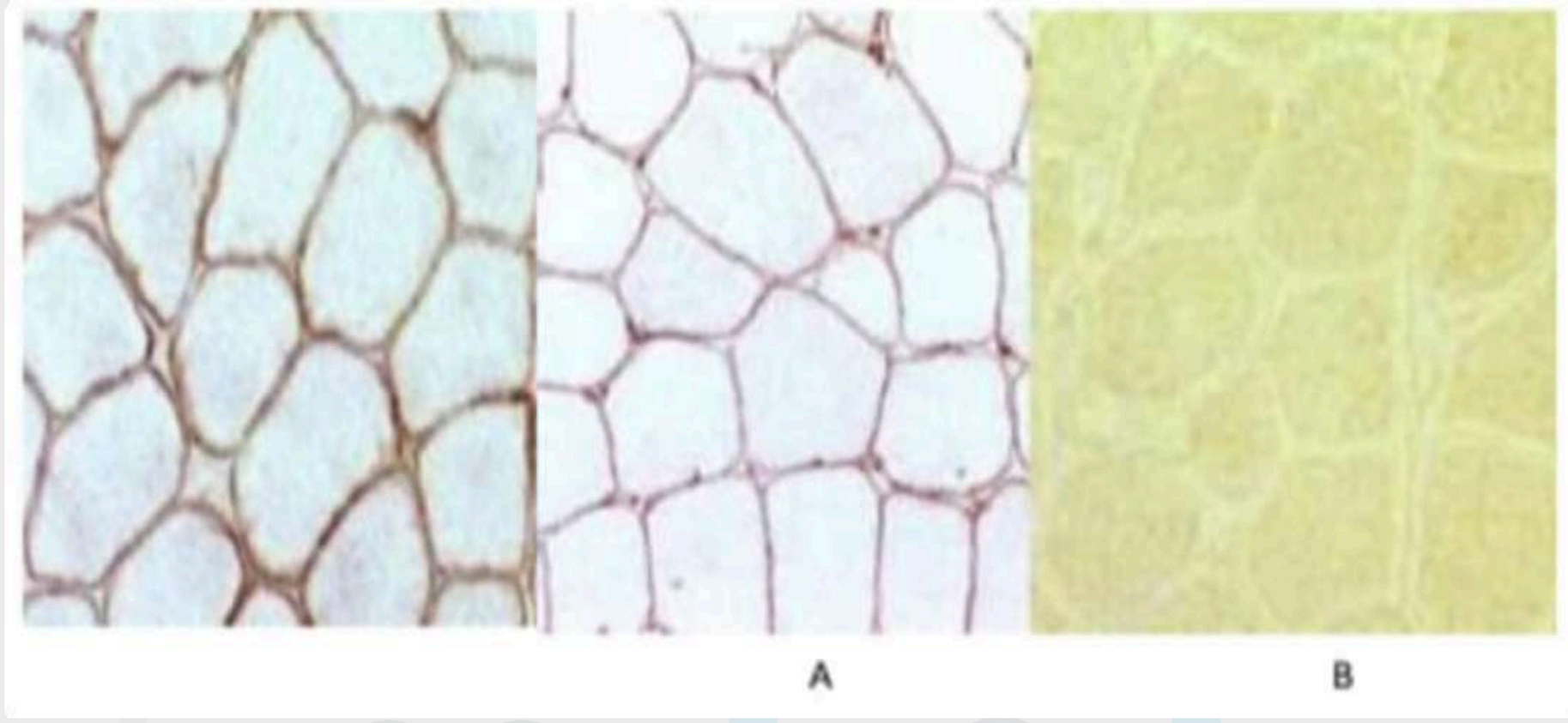
Answer:

-Becker muscular dystrophy

-Limb-girdle muscular dystrophy

-Spinal muscular atrophy (Type III)





Q5:

A)What is the condition associated with sample A?

Answer:

-Becker muscular dystrophy

B)What is the condition associated with sample B?

Answer:

-Duchenne Muscular Dystrophy (DMD)

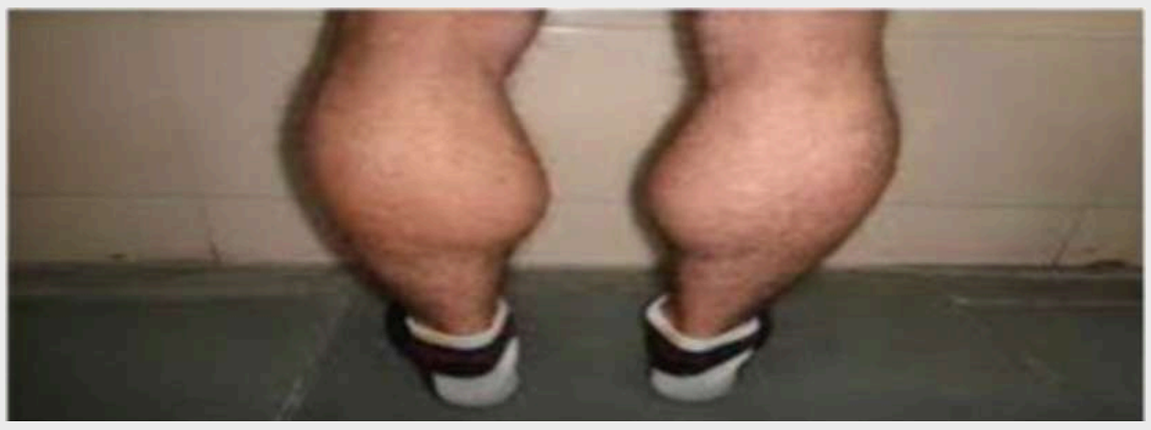
Q6: 5 year old boy, with progressive difficulty climbing stairs.You expect to find all the following EXCEPT?

-Proximal muscle weakness

-Gowers' sign

-Calf pseudohypertrophy

-Normal intelligence



Answer:

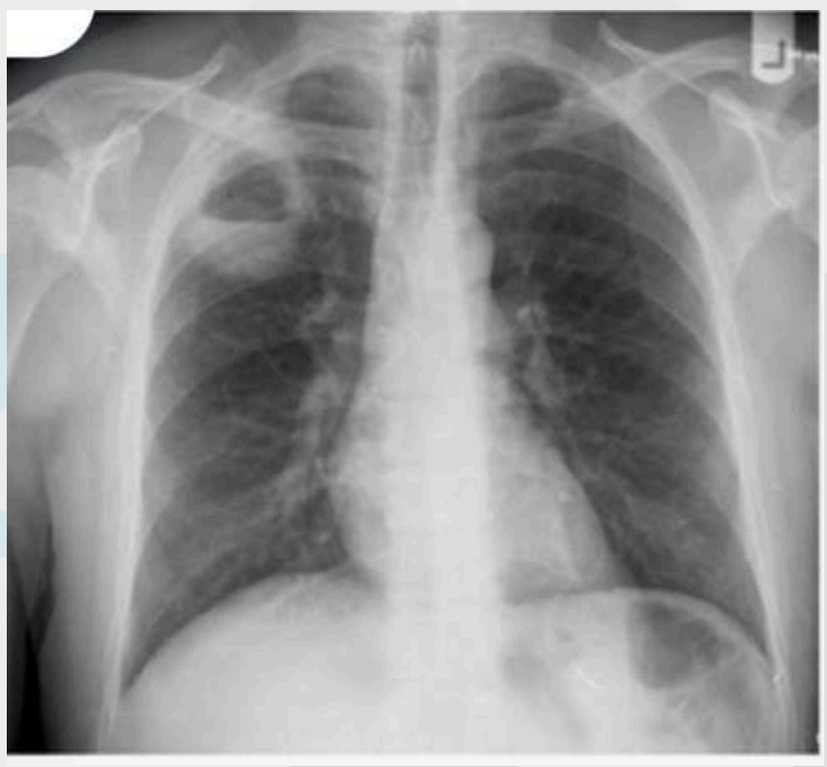
-Normal intelligence

DR.Reham :

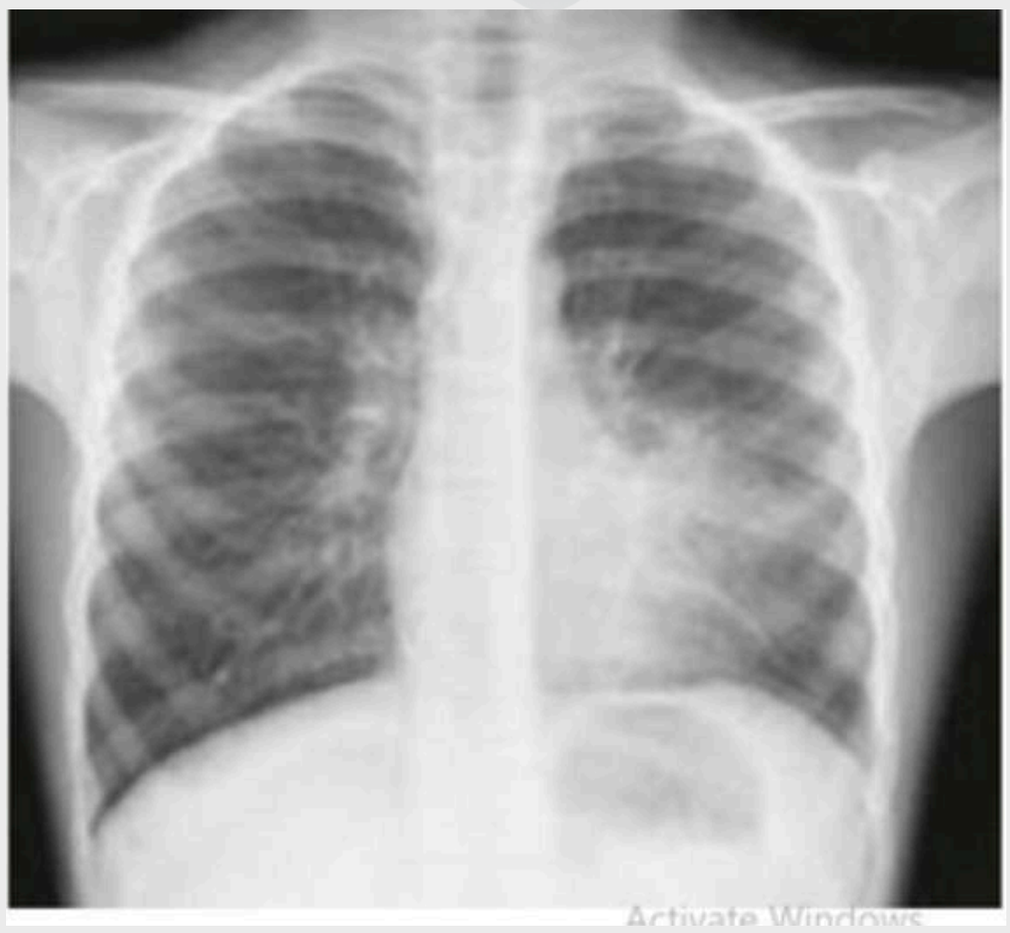
Pneumonia

Case: 6 year old with cough, fever
CXR finding: Lobar consolidation
Organism: S. pneumoniae

1) Mention 2 findings on X-ray?
Thin wall cavity with fluid level.
2) What's the diagnosis?
Parapneumonic abscess (Lung abscess).
3) What's the management?
IV antibiotics 4-6 weeks; if no response, surgery.



Section 3
Question 6: 12-year-old presents with fever, cough, and wheezing, X-ray of chest is shown below.
What is the diagnosis?
Bronchopneumonia (Atypical pneumonia).
What is the most likely infecting organism?
Mycoplasma pneumoniae.
What is the treatment?
Macrolides (e.g., Azithromycin).



Pneumonia

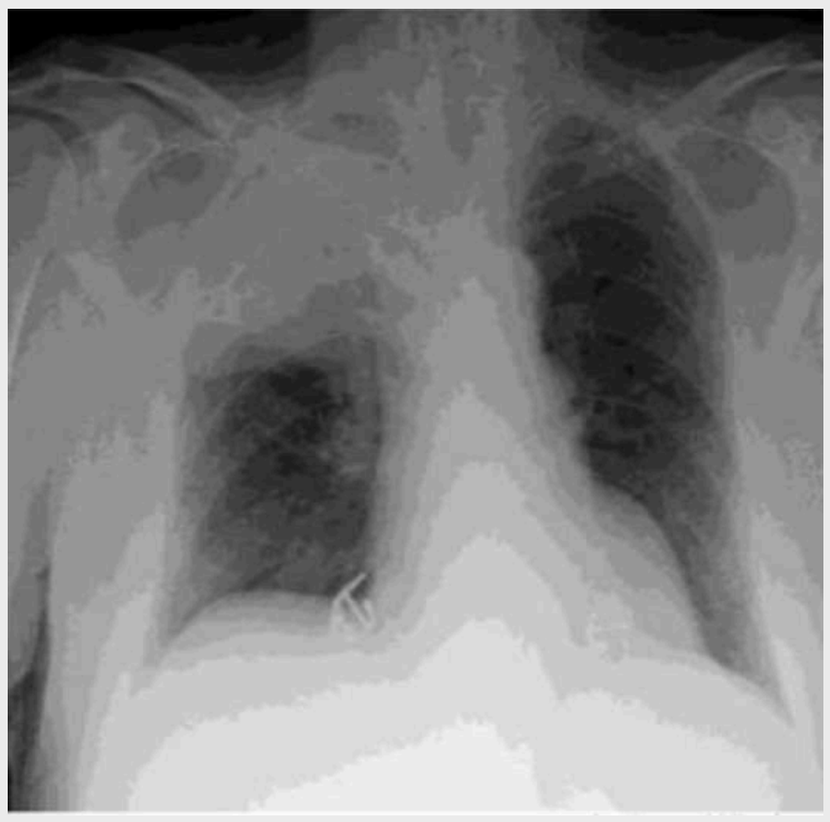
A) What's your dx?

Right upper lobe pneumonia

B) give me two clinical findings in this patient:

1- dull in percussion

2- bronchial breathing



Section 2

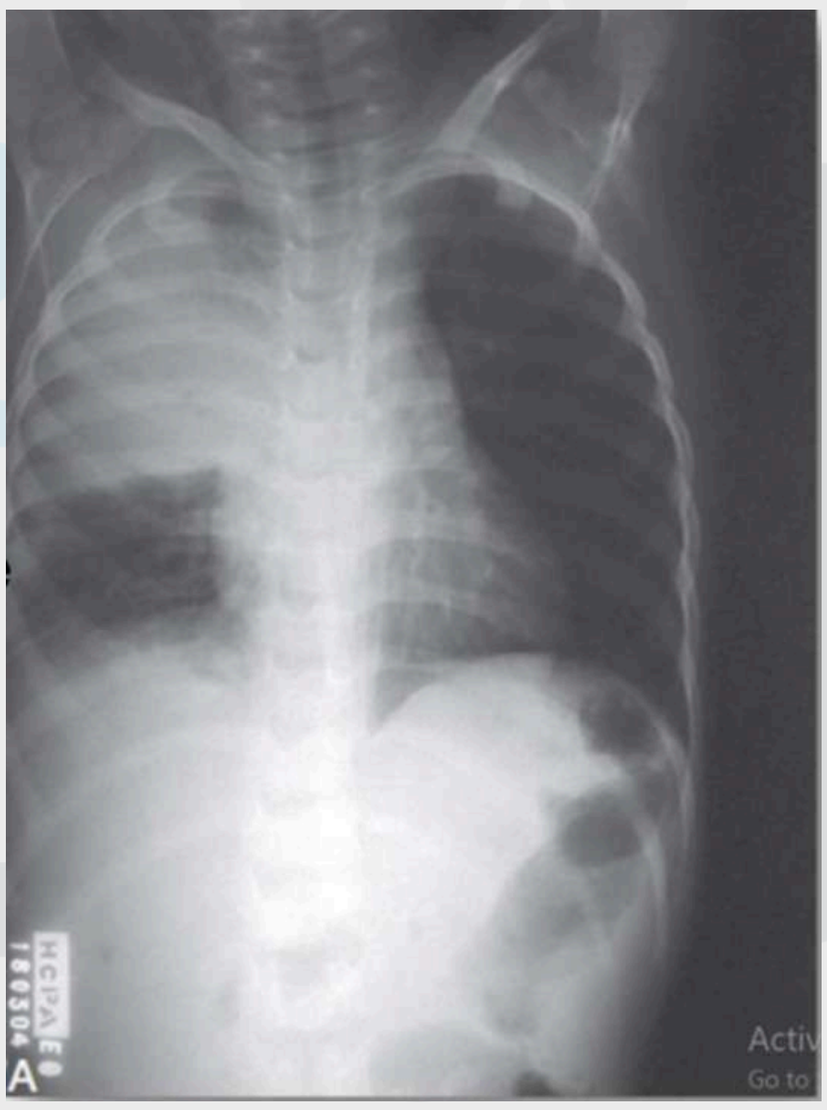
8# 4 y old girl come to ED with high grade fever and sever cough and low oxygen saturation

1/ What's the finding of this X-ray?

Right upper lobe consolidation

2/ after 2 days fever back and decrease air entry, what is the cause?

Parapneumonic effusion / Empyema

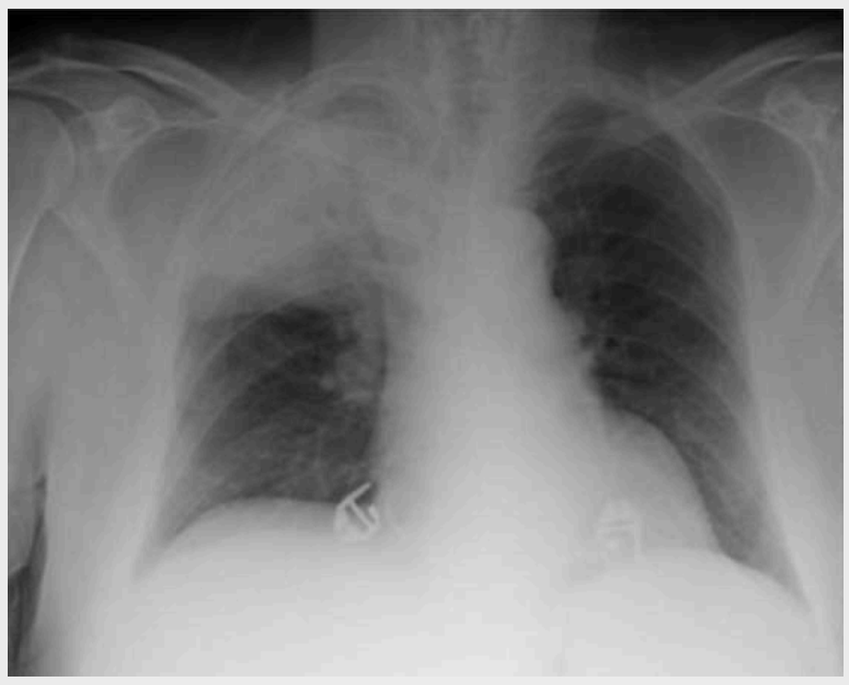


Radiological finding? Right upper lobe Consolidation

Two findings on Physical exam?

Auscultation -> decrease breath sound on Rt. side

Percussion -> dullness on Rt. side

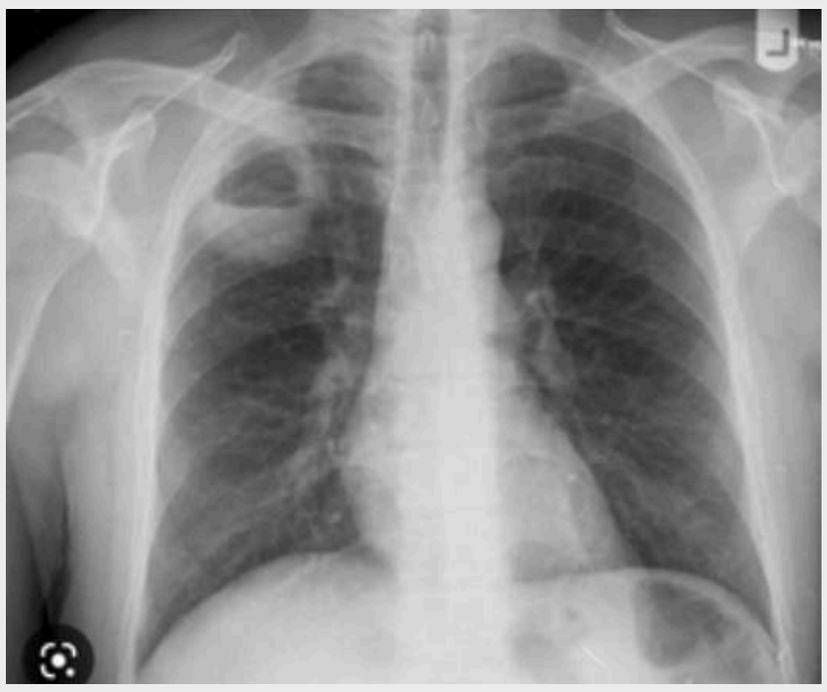


Pneumonia

Describe what you see in this chest X-ray: Lung abscess in right lung

*What is the most common organism: S. Aureus

*What is the best management: 3rd generation cephalosporin with vancomycin/Incision and drainage



1-Write findings in this Image:

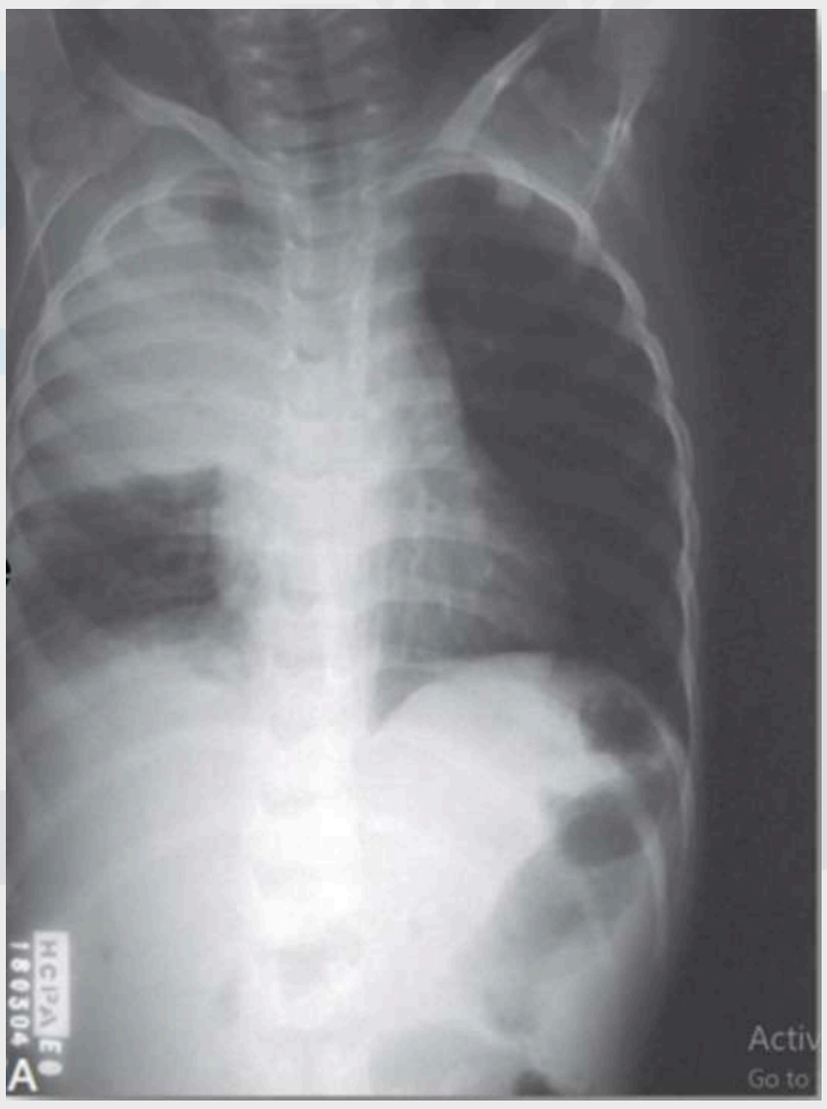
Opacification or consolidation in upper lobe of right lung

2-What can you notice in physical examination:

Dullness on percussion

Decrease breath sounds

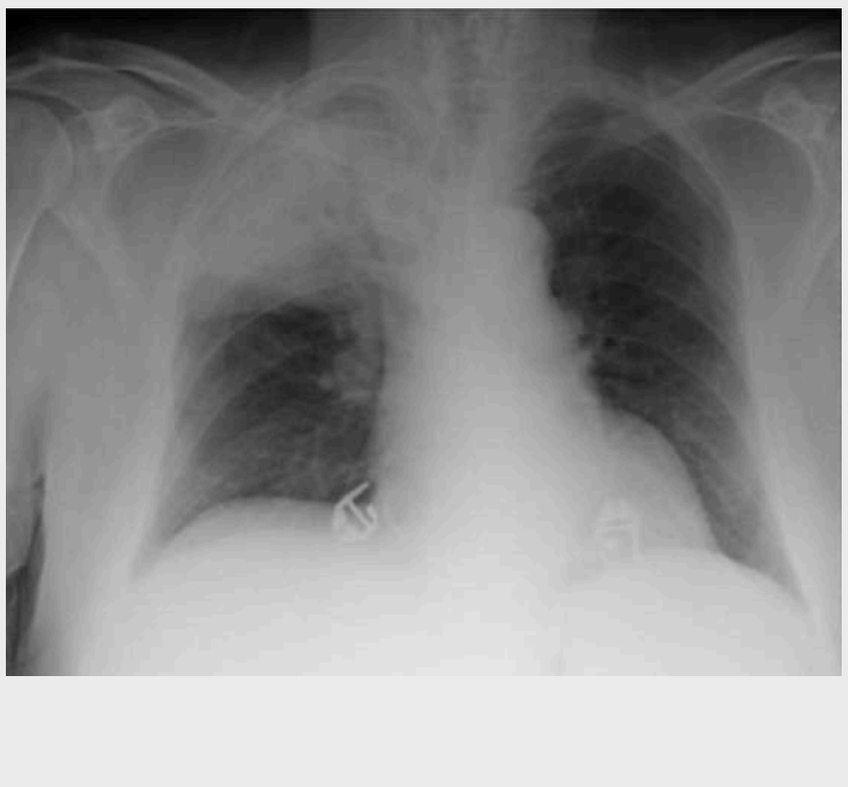
Bronchial breathing



Patient with high fever and cough:

A- What is your diagnosis: RT upper lobe pneumonia

B- Most common organism: S. pneumonia



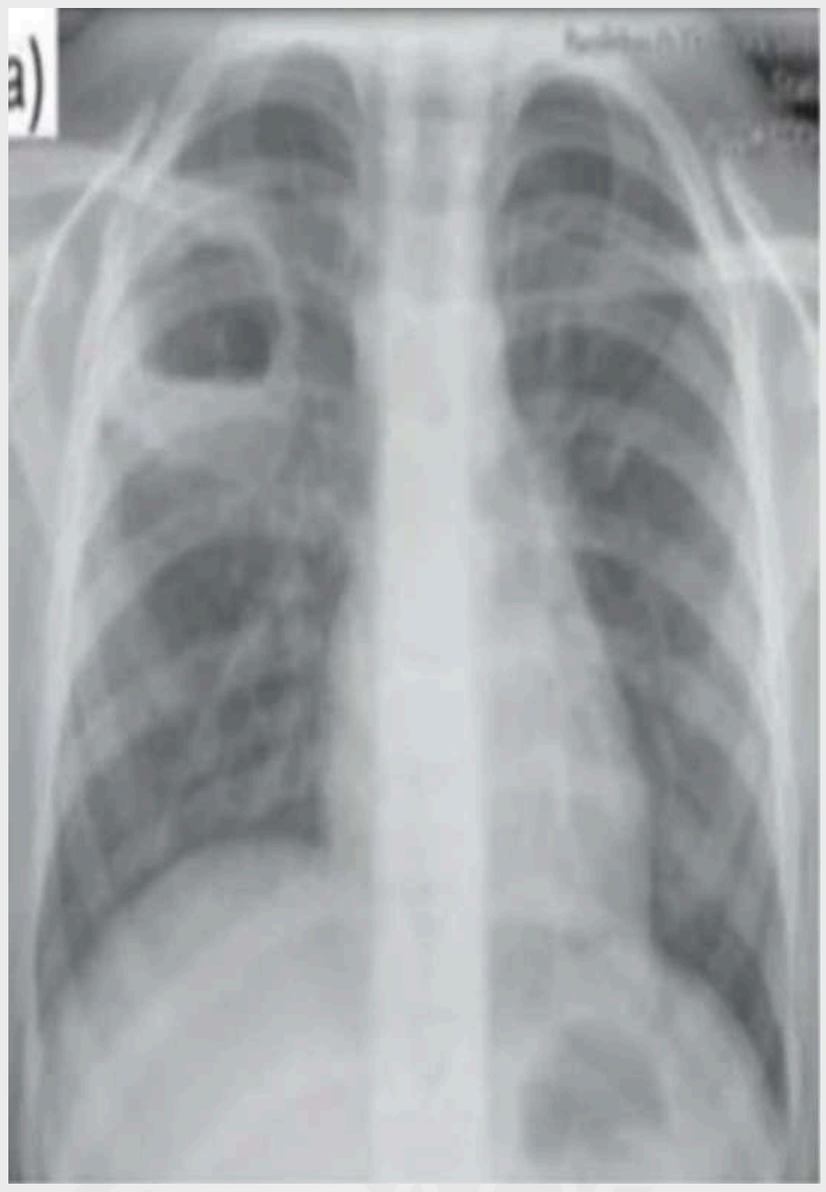
Pneumonia

6-year-old child diagnosed with pneumonia before 5 days and treated with antibiotic, he is presented today with persistent fever and cough.

1) Describe the x-ray: Thick-wall cavitary lesion in the right upper lobe with air-fluid level.

2) What is the diagnosis? Lung abscess

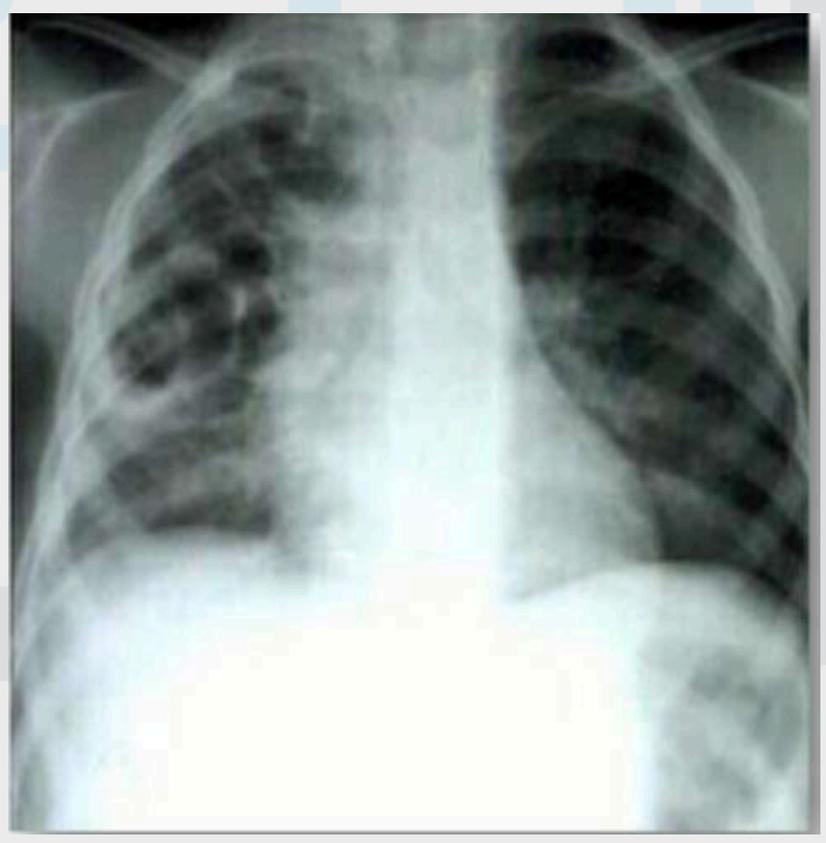
3) What is the treatment of choice? IV antibiotic (clindamycin) for 4-6 weeks. Surgery if not respond t antibiotic.



1- Describe the finding in the chest x-ray? pneumatocele (cysts in the right upper lobe)

2- What is the most common organism? Staph aureus

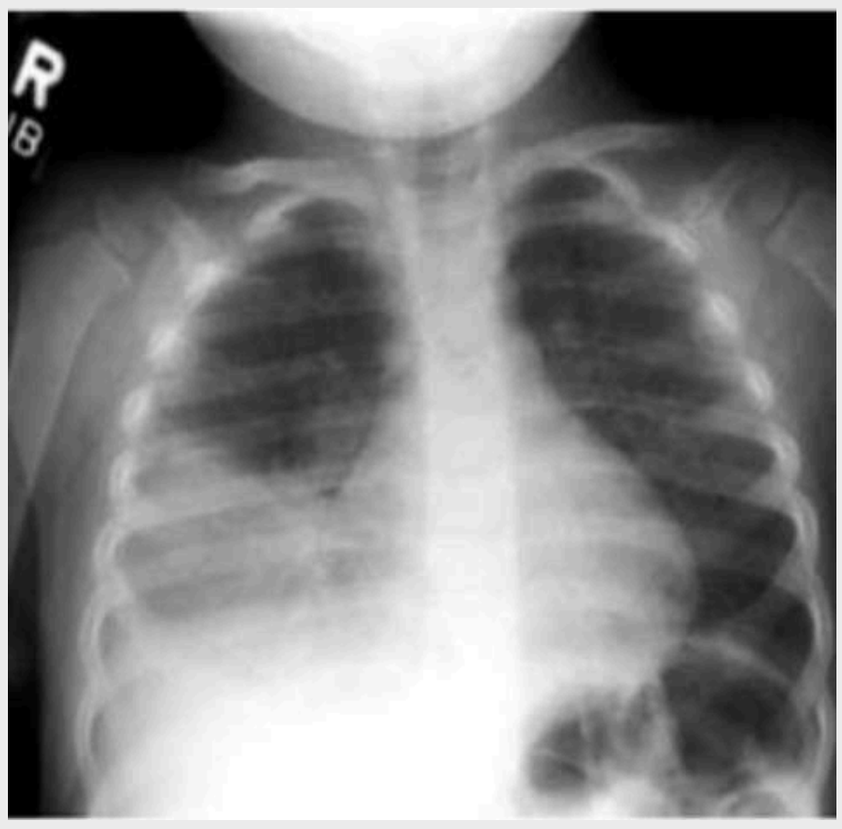
3- What is the management? IV penicillin or nafcillin. Observation after antibiotics. If it persist \rightarrow surgical treatment.



Describe this chest x ray? Right lower lobe consolidation silhouetting with diaphragm and obliteration of right costophrenic angle.

Most common organism? Streptococcus pneumonia

Drug of choice? Vancomycin and third generation cephalosporin



Pneumonia

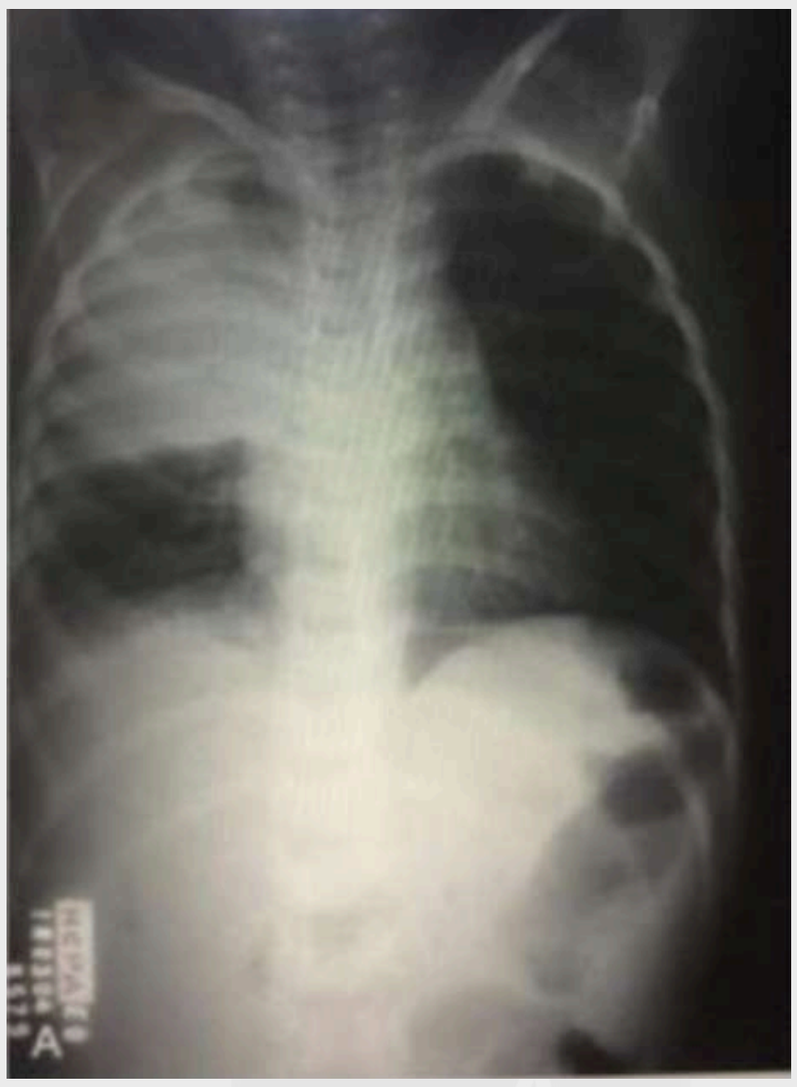
Mention 2 DDx:

Pneumonia (Consolidation)

Pleural effusion (specifically a parapneumonic effusion)

2. Treatment?

Admission, Oxygen therapy, and Intravenous antibiotics (e.g., Ceftriaxone).



4 y old girl come to ED with high grade fever and sever cough and low oxyen saturation

1- Whats the finding of this xray?

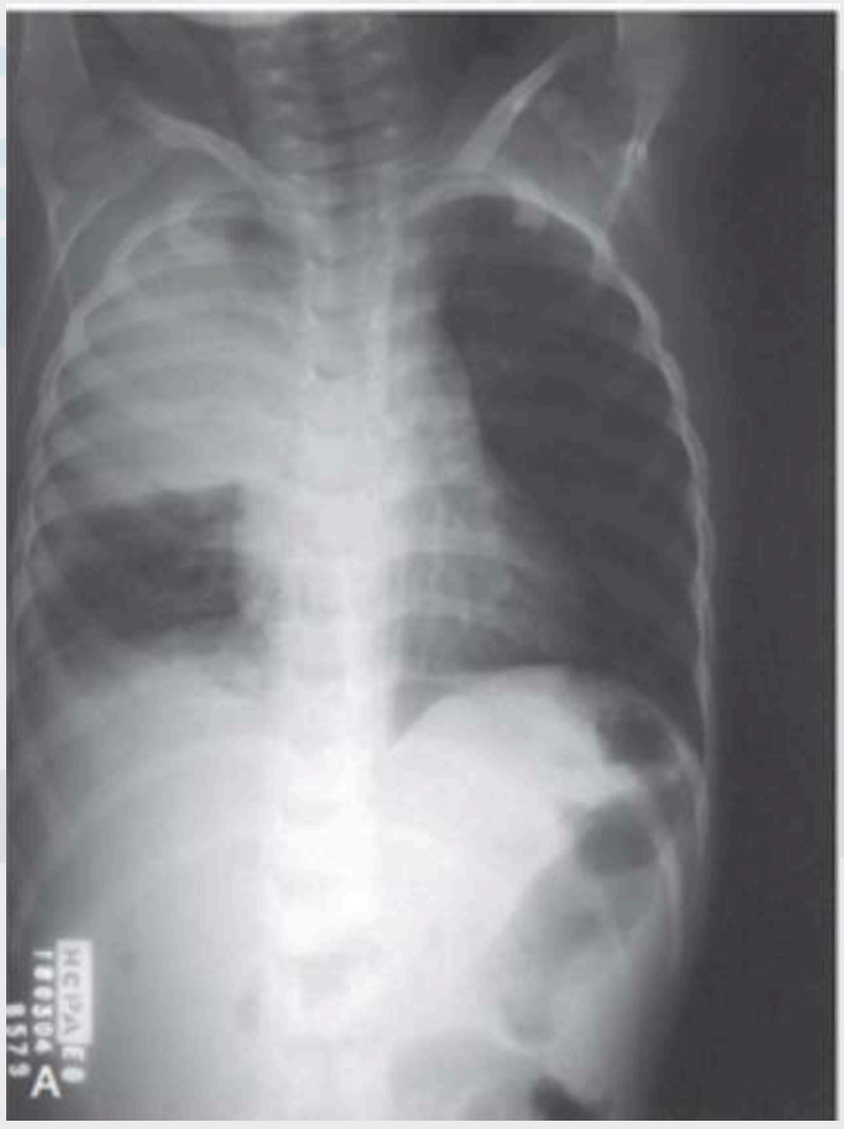
Dense opacity/consolidation in the right lung with loss fthe costophrenic angle (suggesting effusion).

2- whats the organism?

Pneumococcus (Streptococcus pneumoniae)

3- whats the mangmant?

Admission... O2... antibiotic... antipyretic



1. what is the radiological findings?

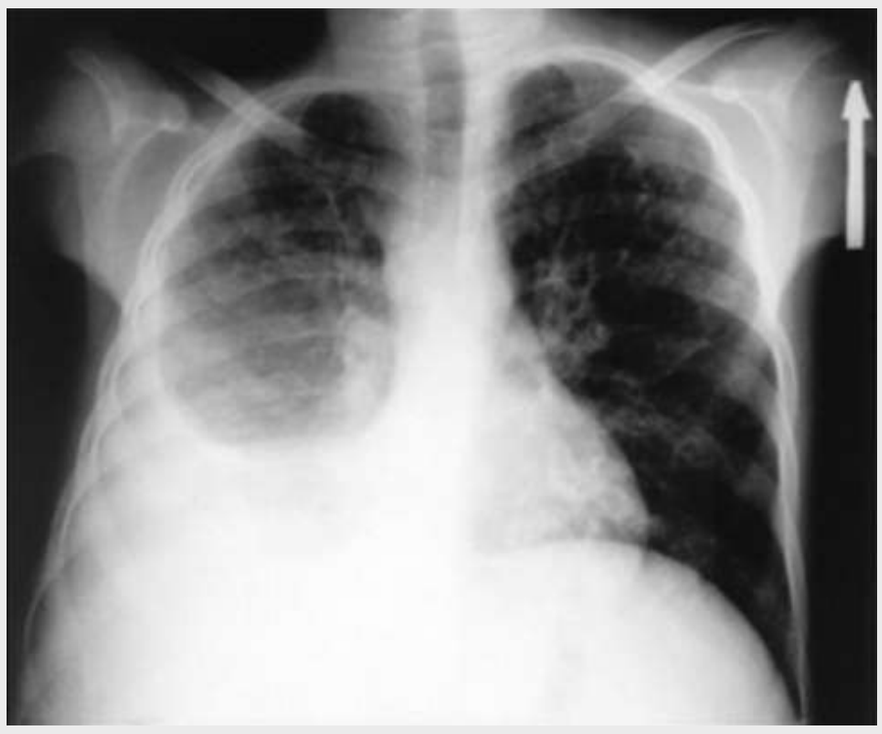
Right lower lobe consolidation and obliteration of the right costophrenic angle

2. Dx?

Right lower lobe pneumonia with effusion

3. Management?

Ceftriaxone and vancomyci



Pneumonia

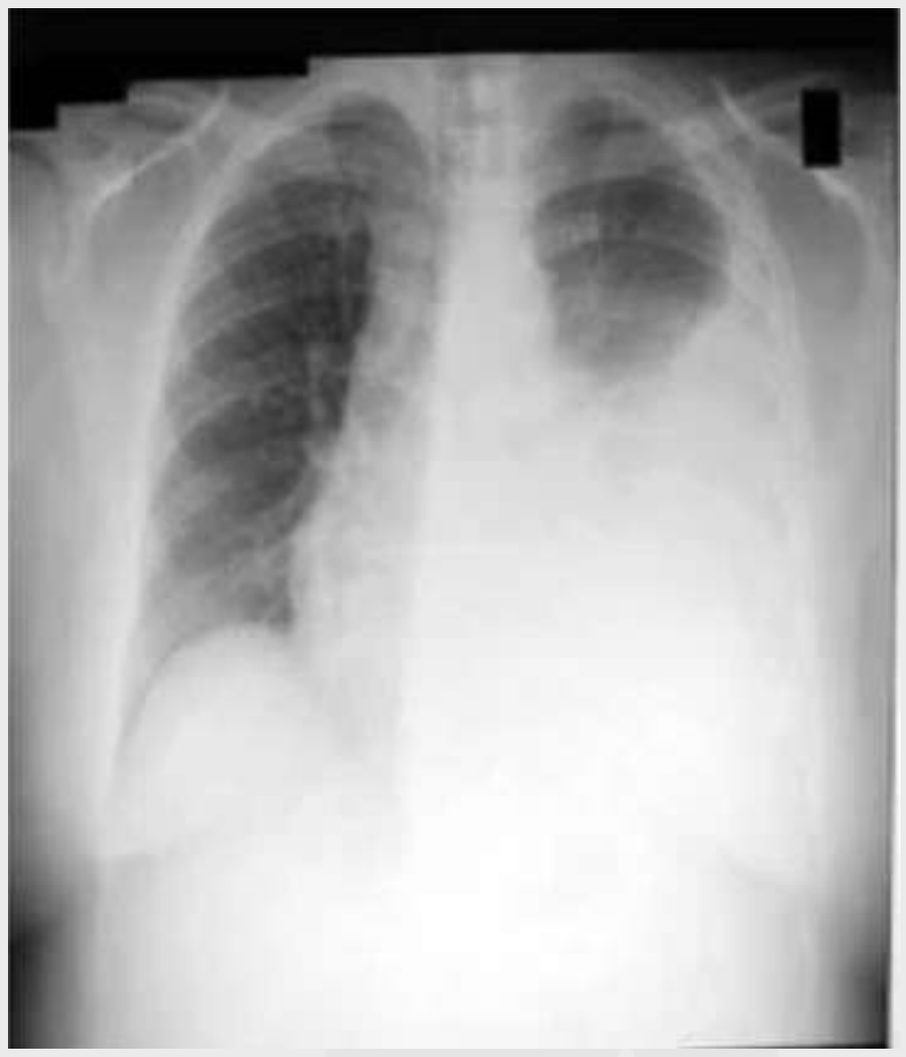
Presented with history of fever and chest pain 3 days ago

1) Finding in X-ray:

Left side opacity with obliteration of costophrenic angle and meniscus sign. (Pleural effusion)

2) If thoracocentesis show straw colored fluid, what is the most susceptable organism?

Mycobacterium tuberculosis



6 years old patient presented with this CXR

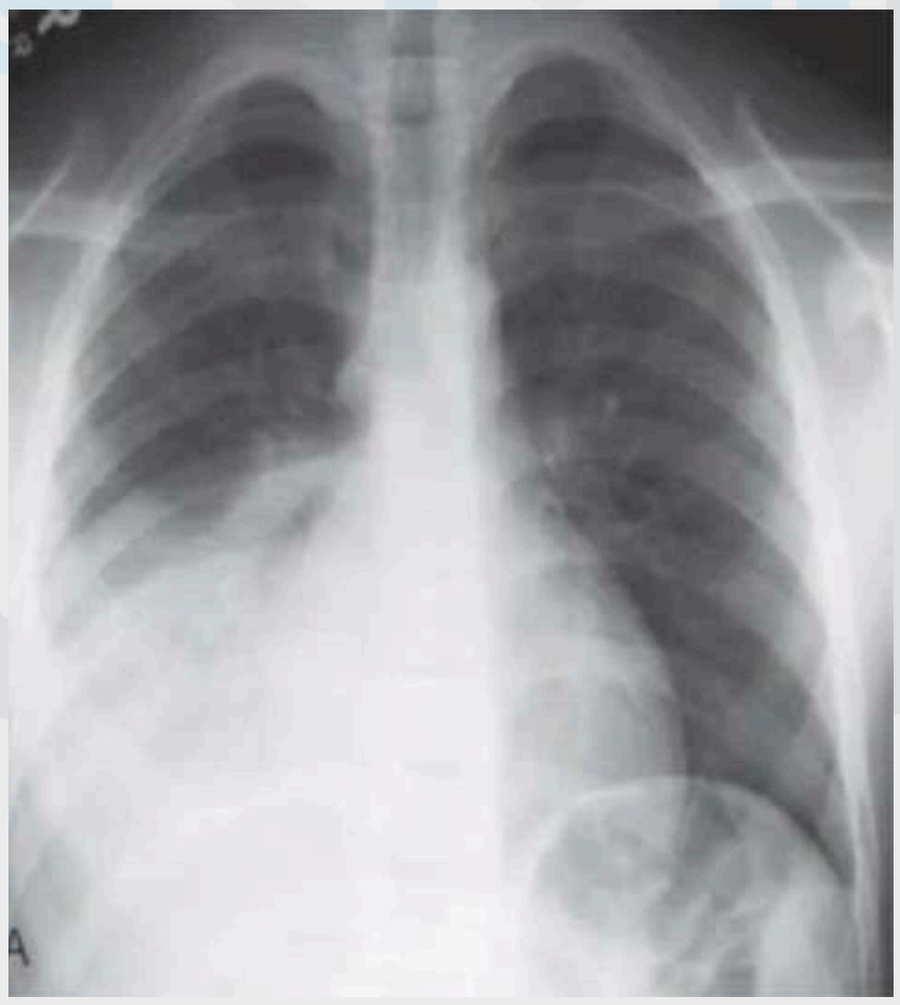
1- Give the most common organism causing this finding?

S. Aureus

S. pneumoniae

2- What's your management?

3rd generation cephalosporin (Ceftriaxone) and Vancomycin.



What is the diagnosis?

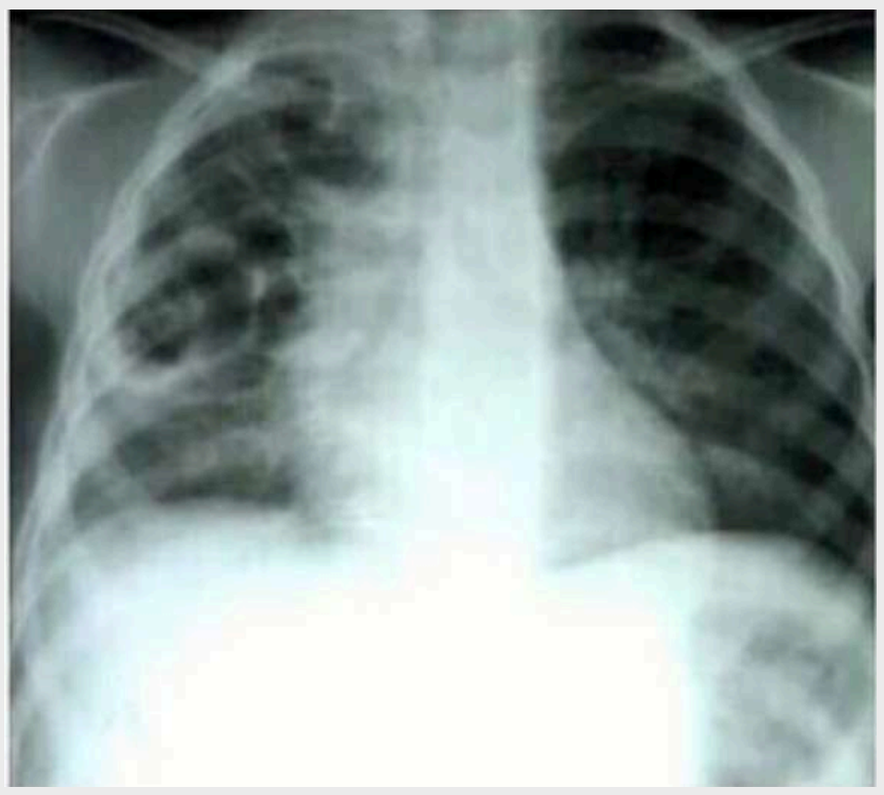
Pneumatocele

What is the cause?

Staph aureus

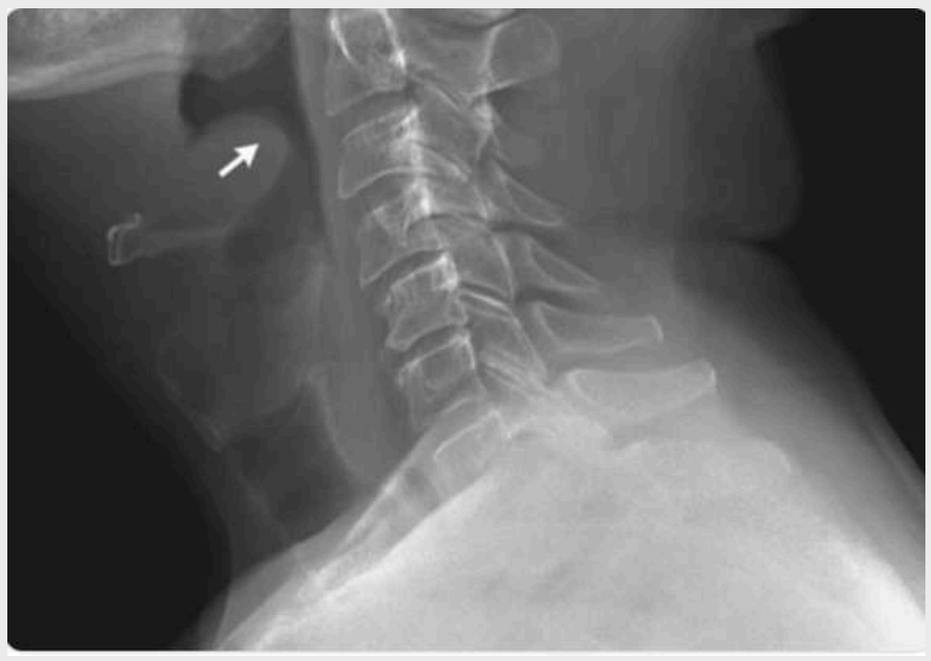
What is the best treatment?

Vancomycin



URTI

Q1: 7-year-old boy presents with drooling, distress, not received all his vaccines. His X ray:



A)What is your diagnosis?
Answer:
- Acute epiglottitis

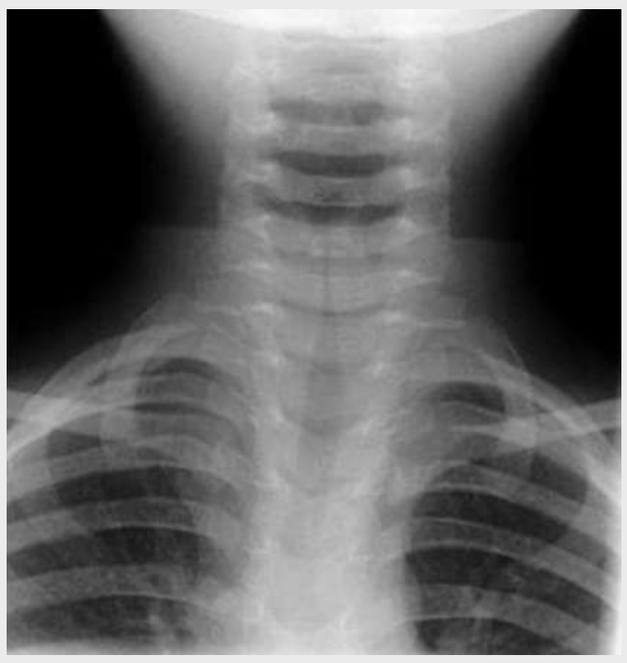
B)What is the most causative organism?
Answer:
-Haemophilus influenzae type B(Hib)

C)What sign on X ray does it present with?
Answer:
-Thumb sign

D)What is the treatment?
Answer:
-Endotracheal intubation and 3rd generation cephalosporin .

Q2: 1yr old male presented to the ER with barking cough and respiratory distress with strider at rest, an AP-neck X-ray is performed:

A)What is the sign in X-ray ?
Answer:
- Steeple sign

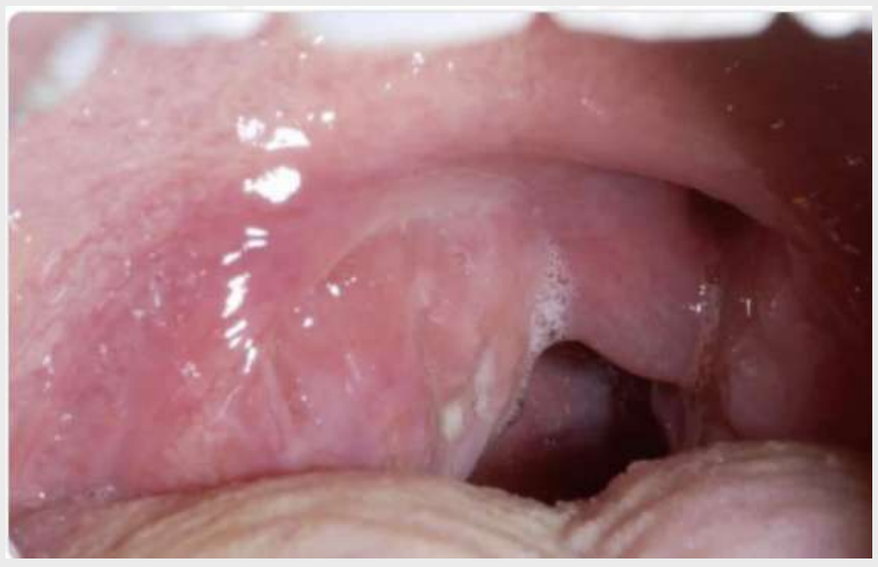


B) What is the most common causative organism?
Answer:
-Parainfluenza virus

C)What is your first line management?
Answer:
-Corticosteroids (Single dose of Dexamethasone)+Nebulized epinephrine .

URTI

Q3: A patient presents with trismus (difficulty opening the mouth), previous history of pharyngotonsillitis. Physical examination reveals a bulging of the right tonsil and deviation of the uvula to the left side.



A)What is the diagnosis ?
Answer:
- peritonsillar abscess(Quinsy)

C)What is the treatment ?
Answer:
-Drainage(main treatment) through needle aspiration or incision and drainage.And IV antibiotic(effective against GAS and anaerobes).

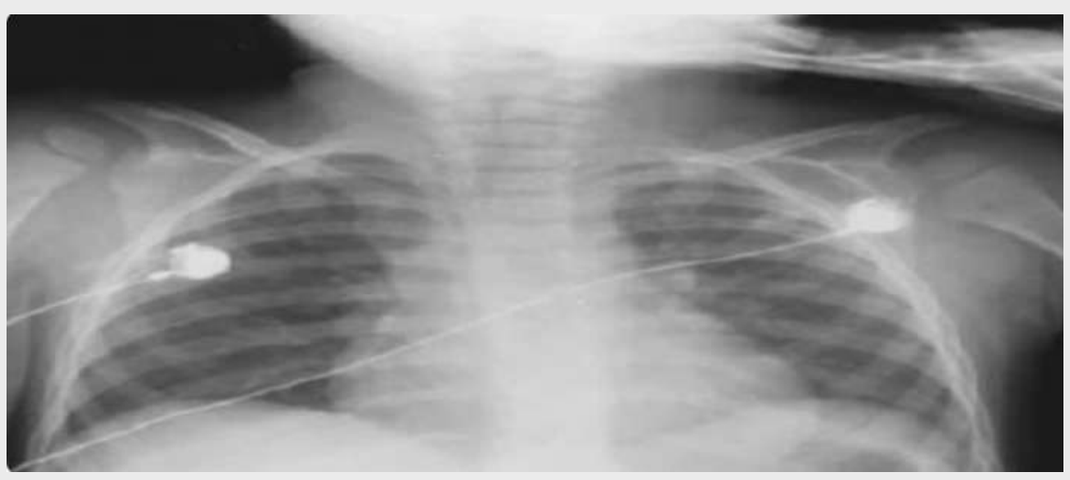
Q4: A 4-year-old child with: High fever, sore throat, drooling, sitting leaning forward.

A)What is the diagnosis ?
Answer:
- Acute epiglottitis

B) What is the most causative organism?
Answer:
-Harmophilus influenzae type B(Hib)

C)What is the treatment ?
Answer:
-Airway stabilization(endotracheal intubation) and 3rd generation cephalosporins.

Q5: 2-year-old boy presents with barking cough at night, low grade fever, inspiratory stridor and horseness.



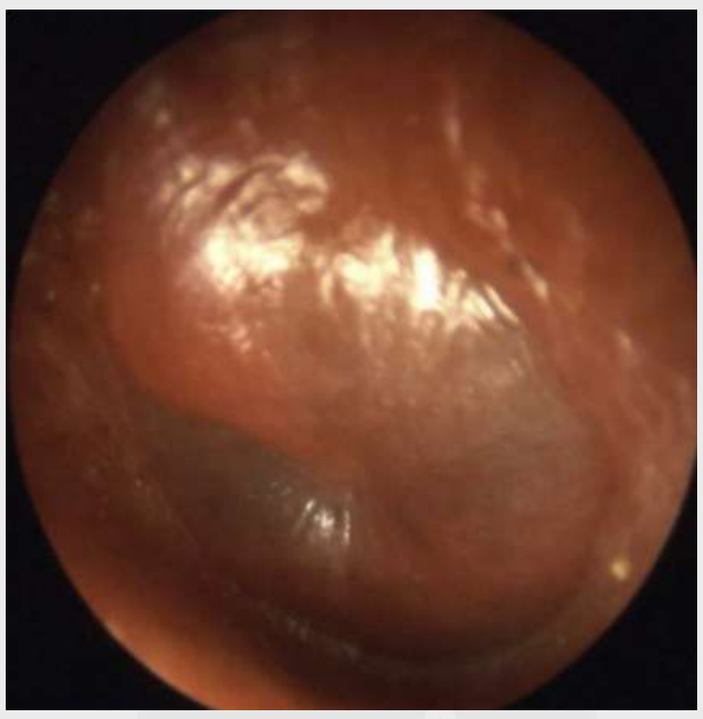
A)What is your differential diagnosis ?
-Croup
-Acute epiglottitis
-Bacterial Tracheitis
-FB aspiration

B) Mention 2 lines of management ?
Answer:
-Neubulized racemicepinephrine, oral corticosteroid, helium-oxygen mixture(Heliox)

URTI

Q6:A 4-year-old boy is brought to clinic because his mother noticed decreased hearing for 1 month.
There is no fever, no ear pain, no ear discharge,he had a cold 5 weeks ago. On examination

- Otoscopy: dull, retracted tympanic membrane with visible air-fluid level
- No bulging
- No redness



A)What is your diagnosis ?
Answer:
- Otitis media with effusion

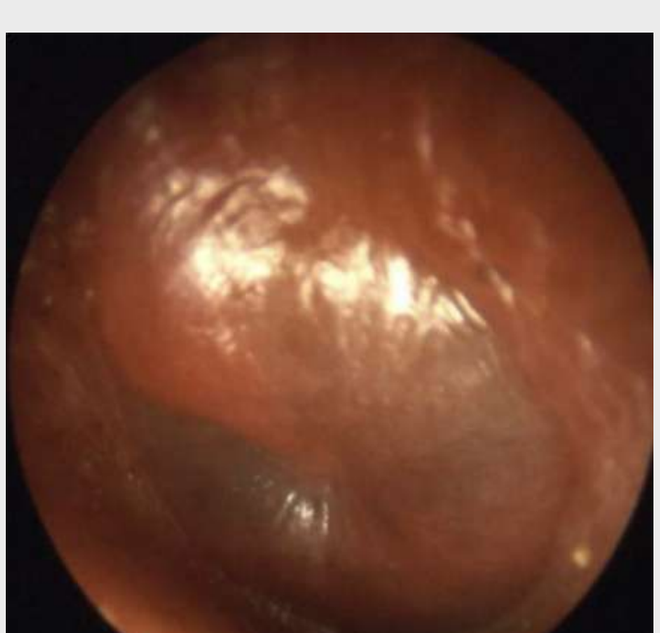
B)What is the most common causative organism?
Answer:
-Streptococcus pneumoniae.

C)Mention 2 risk factor.
Answer:

1. Young age (2–5 years) → Short, horizontal Eustachian tube
2. Recurrent URTI
3. Adenoid hypertrophy→ Eustachian tube obstruction
4. passive smoking
5. Daycare attendance

D)What is the treatment?
-watchful waiting for 3 months(Most cases resolve spontaneously).
high dose amoxicillin (if infection is suspected)
Tympanostomy tubes(if effusion is bilateral and persistent >3months with hearing los)

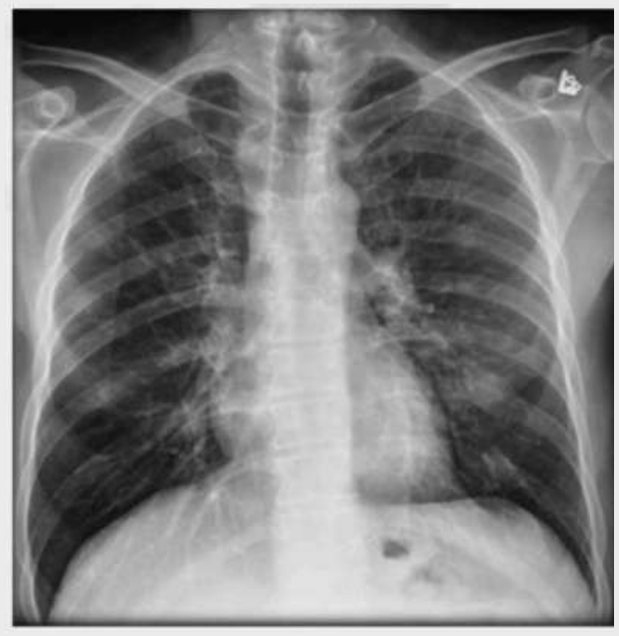
Q7: 3yr-old child with fever, ear pain, what is the possible treatment for this patient?
Answer:
- Start Amoxicillin high dose for 7 days.



All of the following increase the risk factor of this condition except?
-Breast milk

RS (Cystic Fibrosis, Bronchiolitis , others)

Q8: 6 months old boy developed nasal congestion and rhinorhea,2 days after he develops cough and wheezing



• What if the findings in X-ray?

Hyper inflated chest + perihilar thickening

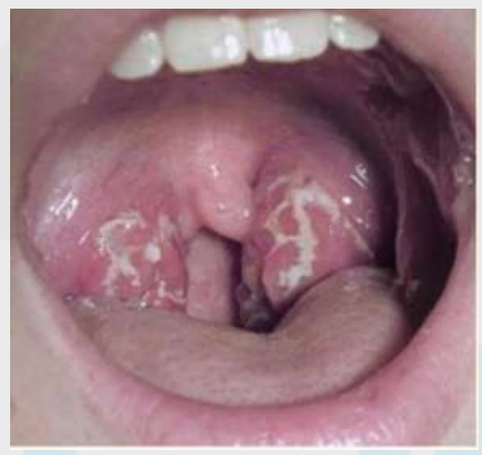
• Your diagnosis?

Broncholitis

• Most common cause ?

RSV

Showing this picture:



Patient with tonsillar ulcers, pharyngitis, and splenomegaly.

Questions:

1. What is the most likely diagnosis?

• Infectious Mononucleosis

2. What would you expect to see on the peripheral blood smear?

> Atypical (reactive) lymphocytes

• 12) ABG

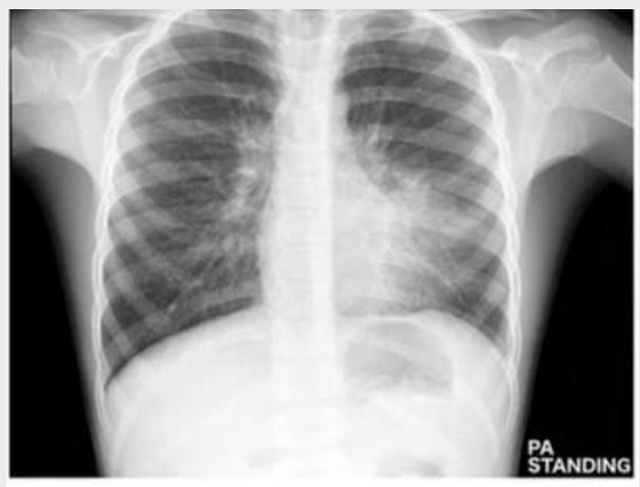
Whats the Metabolic state for patiant? hypoxemia

- B-type of respiratory faliur? type 1
- C- two device can used for this case ?
- 1-facial mask
- 2-Nasal canula some say venturi mask

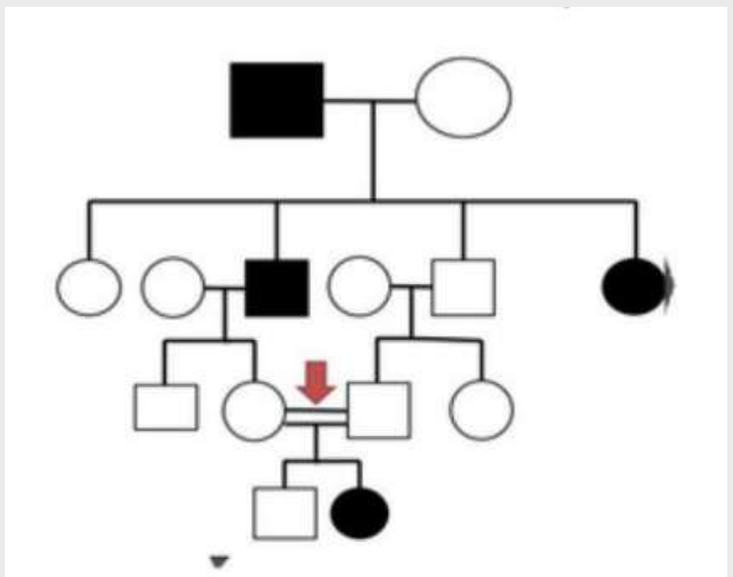
. : 12 years old patient with wheezing, cough and high fever 39c

1. Diagnosis:Atypical pneumonia
2. Organism:mycoplasma

c) Tx:Azithromycin



RS (Cystic Fibrosis, Bronchiolitis , others)



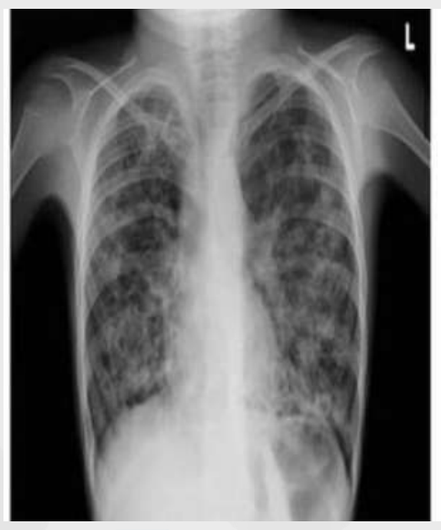
• What is the mood of inheritance?

Autosomal recessive

2- give two examples

Cystic fibrosis/ hemophila c

A child patient who had recurrent chest infections, and FTT and nasal polyp



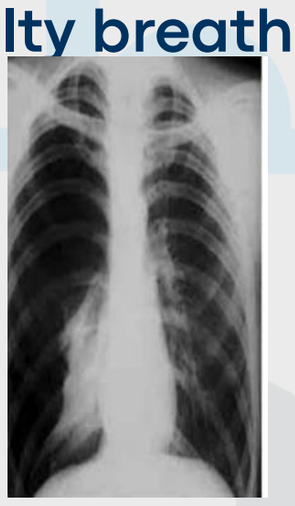
*What is the cause of recurrent Infections:

Cystic fibrosis

*what is the antibiotic choice:

Erethromycin, antipseudomonas

A girl was eating peanuts then sudden cough and difficulty breathing and this is her xray



1. What do you see on her x-ray? Hyperinflation due to air trapping in the right lung, Flat diaphragm, Mediastinal shift to the other side
2. What are auscultation findings? On auscultation

We might hear stridor if the peanut is obstructing an upper airway, A wheeze if it's obstructing a lower airway, Decreased air

3. What is the dx? foreign body aspiration
4. What is the treatment? bronchoscopy and removal of the foreign body

child with recurrent respiratory infections and has finding in this picture

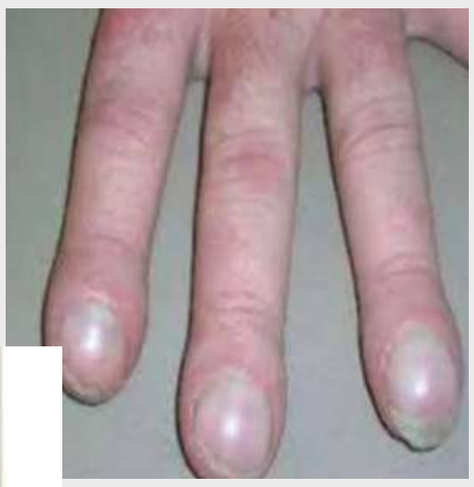
1-What is the diagnosis ?

Cystic fibrosis

2-Mention diagnostic test

1-2 reads of sweat chloride more than 60

2-Genetic study (2 mutation of cystic fibrosis)



RS (Cystic Fibrosis, Bronchiolitis , others)

1) Name the test

Tuberculin test

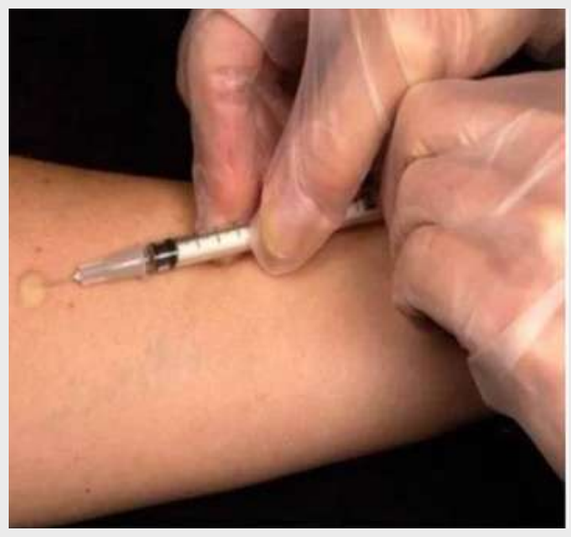
2) When to read?

After 48-72 h

3) When is it considered positive?

- 15 mm in healthy individuals
- 10 mm in pt. with chronic illness/ less than 4 years...

>5 mm in HIV pt and immunocompromised



Pic for 7 month child, in low grade fever, dry cough

1- what are the finding?

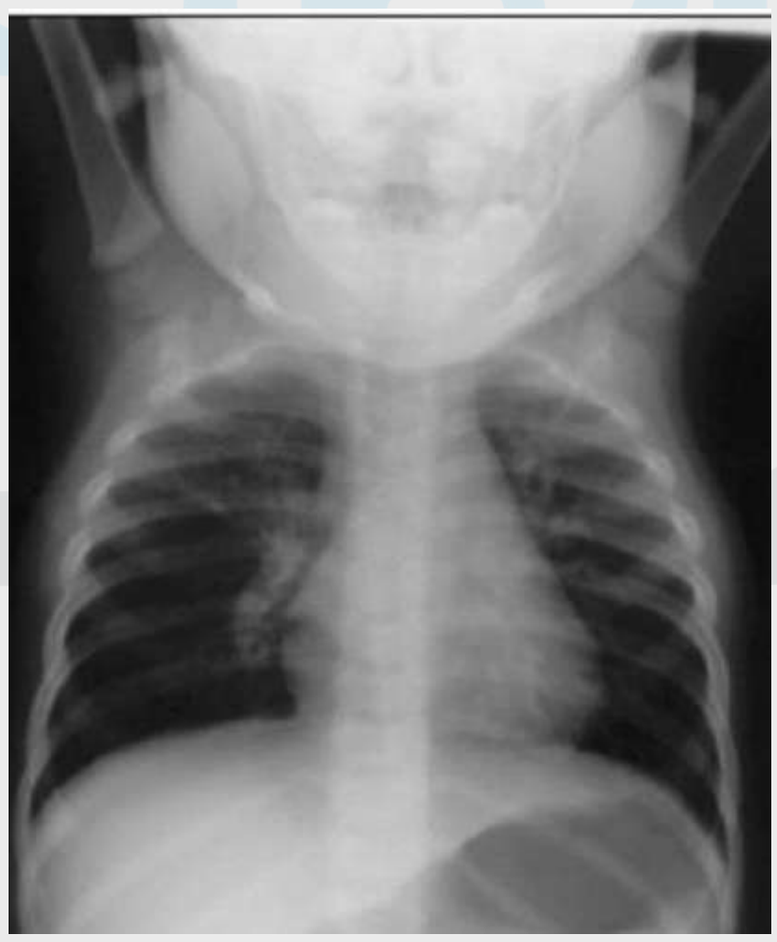
Hyperinflated lungs and bilateral perihilar opacities

2- what is causative organism?

Respiratory Syncytial Virus (RSV) (The most common cause of bronchiolitis in this age group)

3- lab test you order?

Nasopharyngeal swab (for RSV rapid antigen test or PCR)



Asthma

What are these?

Inhaler, spacer

Do we use inhaler to children 1 year old?

yes

What durge given by inhaler

SABA, inhaled corticosteroids

Asthmatic patient

What is the name of the test?

Spirometry (PFT)

What is the expected result for this patient?

FEV1 / FVC ratio < 80%

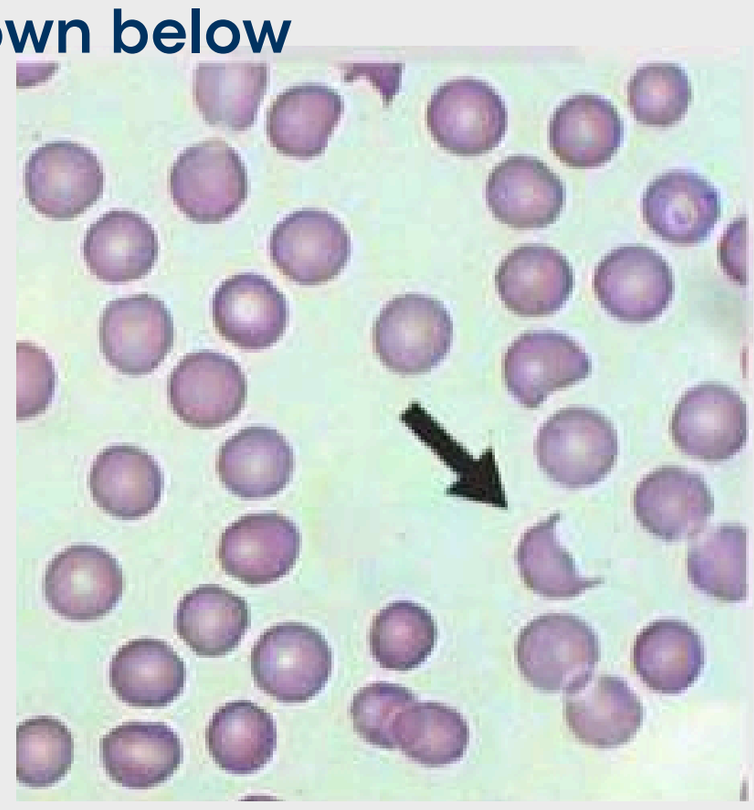
(Reversible obstructive pattern)

DR.Abdhadi :

ANEMIA

Station 1

A 3 year old boy with vomiting, diarrhoea, he develops thrombocytopenia and anemia later on, peripheral blood smear is shown below



- **What is the sign?**

Answer: Schistocyte cell

- **2 DDx**

Answer:

1)HUS

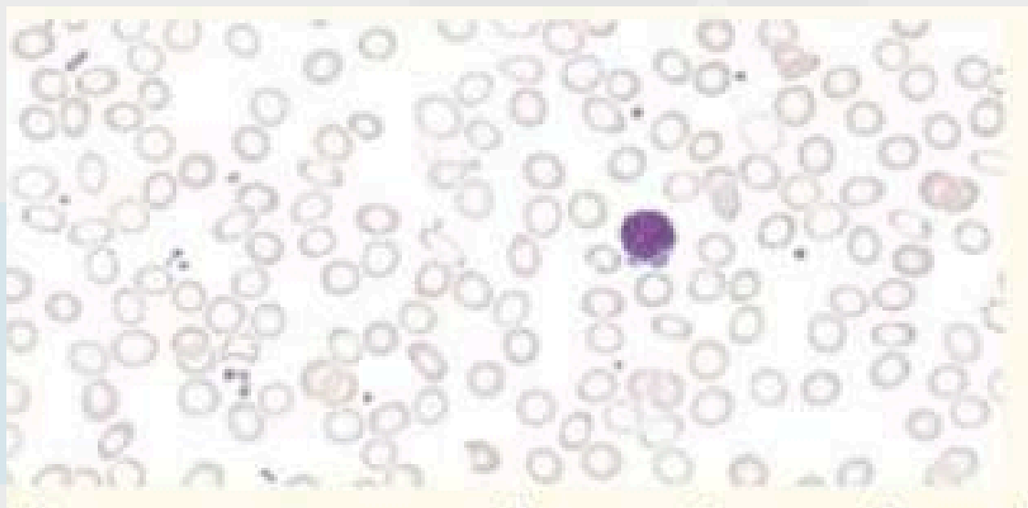
2)DIC

- **what about creatinine level?**

Answer: High

Station 2

Peripheral blood smear showing Showing this picture:



Questions:

1. Give two differential diagnoses for this presentation. (2 points)

- Iron deficiency anemia
- Thalassemia

Station 3

Q.7 3years old, hb 6

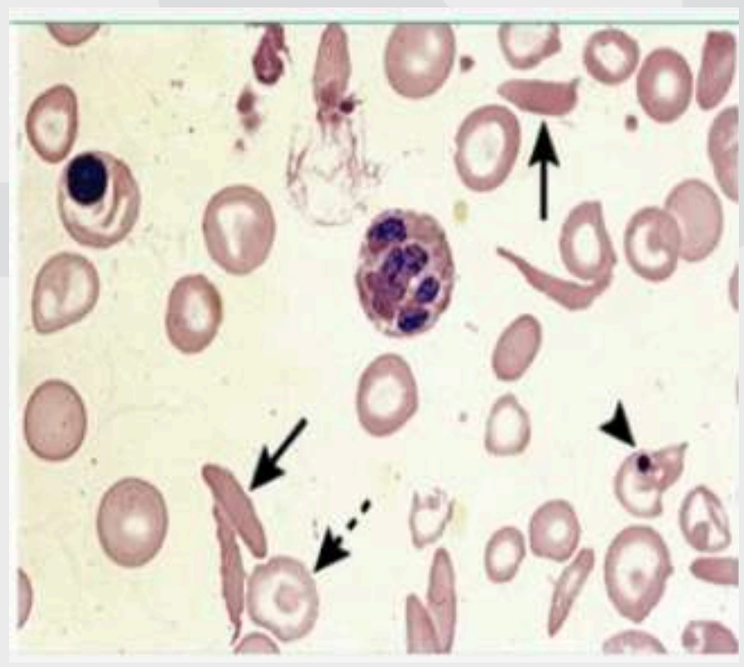
1) what do you see ?

Sickle cell, Howell jelly body

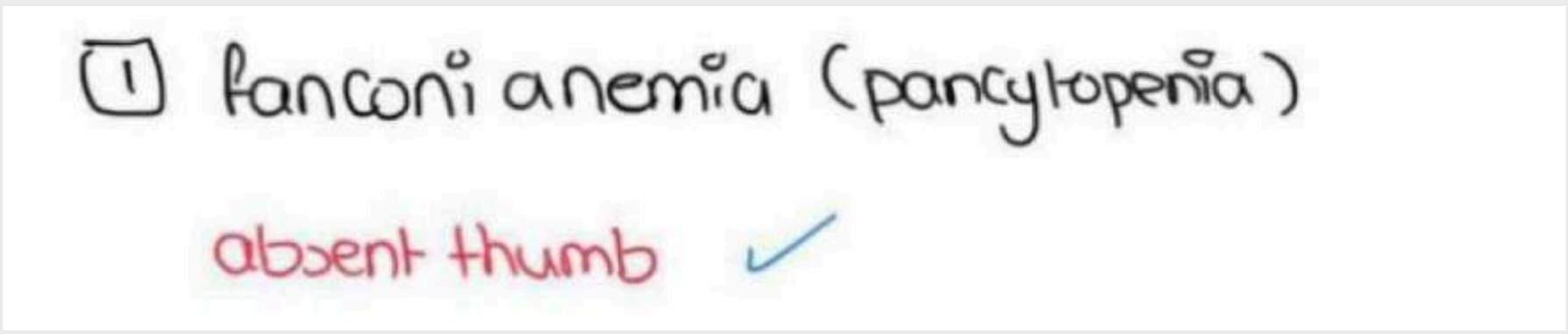
2) mention two prophylactic measures?

penicillin until 5years

pneumococcal and h influenza vaccine



سؤال بعنوان احزر السؤال والجراب



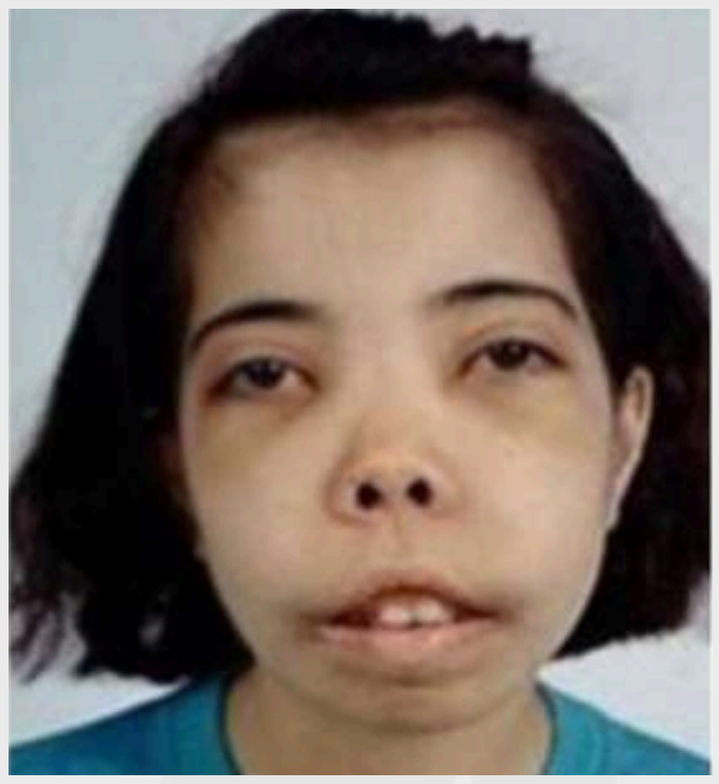
Anemia

Station 4

10-year-old female presents with jaundice, pallor, hepatosplenomegaly, i and Ho=6, retics 15 %, LDH 1200

What 2 special facial features are present in this patient?

- Frontal bossing.
- Maxillary hyperplasia.
- Flat nasal bridge.



If these tests were ordered, what would they show?

- Direct Coombs test: Negative.
- Bone marrow erythroid precursors: Hyperplastic/increased.

What is the curative management for this case?

- Bone marrow transplantation.

Station 5

Long case 1

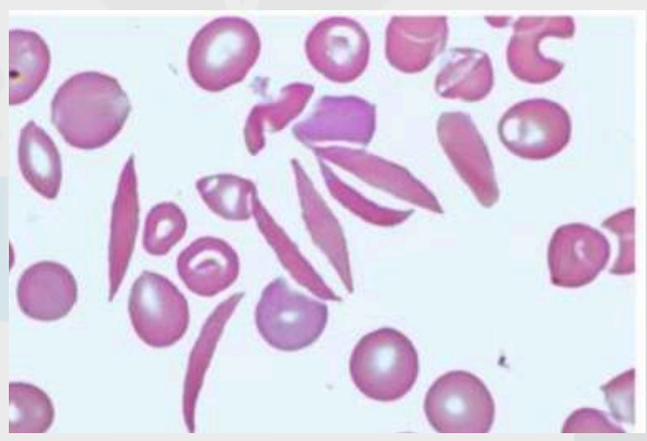
Blood film

A)Diagnosis? sickle cell anemia

B)how to confirm? HB electrophoresis

C)the child present with this hand x ray

1. what is this? Dactylitis
2. manegment for dactylitis? NSAID & hydration

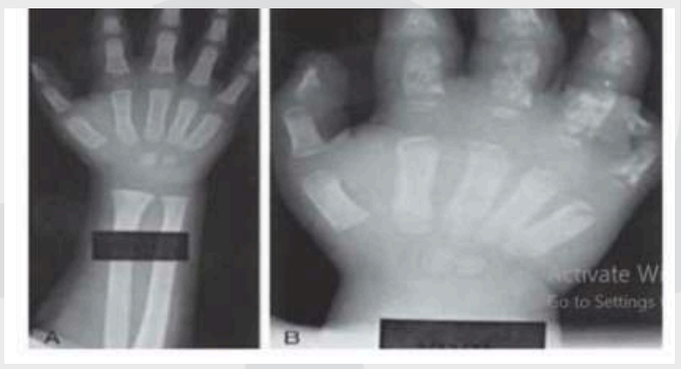


D)most common cause for osteomyelitis in this patient other staph aureus? Salmonella

E) what is the medication you would Describe?

1-hydroxiurea

2-antibiotic



f) Definitive treatment

bone marrow transplantation

g) The patient come with SOB cough and this CXR:What is your diagnosis?

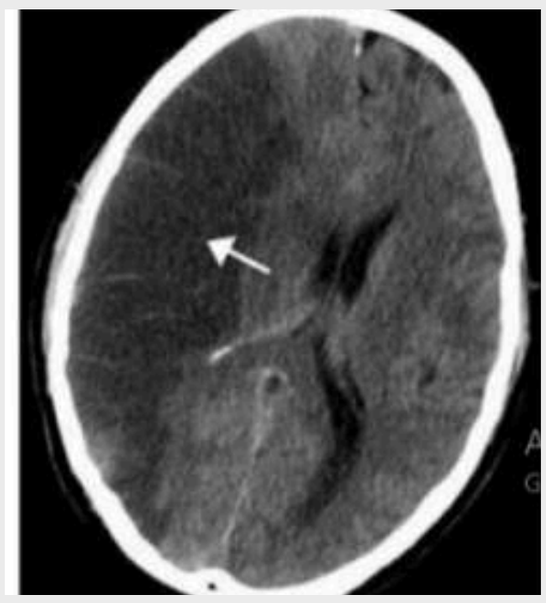
Acute chest syn.

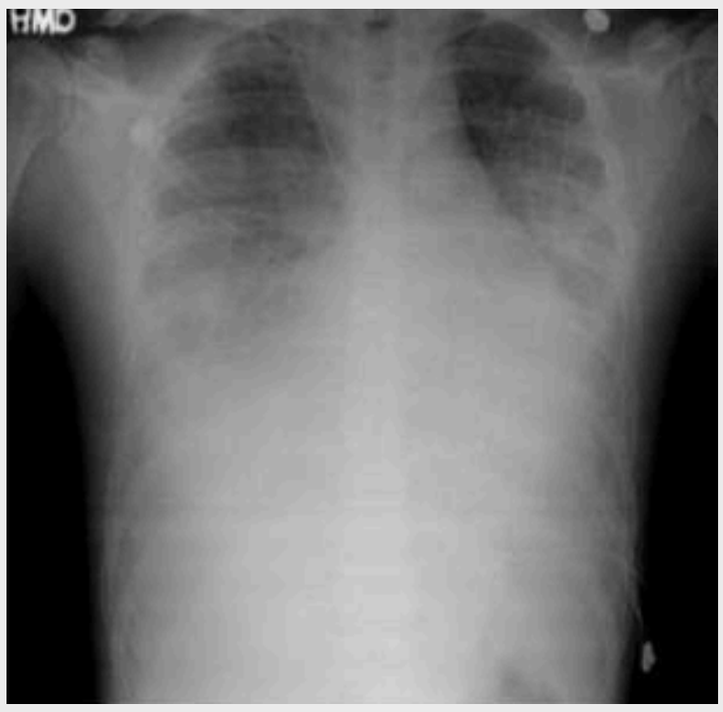
h) what vaccine do we give to the patient not included in jordanian vaccination schedule, give two vaccines?

1. pnemococcal vaccine
2. meningeococal vaccine

j) Patient come 2 years after with this photo (brain image) what is this?

Stroke





Anemia

Station 6

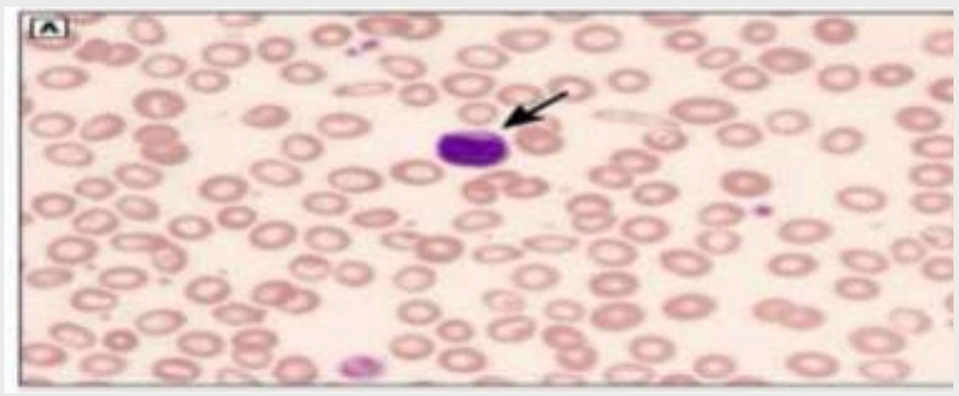
.8 months baby come to the clinc compliane from pallor and blood film show this

*What is the finding see in blood film

Microcytic hypochromic RBCs

* Write two differnital diagnosis

1. Iron defeciency anemia
2. Thalasemia

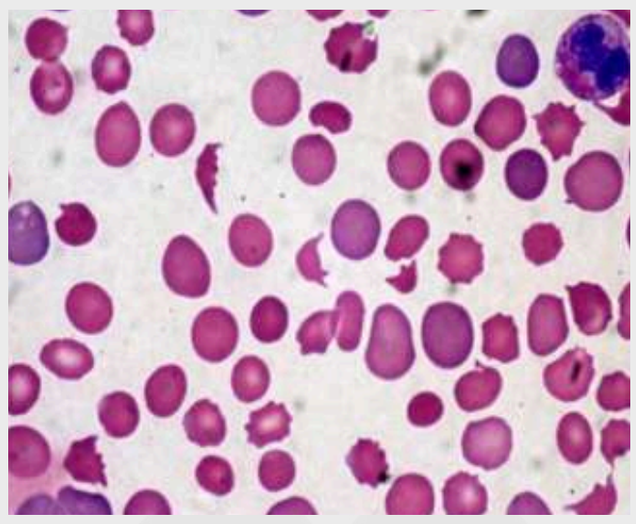


Station 7

1/What's the abnormality in this blood film?

Schistocyte cell

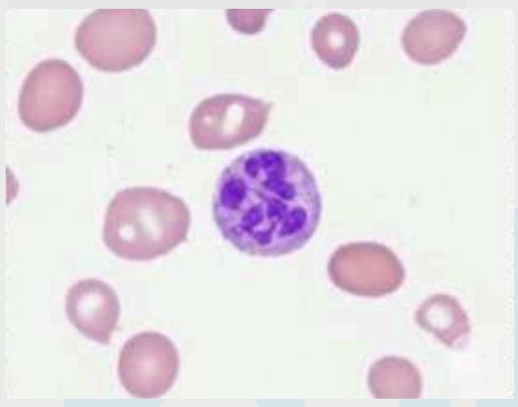
2/ treatment?



Station8

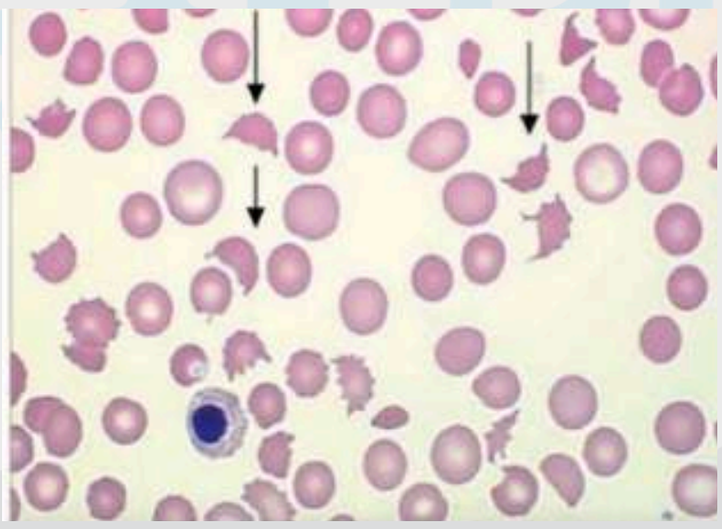
Finding ? Hypersegmentre neutrophil

Diagnosis? Megaloblastic Macrocyric Anemia due to B12 or folate deficiency



Station 9

- The findings in this blood film (in great arrow)?
  Schistocytes cells(helmet cells)
- write 2 differentials?TTP, HUS



Station 10

3-year-old child presented with pallor and fatigue, Hb: 6 g/dL

- Mention one physical and one radiological finding:

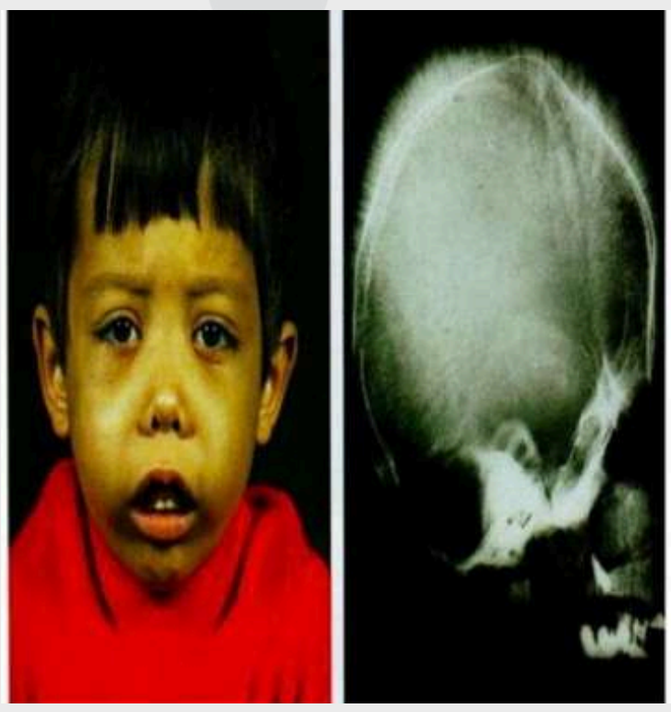
Physical: Chipmunk facies

Radiological: Crew-cut skull (Hair-on-end)

2) Mention two methods for diagnosis:

Electrophoresis

Genetic test



Station 11

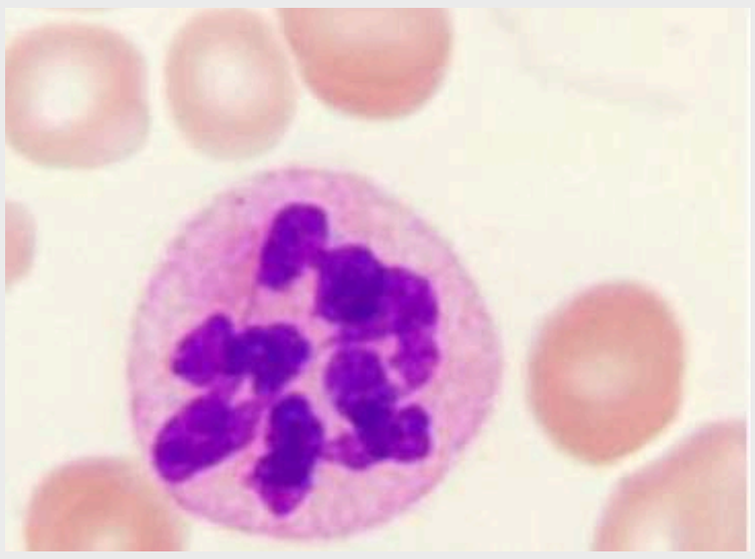
1) This blood film shows?

Hyper segmented neutrophil

2) Give 2 DDx

Vit. B12 deficiency

Folate deficiency



Anemia

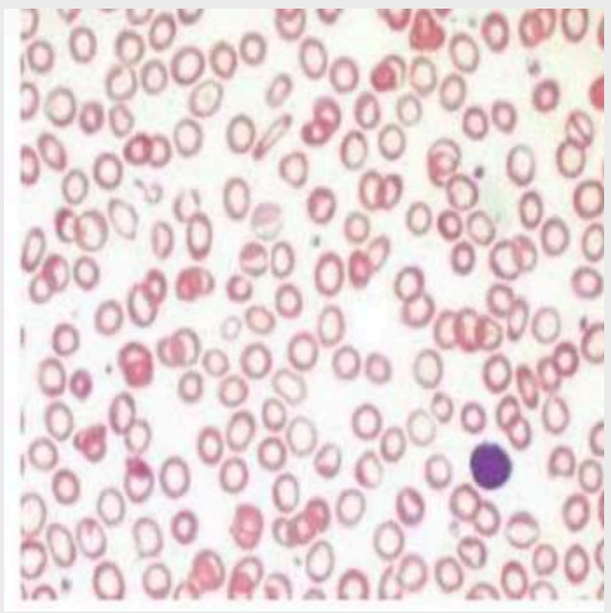
Station 12

What is the diagnosis?

Microcytic hypochromic anemia (iron def anemia)

What the investigation?

ferritin level, RDW ,Retc count Hb electrophoresis



Anthor station

• 18 month years old girl come to primary clinic, blood tests and blood film was done, Shows low Hb and low MCV

*What findings can see in the blood film:

Microcytic Hypochromic

*What is the possible cause:

Iron deficiency anemia

*this girl come to take her vaccine at primary health care, which vaccines she will received according to Jordanian National Immunization Program:

MMR-2, DaPT, OPV, HAV, Vit A (200 thousand international units)

Station 12

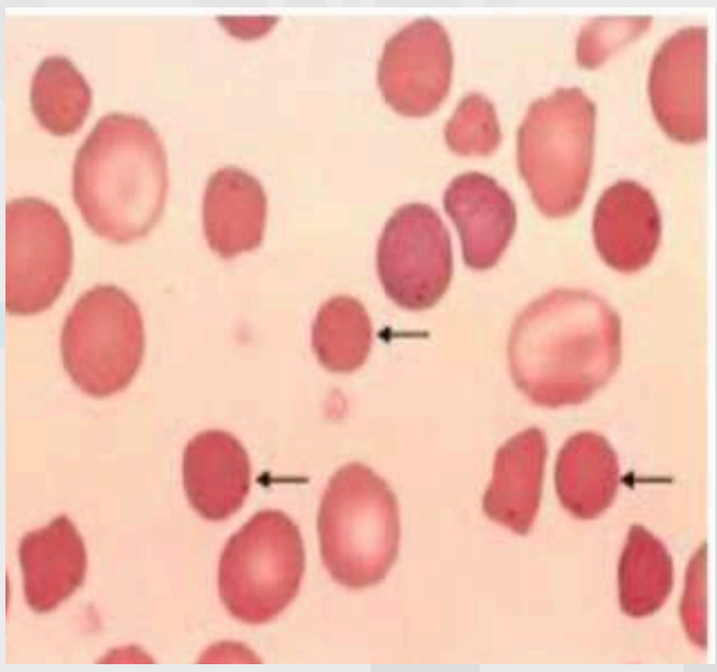
Q7)History of fatigue, splenomegaly, high • MCHC :

1. give other test to confirm diagnosis:

• osmotic fragility test

1. treatment in severe cases:

• splenectomy and blood transfusion



Station 13

A child came to the hematologic clinic with his family complain from bone pain.

1- Is there any abnormality in this blood film, and if yes what is the diagnosis?

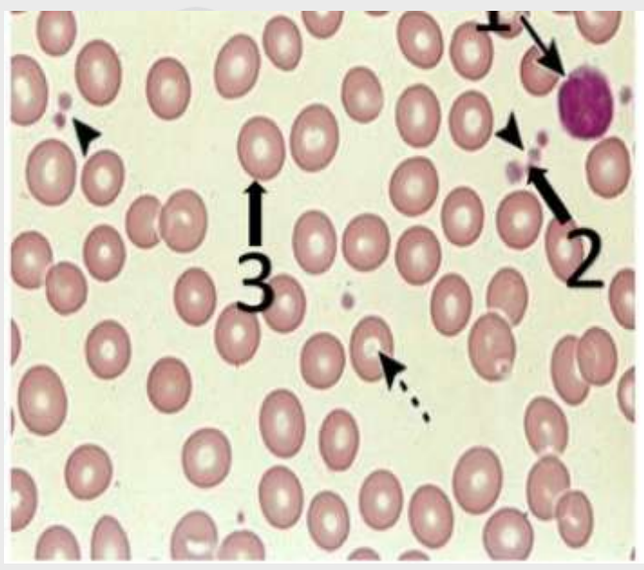
No, it's normal blood film

2- What is the numbered cells?

1 → Normal lymphocyte

2 → Several platelets

3 → Normal red blood cell



Station 14

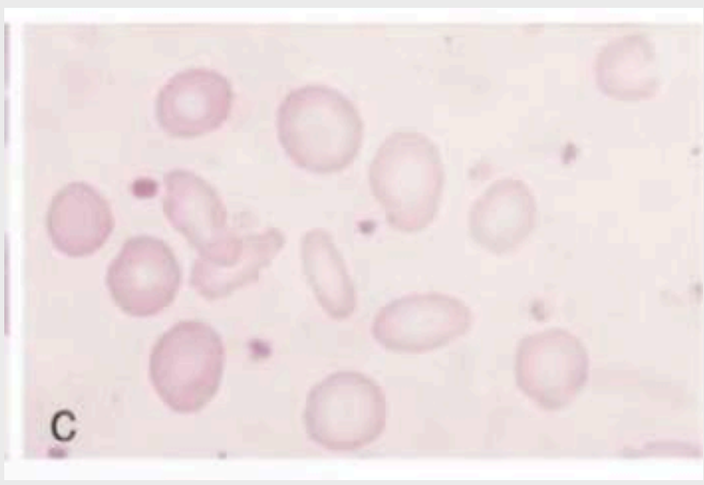
1 : describe what you see ?

• microcytic hypochromic

2 : write down 2 differential ?

• Iron deficiency anemia

• Thalasemia



Anemia

Station 15

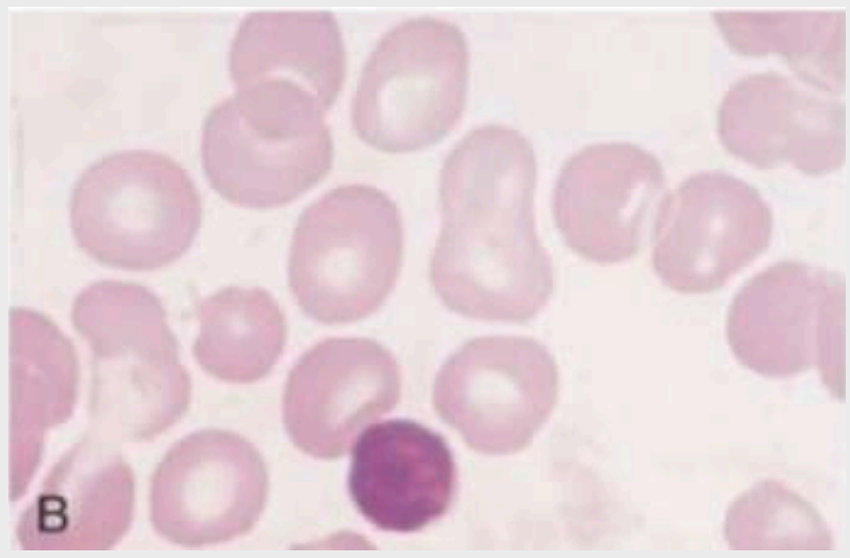
1: Describe what you see ?

Macrocytic cell

• 2 : write 2 differential dx?

Folic acid deficiency

Vitamine B12 deficiency



Station 16

- Scenario of child developed jaundice after treated with Nitrofurantoin for his UTI, he was pale with low hemoglobin, With Blood film: (case of G6PD def.)
- Findings on Blood film ?

Bite cell, Heinz bodies, ..

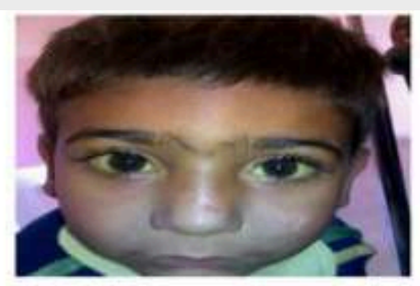
- Single best test to confirm your diagnosis ?

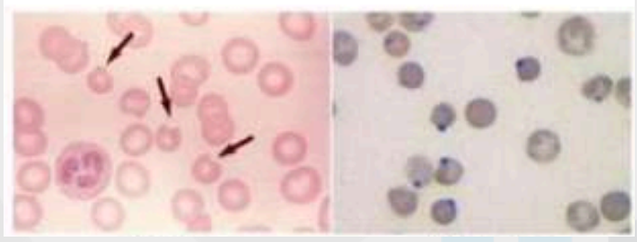
G6PD enzyme level

- Management ? Stop the offending drug immediately

Supportive treatment , Check labs: CBC, bilirubin.

Blood transfusion if severe anemi





Station 17

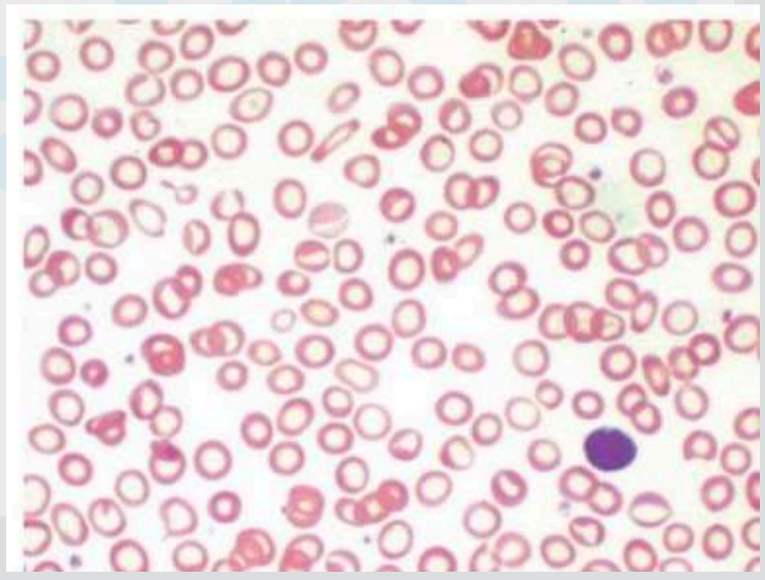
According to this blood film

1-what are the possible ddx?-3

- IDA
- Thalassemia
- Sideroblastic anemia

2-investigations/2?

- RDW, Hb electrophoresis



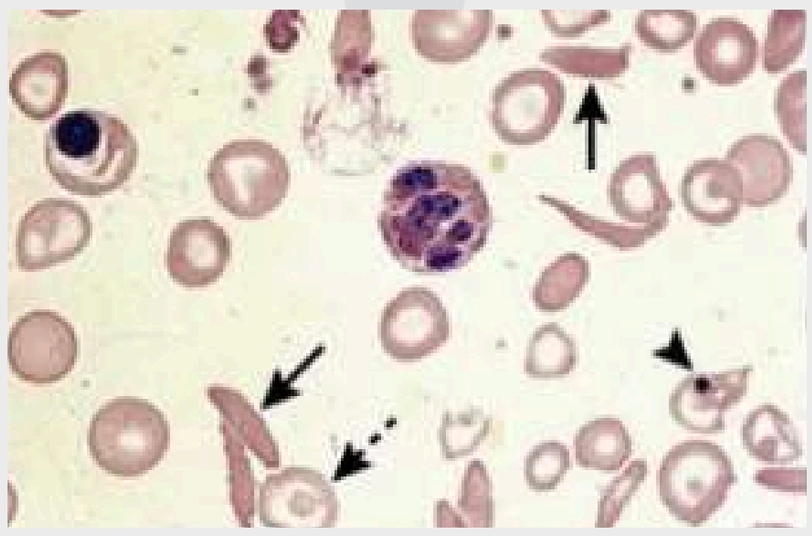
Station 18

• 2 year old mael with pain, jaundes and palor

1. mention two crisis in this senario?

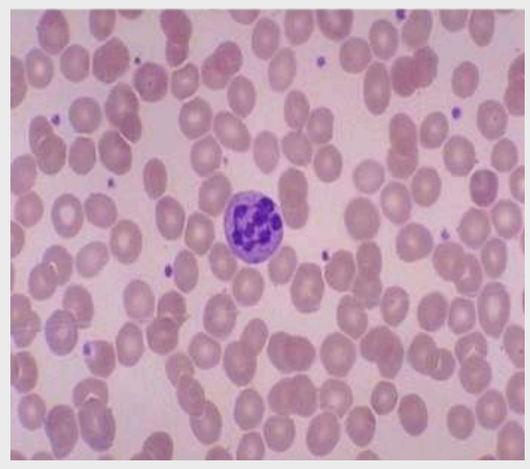
-clussive crisis and splenic sequestration crisis

- Antibiotic in acute chest syndrome ?
- third-generation cephalosporin and macrolide
- Two Follow up:
- vaccination and
- Prophylactic Penicillin



Station 19

1. which type of anemia? Macrocytetic anemia
2. risk factor?poor nutrition, malabsorption
3. lab test need for conformation ? CBC, serums vitamin levels

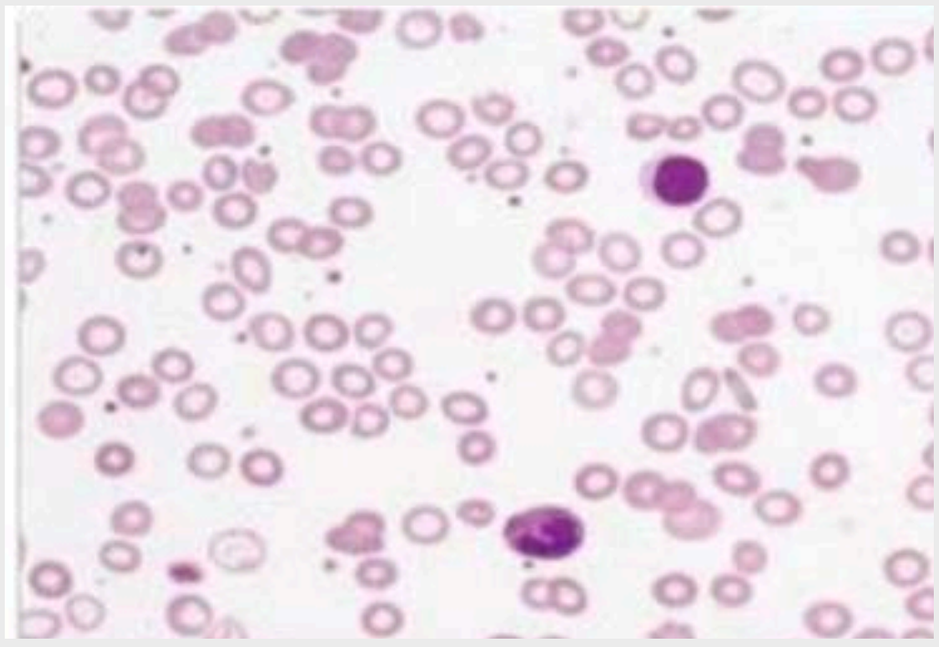


Anemia

Station 20

A blood film for an exclusively breast fed baby

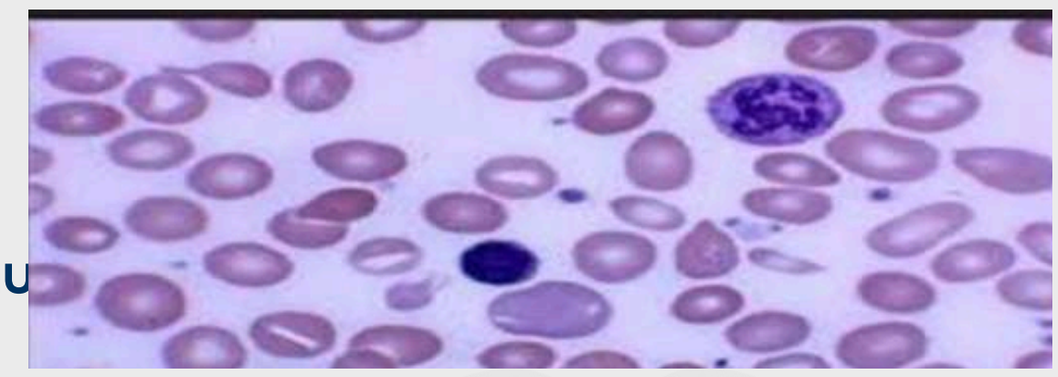
- 1) 2 DD×: IDA
- 2) 2 important investigations to reach your final diagnosis: serum ferrtien, CBC



Station 21

All of the following are true except

• Low ferrtin level



Anthor station

28-5 years old female patient presents with nu

pallor all of the following are causes except ?

• excessive cow milk consumption

Station 22

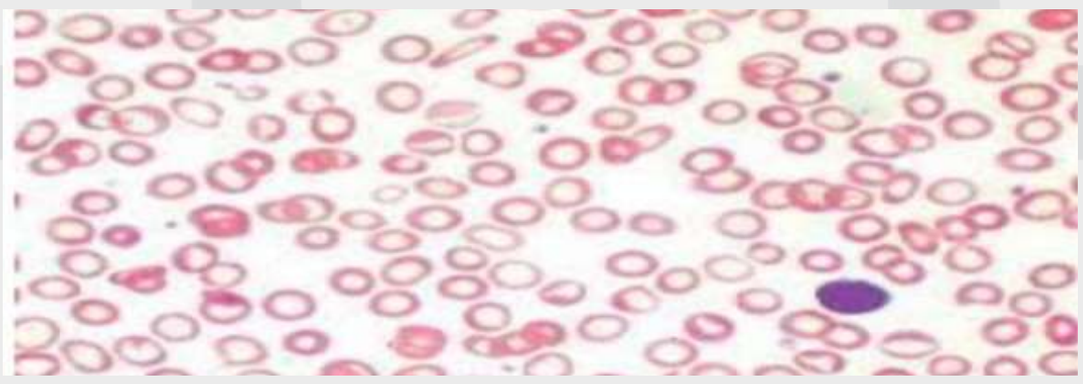
24- the CBC of the two years old male patient presented with pallor, Hb 6, RDW 19, MCV 55, the following are helpful for confirm the diagnosis except ?

• HB electrophoresis

anthor station

the CBC of the two years old male patient presented with pallor, Hb 6, RDW 19, MCV 55, which of the following is the possible diagnosis ?

• Iron deficiency anemia



Station 23

year male acute illness sever sepsis

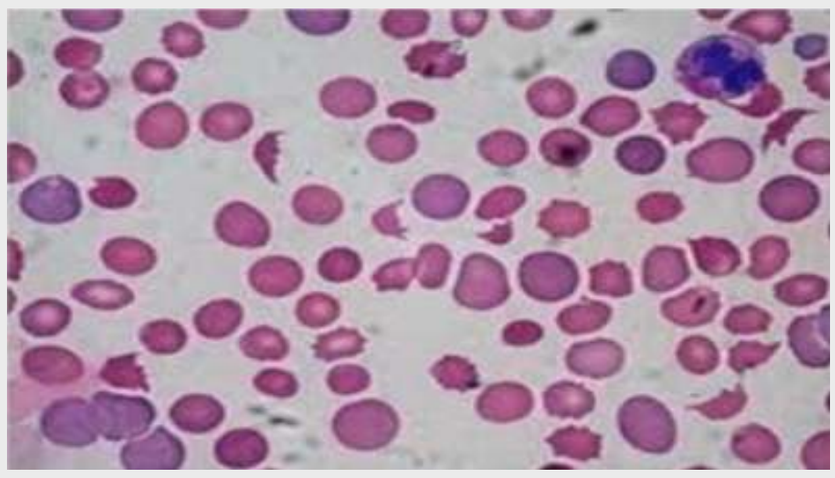
Shistocytes pic

Lab findings suggest the picture

Prolonged pt ptt INR

increased D dimer

Thrombocytopenia



Bleeding disorders

Q1) 5 years old female with rash and purpura after viral infection, normal WBC and Hemoglob and well general health conditions

what is the diagnosis?

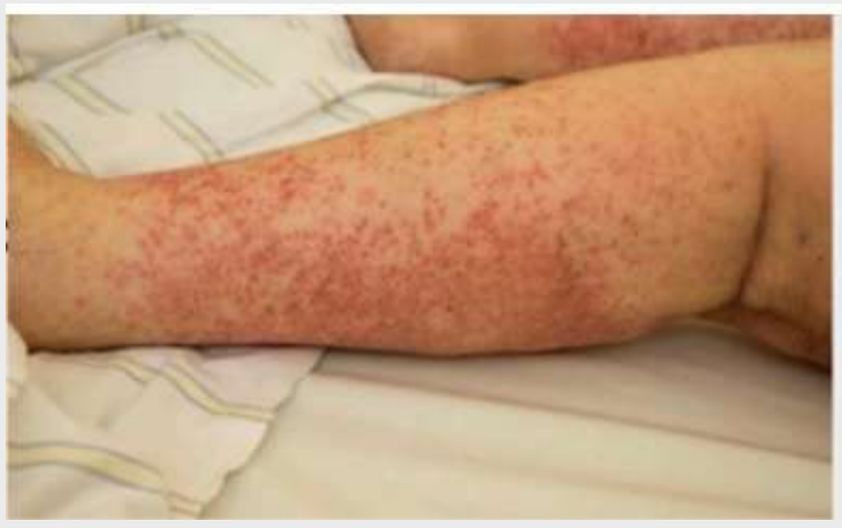
ITP

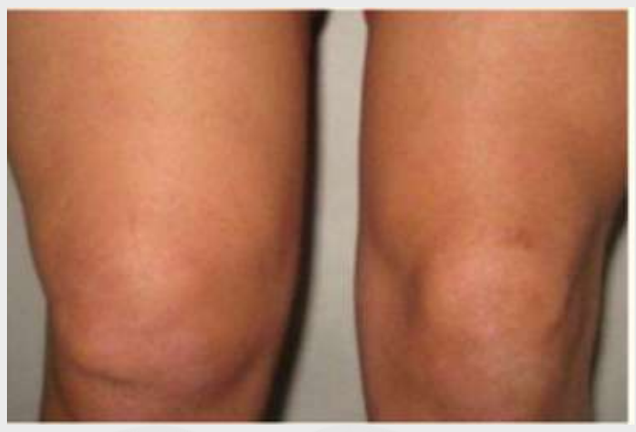
if patient develops sudden headache and LOC?

Intracranial hemorrhage

Urgent surgical intervention?

Splenectomy





Q2) A child presenting with bleeding in the leg.:

1. What is the most likely diagnosis?

Hemophilia

2. If the patient develops an inhibitor to the replacement therapy, what treatment would you give?

Bypassing agents, e.g., recombinant activated factor VII (rFVIIa) or activated prothrombin complex concentrate (aPCC)

Q3) 2 purpuric rash post viral infection

ITP and HSP

Q4) if sick with anemia and nephropathy

HUS

Q5)child presents with this rash on his lower limbs that developed after a respiratory viral illness, the patient looks well, and his platelets are 2,000 what is the diagnosis?

Immune thrombocytopenic purpura (ITP)

How will the following laboratory values be affected?

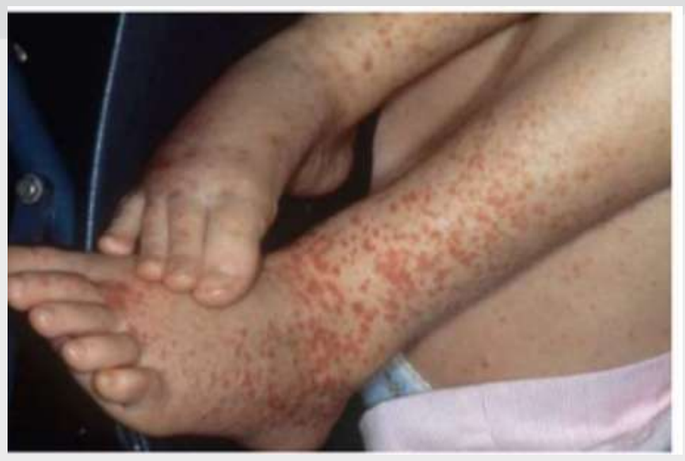
WBCS: Normal

Mean platelet volume: Low

What is the second line of management?

Rituximab or Eltrombopag or splenectomy

Considering that IVIG, Steroids and anti-D are the first lines of management



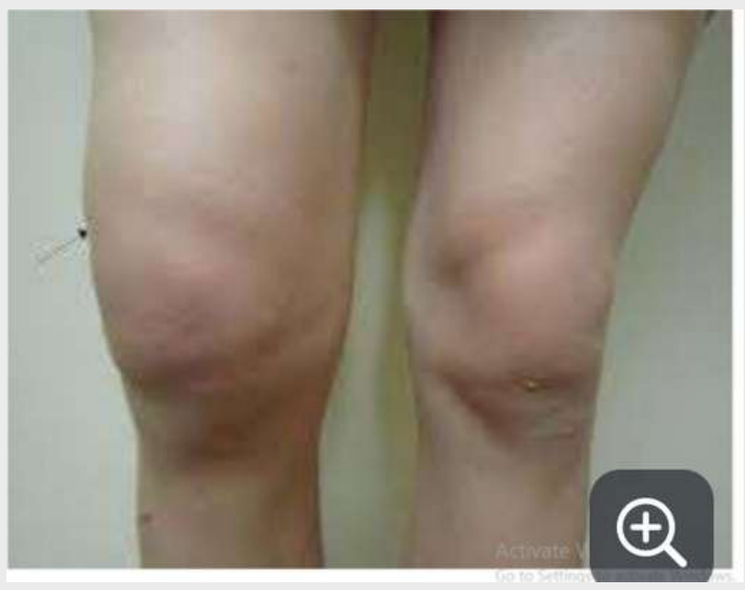
Q6) picture for knee joint recurrnt hemarthrosis after truma

A) Diagnosis:hemophilia

B) write lab changes

:1-ptt..... Increase

2-pt..... Normal



Bleeding disorders

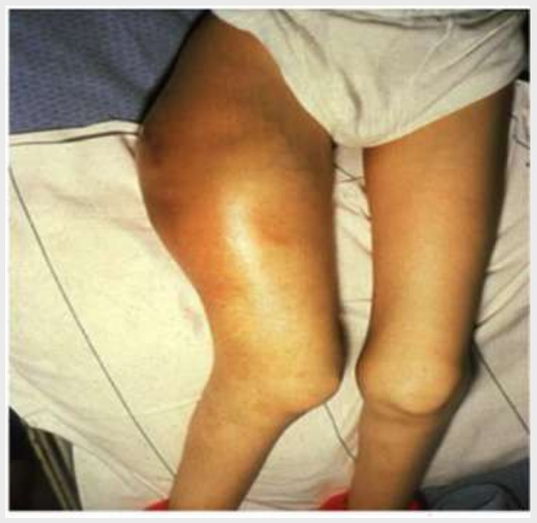
Q7) 1/ mode of inheritance

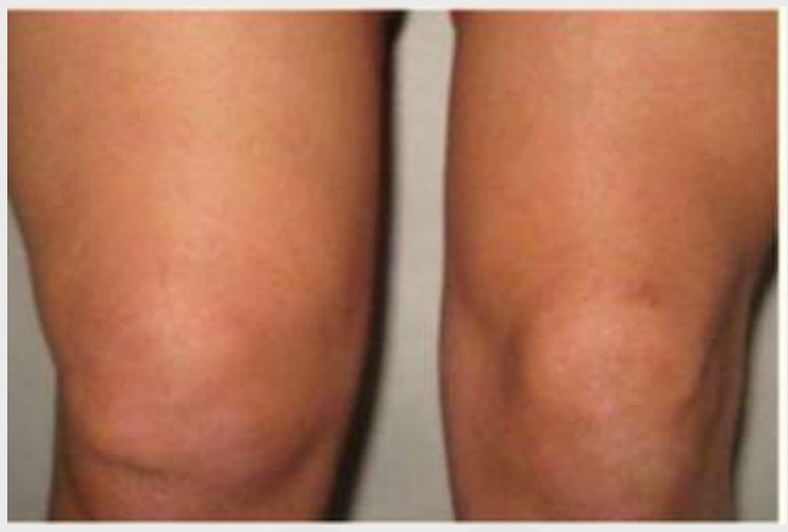
X-linked

2/ mention 2 complications

Chronic Arthropathy

development inhibitors to factor VIII or IX





Q8)diagnosis/ or what you see? (not sure exactly)

hemarthrosis / hemophilia

The mode of inheritance ?

X-linked

treatment of inhibitors (0.5)

Bypassing agents, e.g., recombinant activated factor VII (rFVIIa) or activated prothrombin complex concentrate (aPCC)

Q9) 8 year old boy with a known bleeding disorder presents with this finding

1-What is the most likely diagnosis?

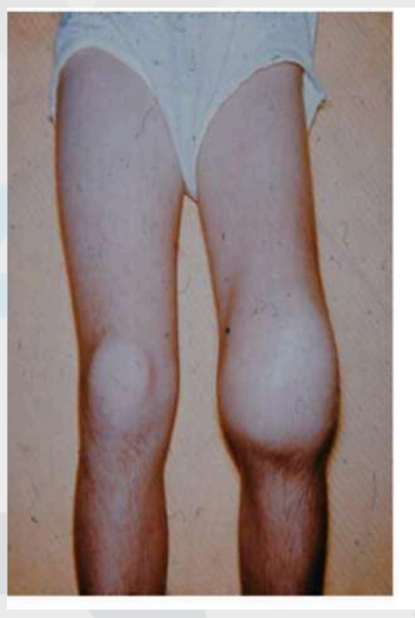
Hemophilia a

2- describe the pic

Unilateral swelling of the left knee

3- when to consider it severe?

< 1% factor VIII protein activity (spontaneous bleeding)

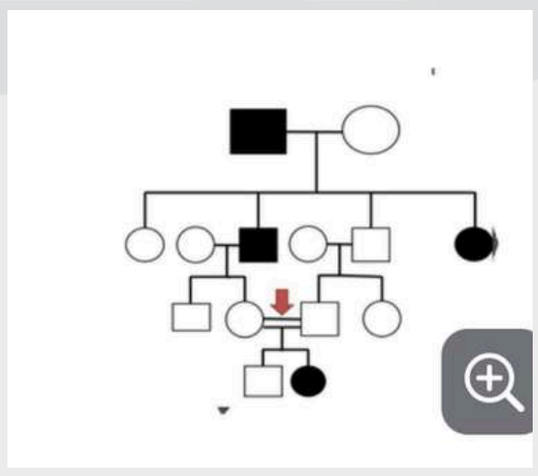


Q10) What is the mood of inheritance?

Autosomal recessive

2- give two examples

Cystic fibrosis/ hemophila c



Q11) Discribe what you see in the picture

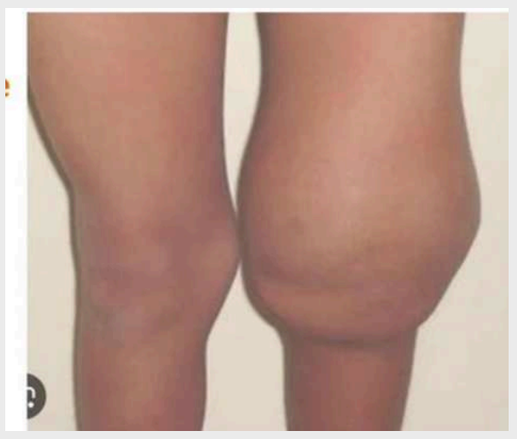
Swelling in the left knee

2) Give 3 DDx

Hemophilia A, B

Septic arthritis

Trauma



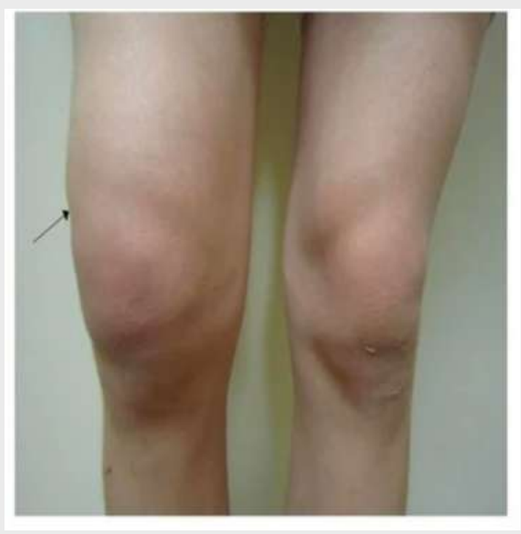
Q12) Knee swelling with prlongod PTT

. What are thediagnosis?

HemophiliaA, B

What the type of inhertence?

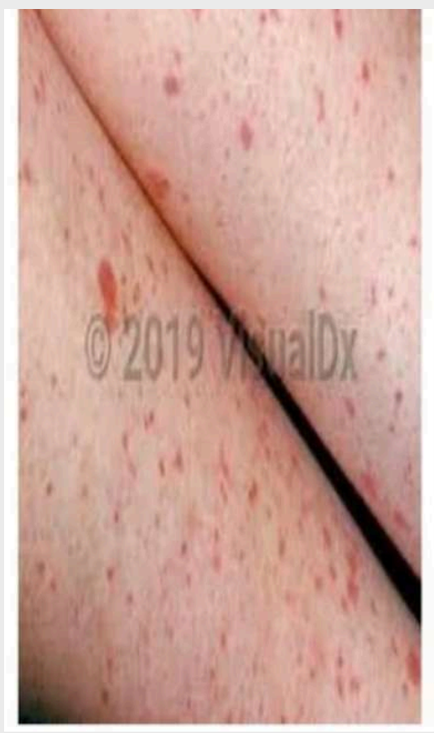
x-linked



Bleeding disorders

Q13) A girl came with cough and epistaxis and her cbc shows the following:

Hb: 13.5 / platelets: 4000



1.Describe the lesions?

Purpuric rash

2.What is the dx?

Immune thrombocytopenic purpura

3.What is the treatment?

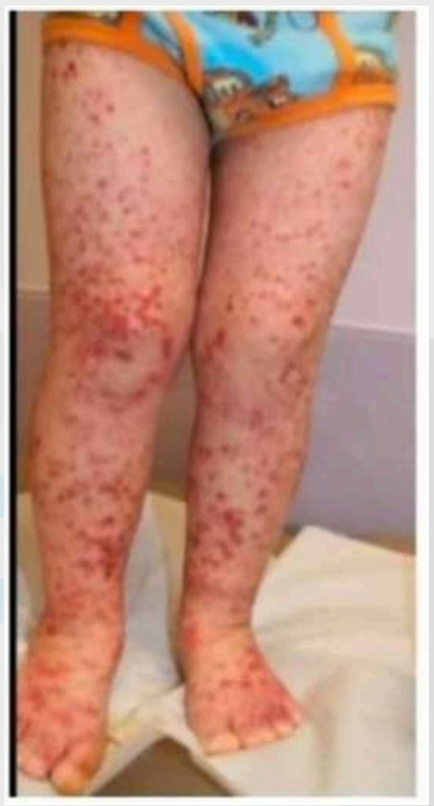
* Therapy for moderate and severe clinical bleeding with severe thrombocytopenia (platelet count <10,000/mm3):

> Prednisone, 2 to 4 mg/kg/24 hours for 2 weeks.

> IVIG, 1 g/kg/24 hours for 1 to 2 days.

> Splenectomy is indicated in acute ITP only for life- threatening bleeding.

Q14) What is the type of rash?



purpuric rash

What you see in lab?

Urine; hematuria

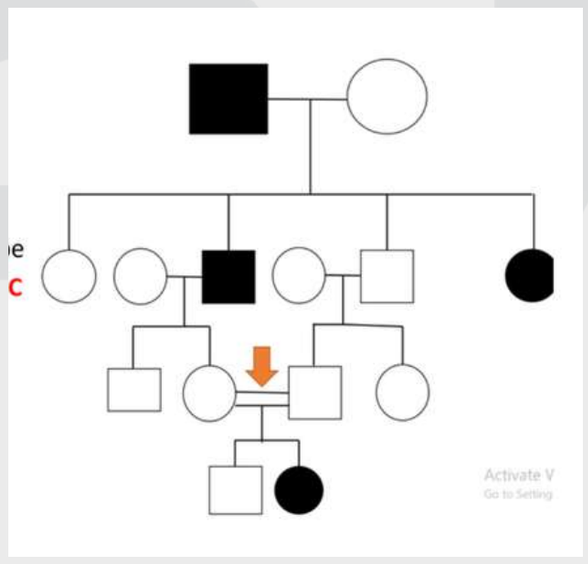
Platlets: normal

Mention 2 complications ?

1.renal insuffiancy

2.scrotal effusion due to testicular torsion

Q15)What is the type of inheritance?



Autosomal recessive

2- Give two example for the type

Cystic fibrosis / Hemophilia C

3- What is the arrowed double line indicates?

Consanguinity

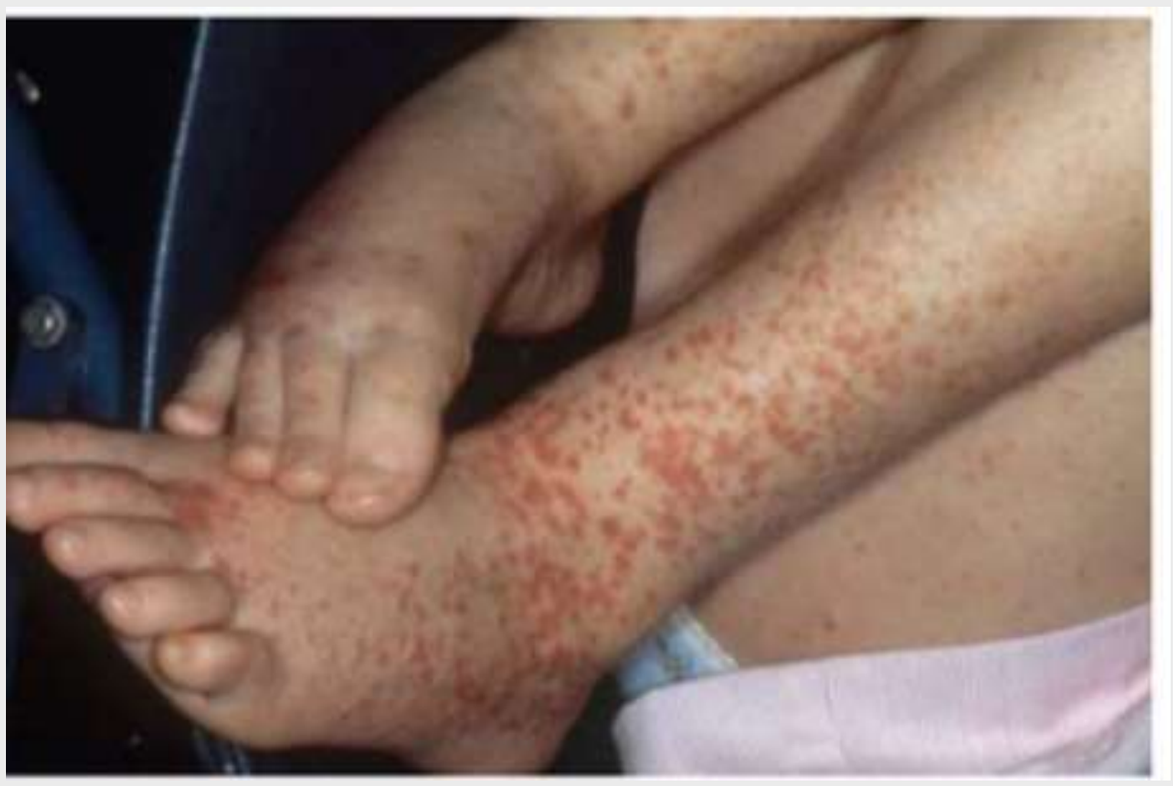
Q16) History of skin rash in 12 years old girl since 2 days, His platelet count 4000

Your differential diagnosis?

ITP

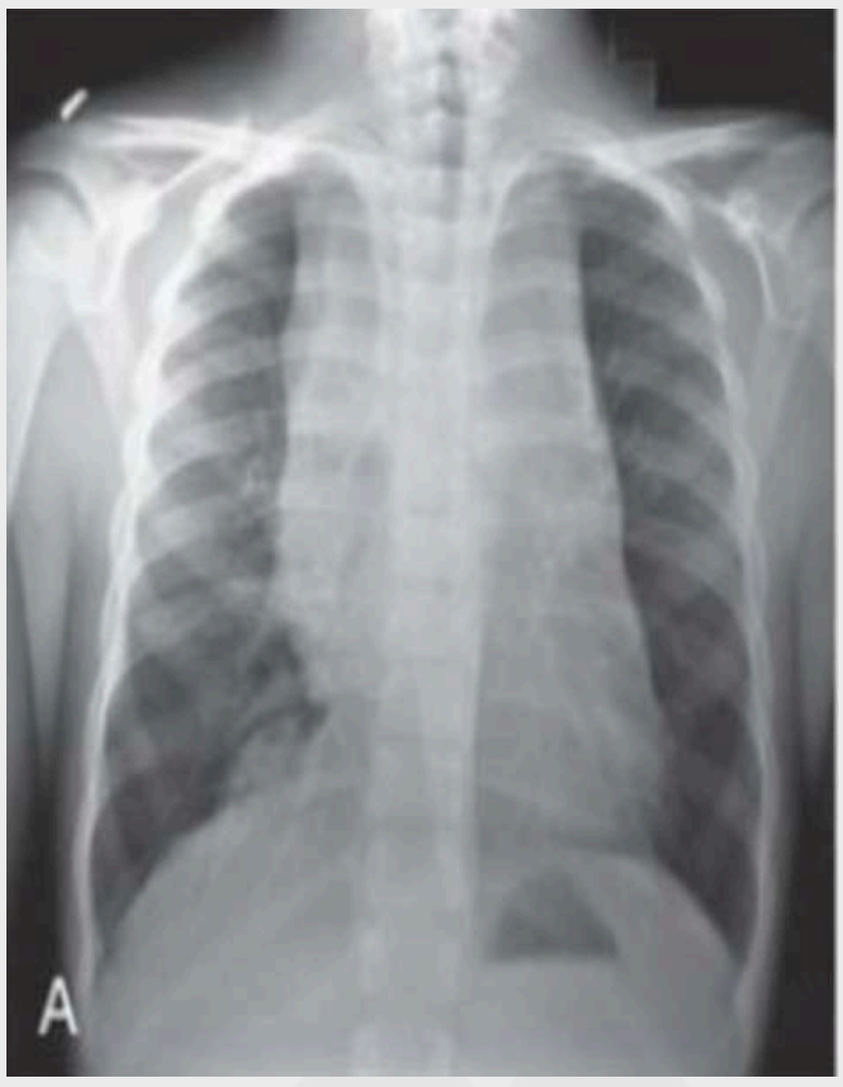
Your treatment?

IVIG and corticosteroid

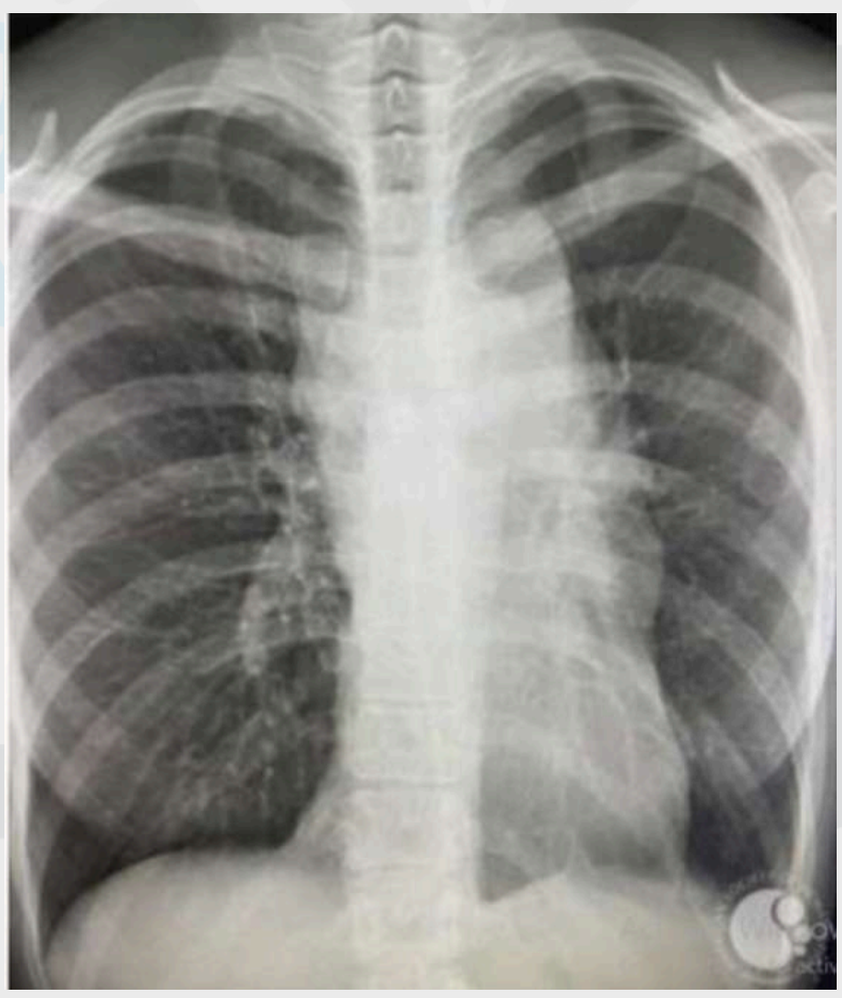


Lukemia

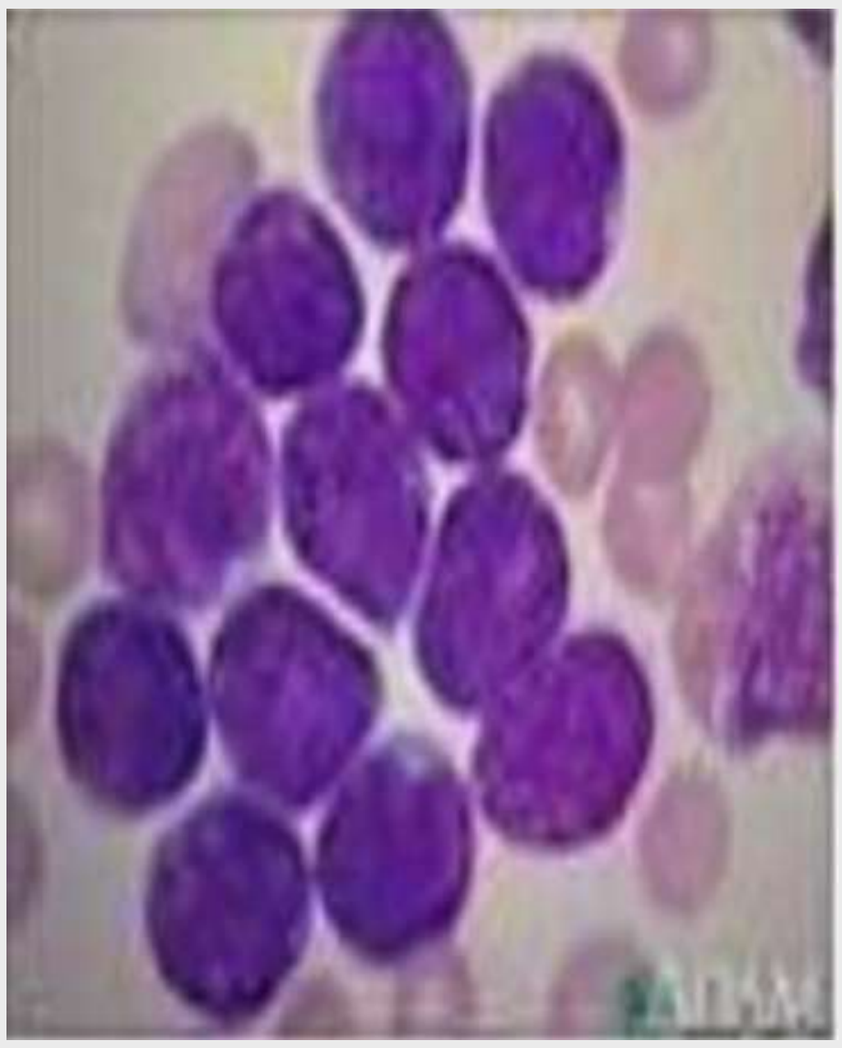
pt come with wight loss fever night sweat. Normal CBC.
what's your diagnosis? Lymphoma
what you see in X-ray? Bulky disease (wide mediastinum)



mediastinum widening and his wbcs were 100000
A) What's your diagnosis? ALL
B) Give two complications?
1-Bleeding
2-Thrombosis
3-recurrent infection



1) Child present with low grade fever and limping
a) Give two other presentation:
Purpura, lymphadenopathy, bone pain, pallor
b) 3 electrolyte affected in tumor lysis syndrome:
Elevated uric acid, K, PO4, and decrease ca

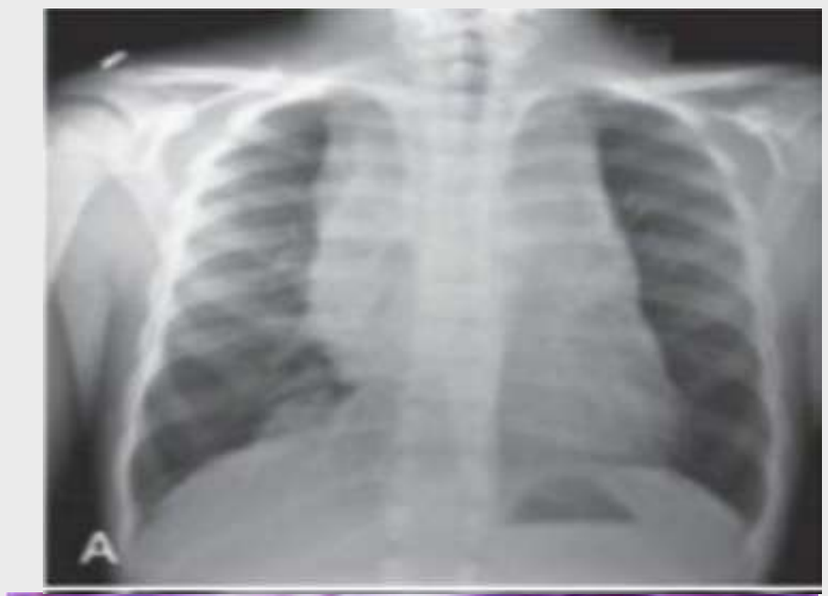


Lukemia

The child complain of cough, on examinaton there was lymphadenopathy:

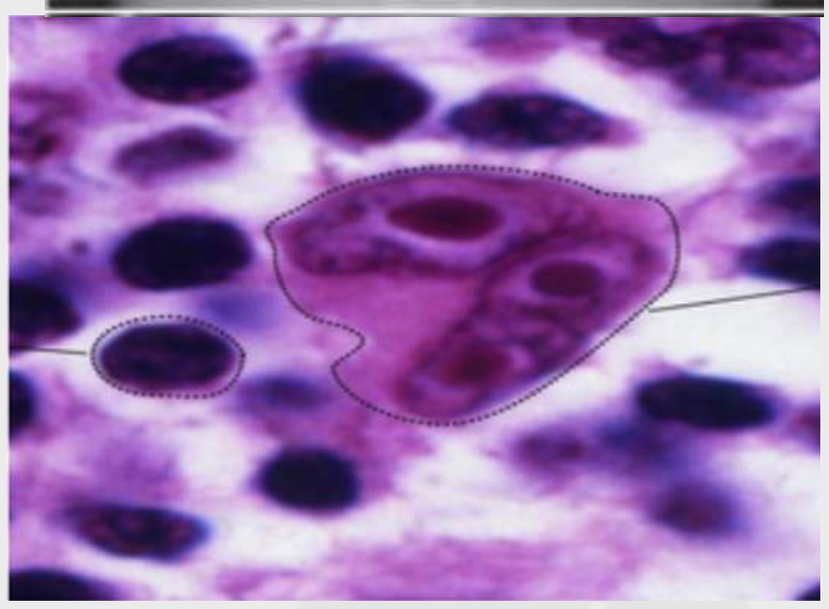
1: describe what you see Xray?

Wide mediastinum



2: what is the cell shown?

Reed sternberg cell

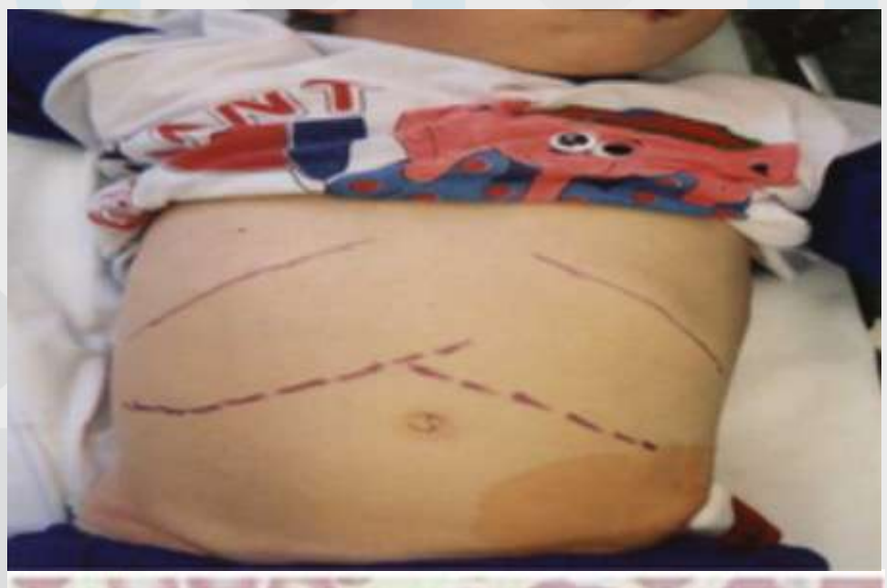


3: Dx?

Hodgkin lymphoma

1) What is the type of cells pointed at?

Lymphoblasts



2) Found in which type of malignancy?

ALL

3) Mention 3 good prognostic factors for this disease? (from the lecture)

Age: 1-10 year.

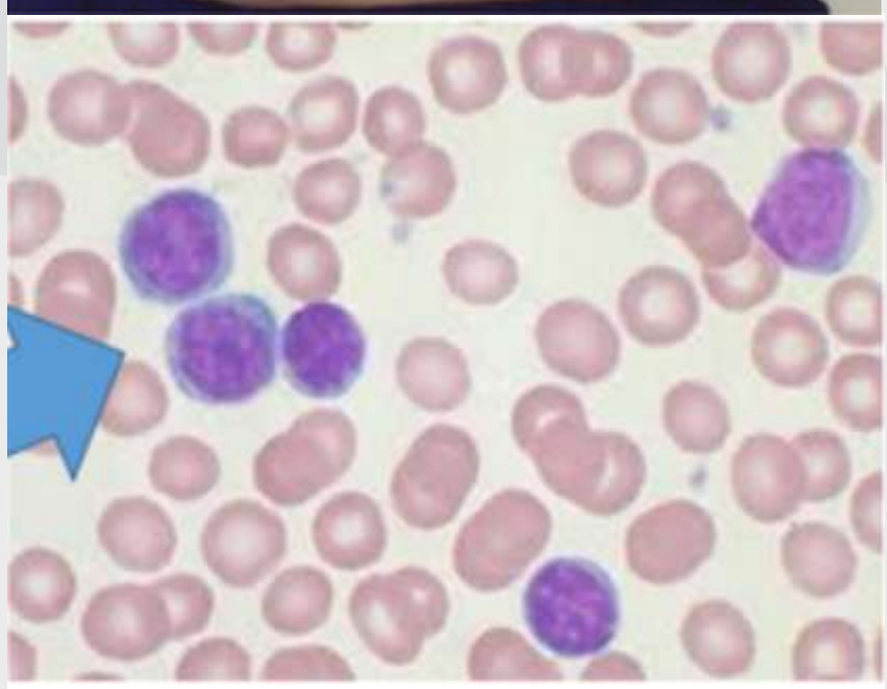
WBC: < 50,000

Chrom. Abnormalities: presence of TEL/AML1 gene, Philadelphia- negative, hyperdiploidy, absence of MLL rearrangement

Immunophenotype: B-cell ALL

No CNS involvement

Early Response to Chemotherapy



Lukemia

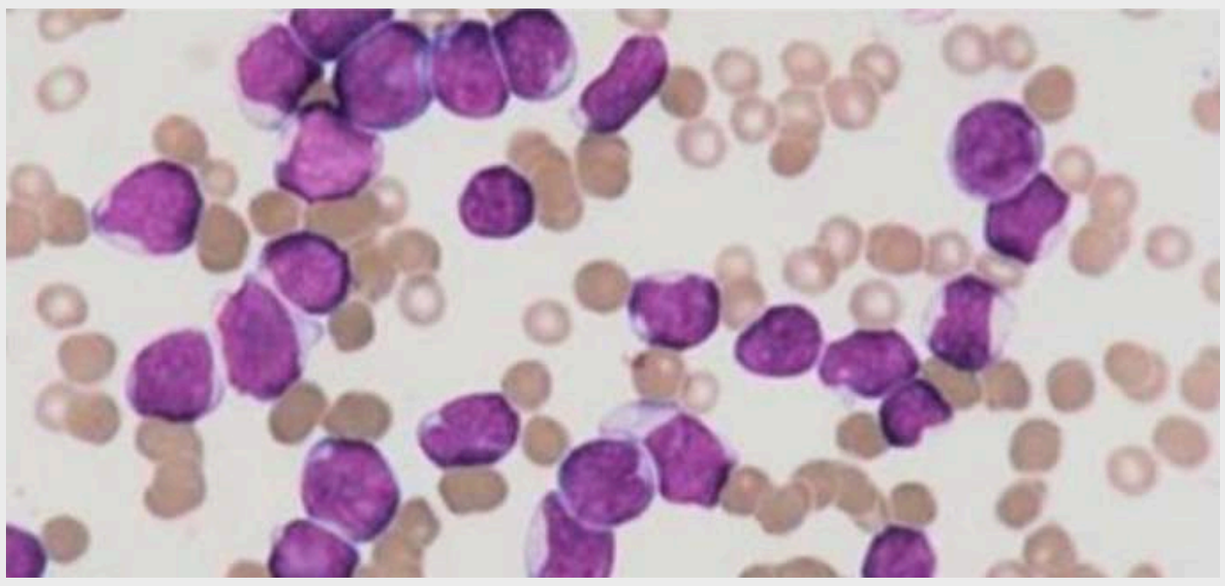
Mention 2 Acute complications of this disease?

Bleeding

Acute tumor lysis syndrome

Thrombosis

Serious infection

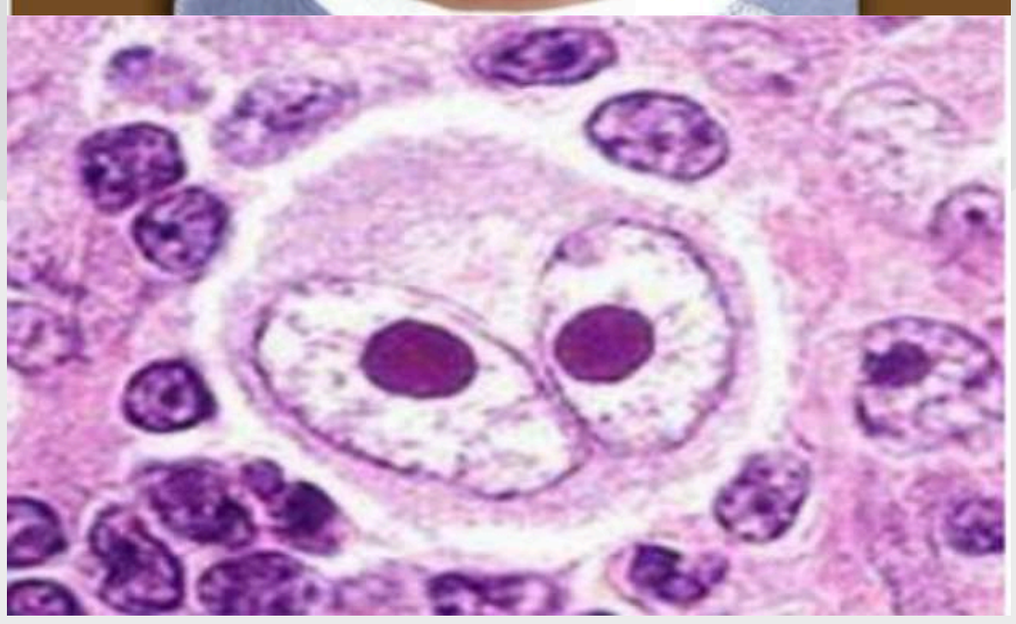


What is the name of the cell on the biobey ?

Reed sternberg cell

what is your diagnosis ?

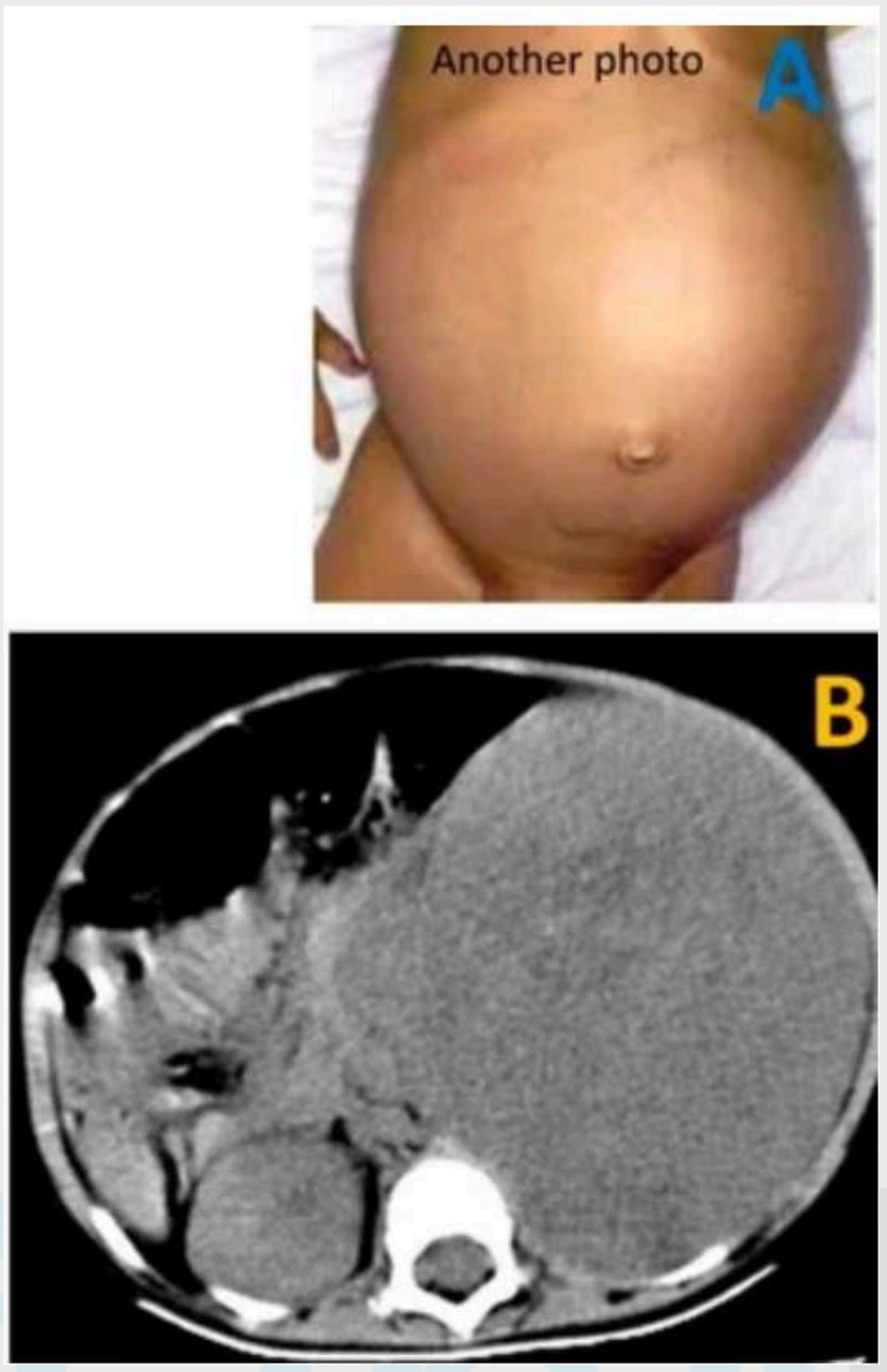
Hodgkin’s lymphoma



Pediatric malignancy

A. Describe what you see in A:

Answer abdominal enlargement suggestive of massive intra-abdominal mass/ascites.



B. Describe what you see in B

Answer: Large heterogeneous renal mass occupying most of the abdomen.

C. What is your diagnosis

Answer: Wilms tumor (nephroblastoma).

D. What is the stage 5 of this disease

Answer: Bilateral renal involvement at diagnosis.

What is the abnormality?

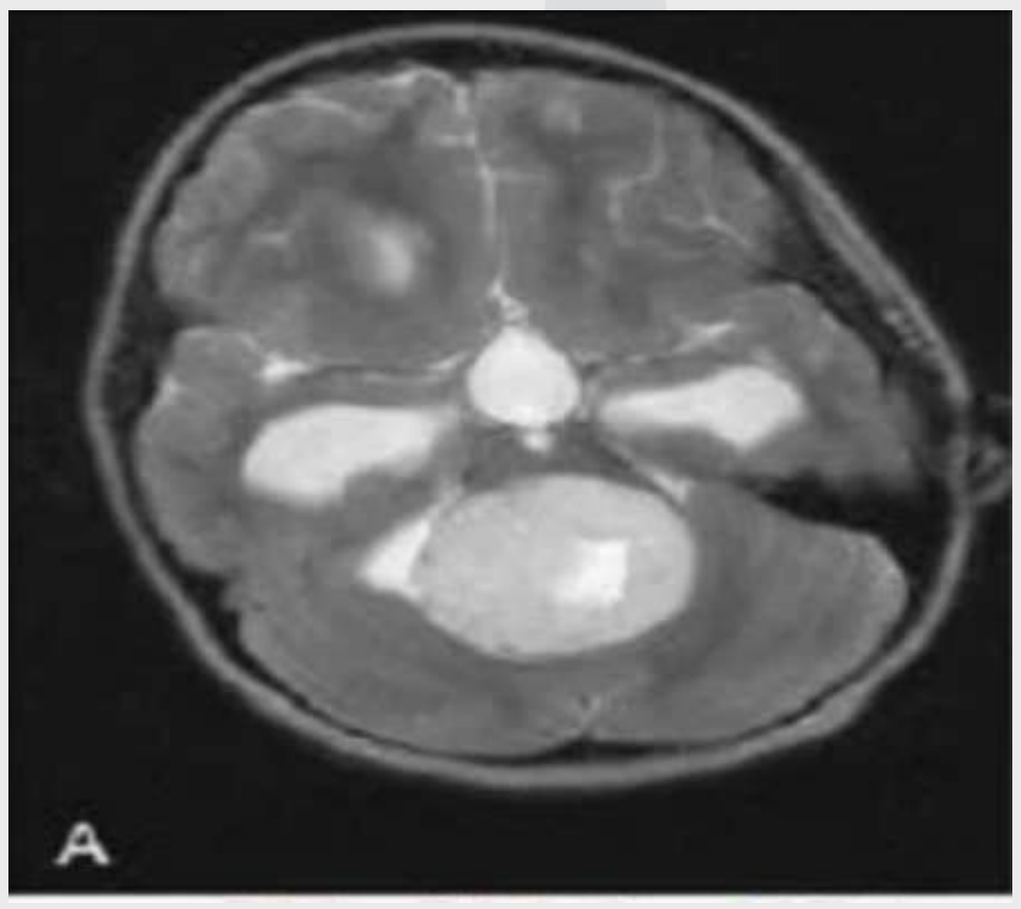
Brain tumor.

The patient complains of?

Headache, irritability, lethargy.

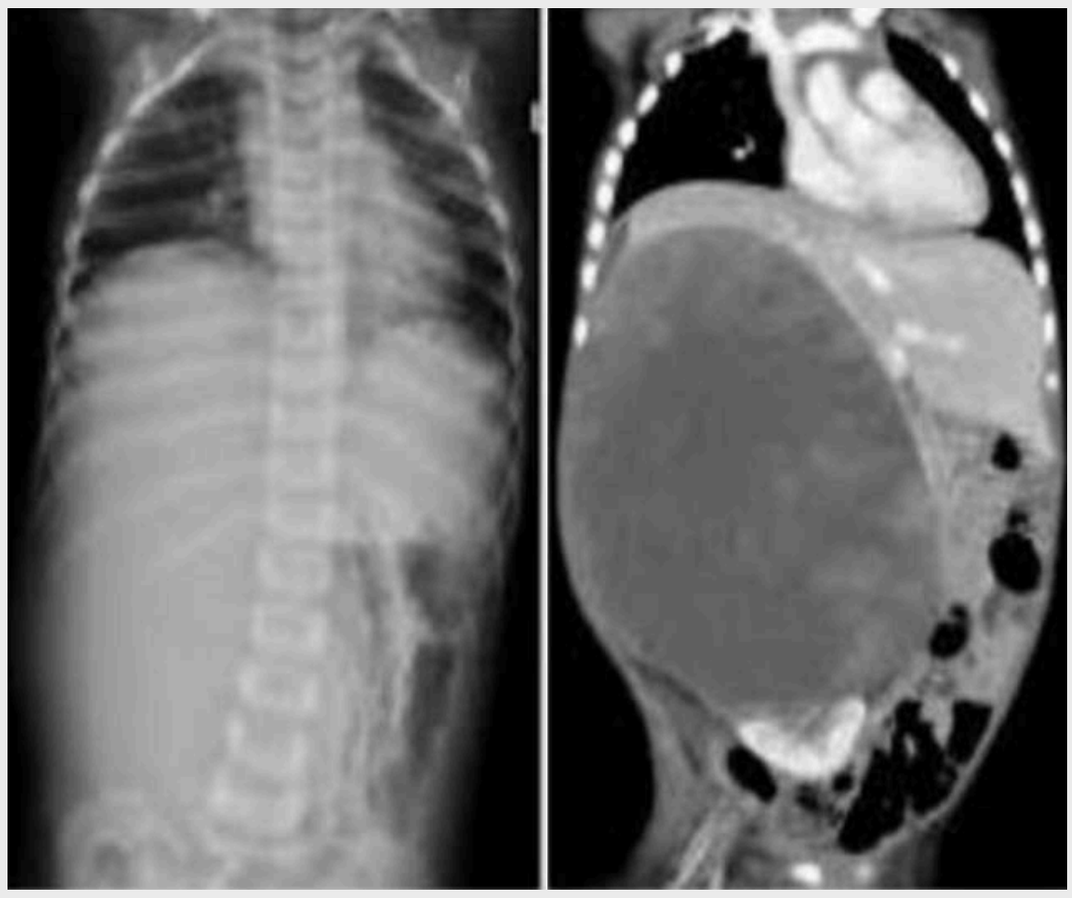
Loss of vision.

Ataxia, posture.



Pediatric malignancy

Q: Hematuria & Flank pain.



Mention two DDx (Differential Diagnosis):

Wilms' tumor.

Neuroblastoma.

Mention 2 other clinical manifestations:

Abdominal mass (palpable).

Hypertension.

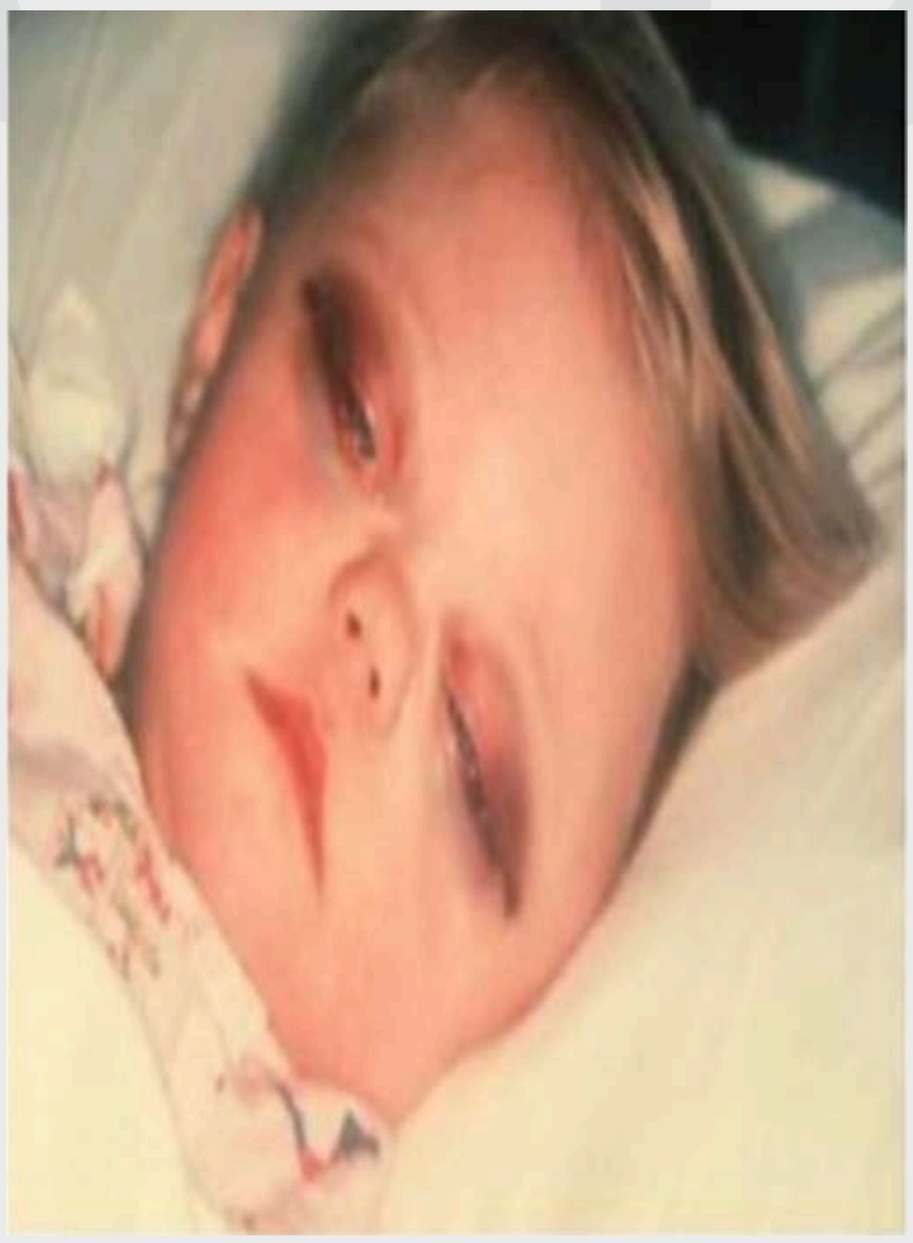
Mention associated syndromes:

Beckwith-Wiedemann syndrome.

WAGR syndrome.

Name of this sign:

Racoon eyes



Differential diagnosis (DDx):

Neuroblastoma

Basal skull fracture

Child abuse

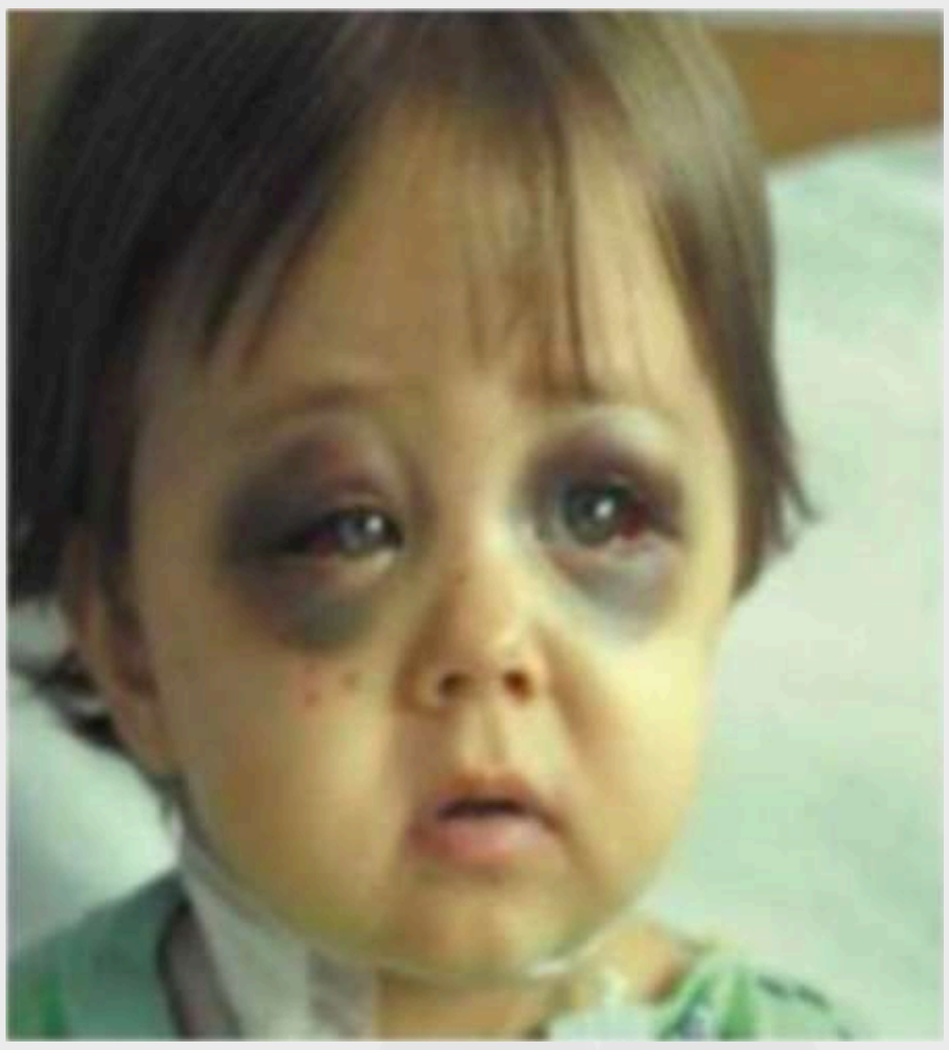
Leukemic infiltratio

Pediatric malignancy

Hx: Abdominal mass

a) What's the finding shown?

Racoon eyes (Periorbital ecchymosis)



b) Diagnosis?

Metastatic Neuroblastoma

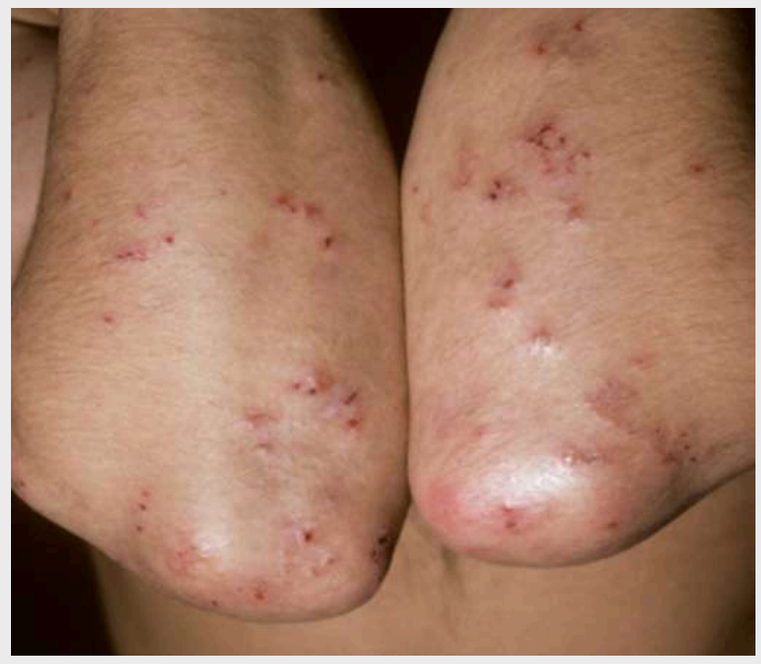
- A) what is the name of this sign? Leukocoria
- B- give 2 ddx: retinoblastoma , congenital cataract (galactosemia)

- A) what is the name of this sign? Leukocoria
- B- give 2 ddx: retinoblastoma , congenital cataract (galactosemia)

DR.ALA'A

MALABSORPTION

9 years old boy came to you due to iron deficiency anemia and abdominal pain



What the name of this manifestation?

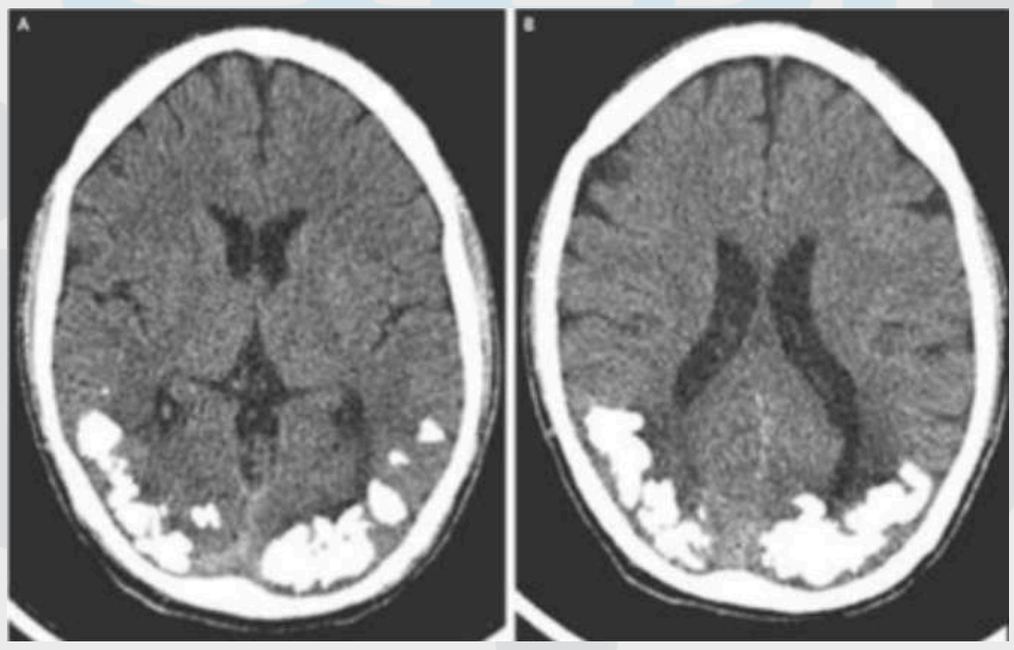
Dermatitis herpetiformis

2 Tests to confirm your diagnosis?

1) tTG-IgA antibody

2) total IgA

baby with type 1 dm come with DKA and was complain diarrhea and abdominal pain 5 month ago



A) Describe this CT scan:

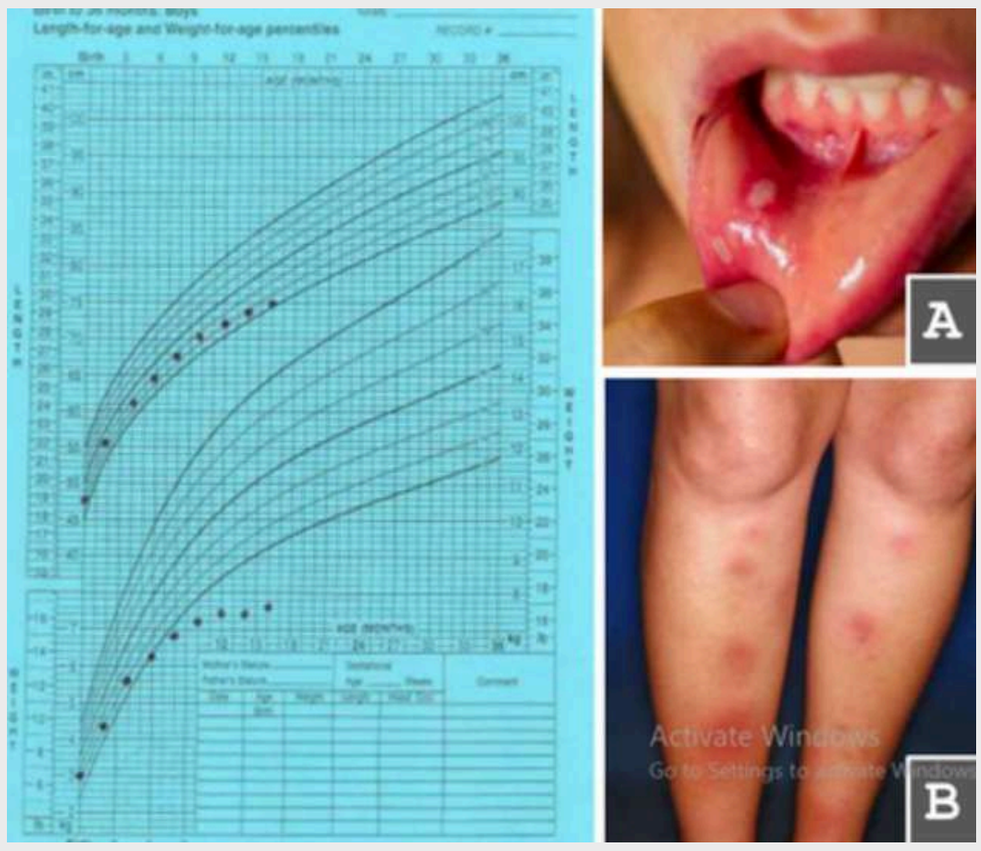
occipital lobe edema and calcification

B) cause of abdominal manifestation A: celiac

صلّ ع النبي وكمّل
عليه الصلاة والسلام

Malabsorption

presented to the clinic with the following growth chart and physical findings, he has a 6-month history of abdominal pain and bloody diarrhea
What does the growth chart show?



Failure to thrive.
What are the clinical findings shown in the pictures?

A: Oral aphthous ulcer.
B: Erythema nodosum.
What stool test is most sensitive to detect gut inflammation?
Fecal calprotectin.

If this patient after investigations turns out to have elevated ESR/CRP, severe iron deficiency, and low albumin, what would be the likely diagnosis?

Crohn's disease.
What investigation will you perform to confirm the diagnosis?

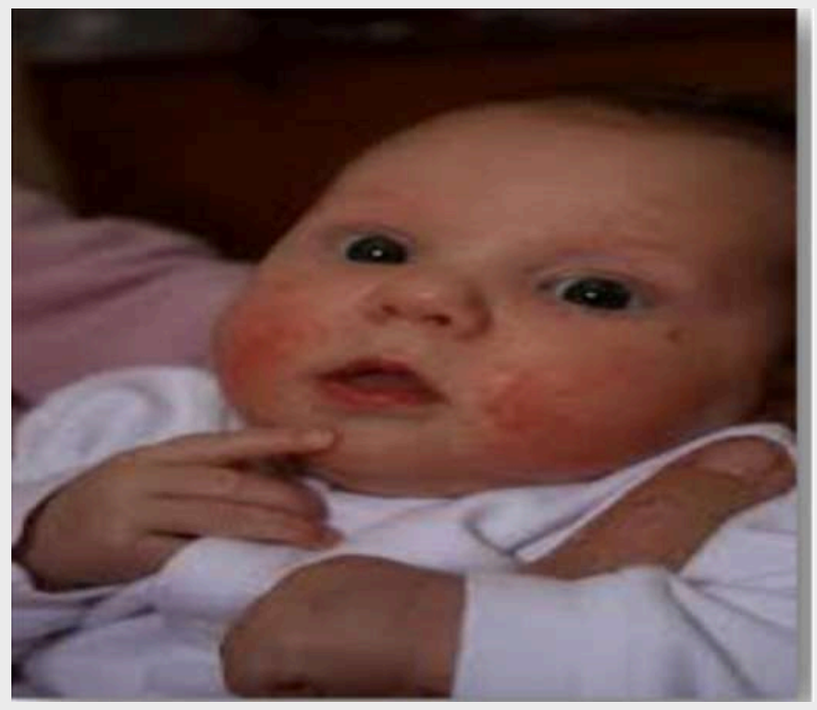
Double endoscopy (upper and lower).
What stool test would be helpful to explain the low albumin?

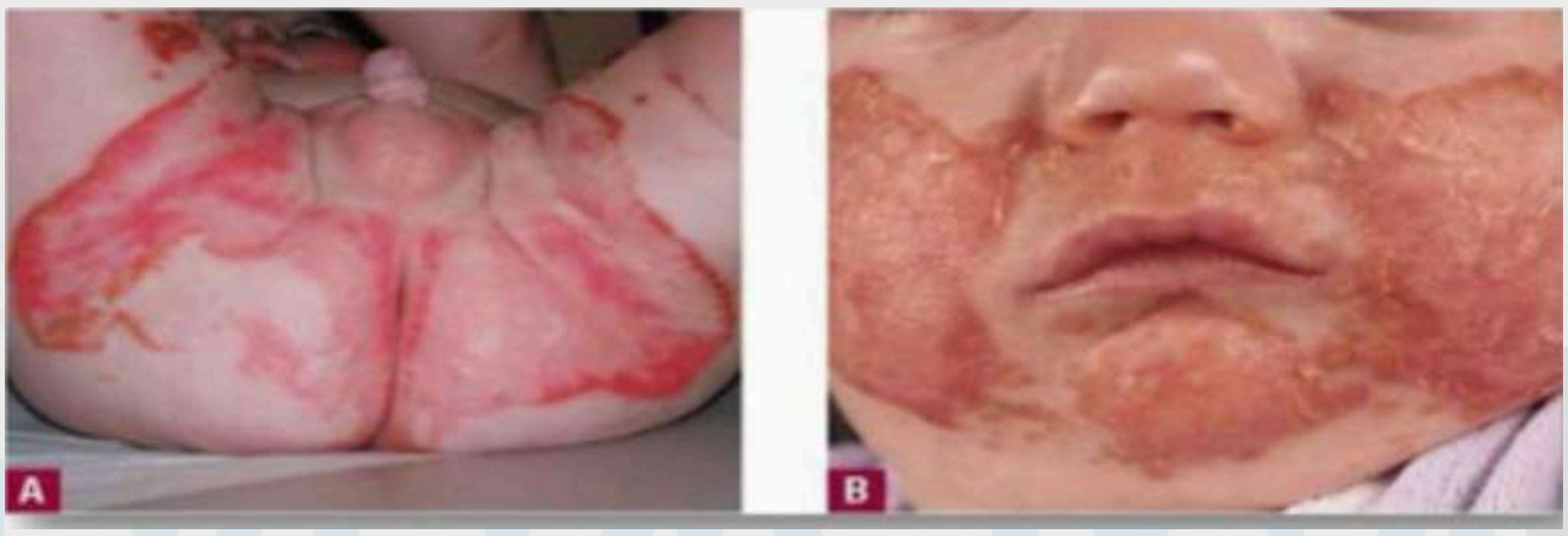
Fecal Alpha-1-antitrypsin (to detect if there's protein losing enteropathy).
If years after the diagnosis, the patient complained from painful eyes and blurring of vision, what would be the cause?

Anterior uveitis.
If during the endoscopy, the distal ileum was

Malabsorption

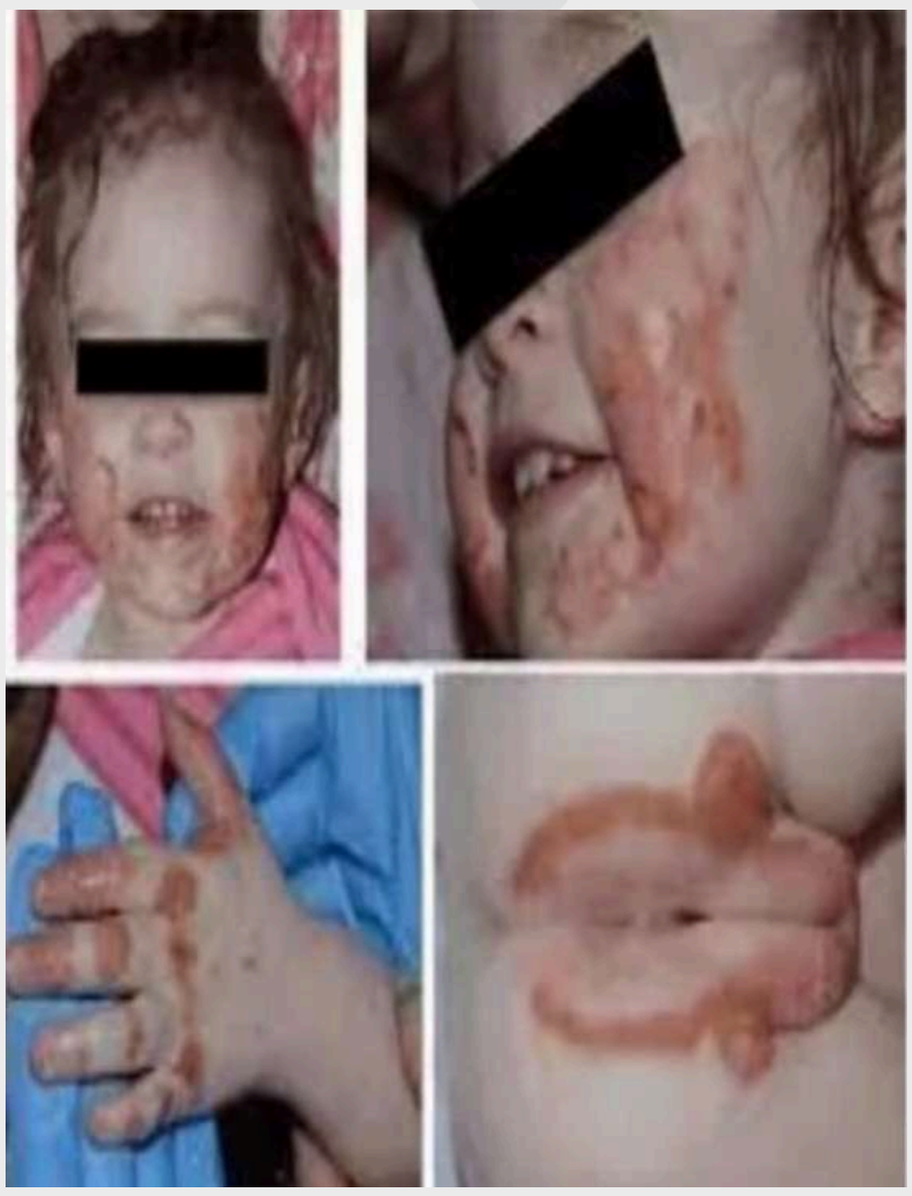
Patient come with chronic diarrhoea
what type of rash? atopic dermatitis
diagnose? Caw milk allergy





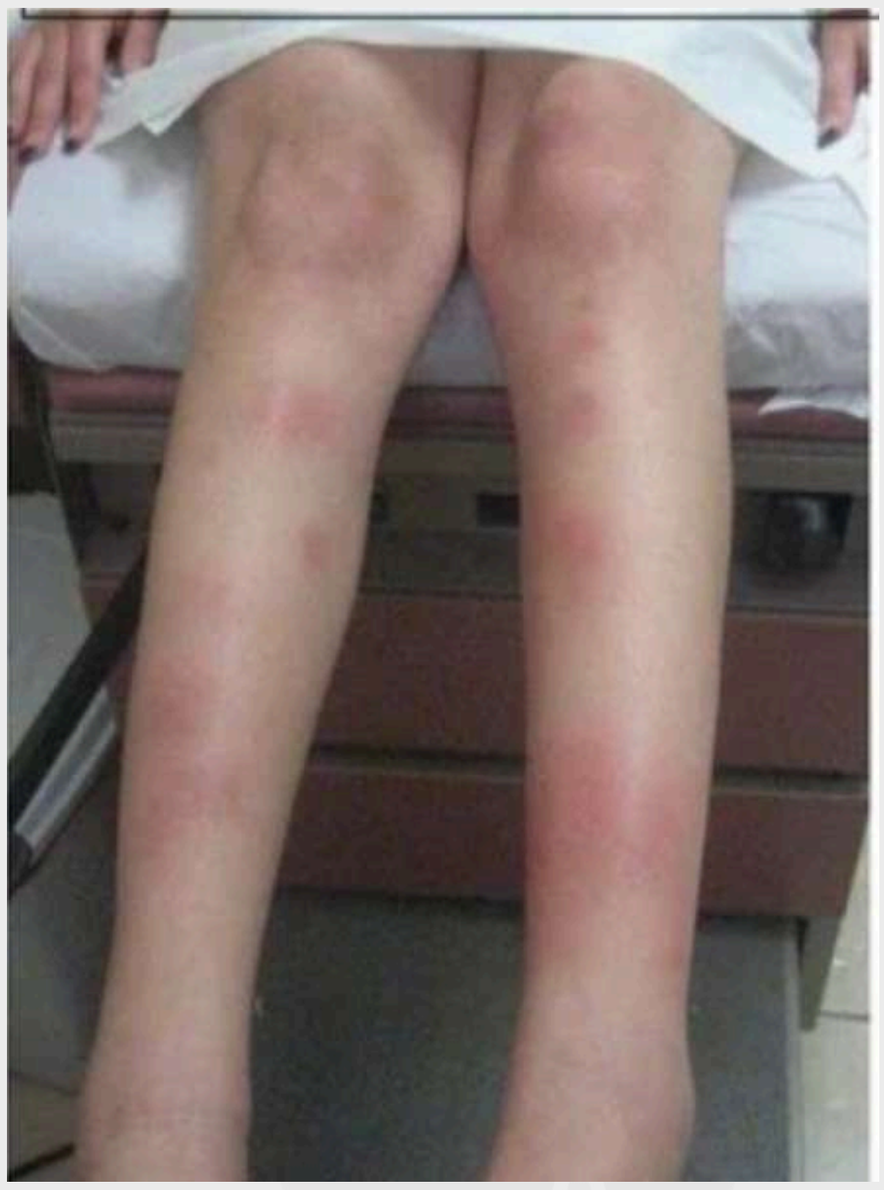
Q: Chronic diarrhea since birth, rash:
acrodermatitis enteropathica
treatment: zinc

What is the Ddx?
acrodermatitis enteropathica
treatment: zinc



Malabsorption

young child presented with chronic diarrhea, abdominal pain, and weight loss.
What is the name of these skin lesions?



Eryhema nodosum

2) Mention two things you will see on stool analysis:

Fecal calprotectin

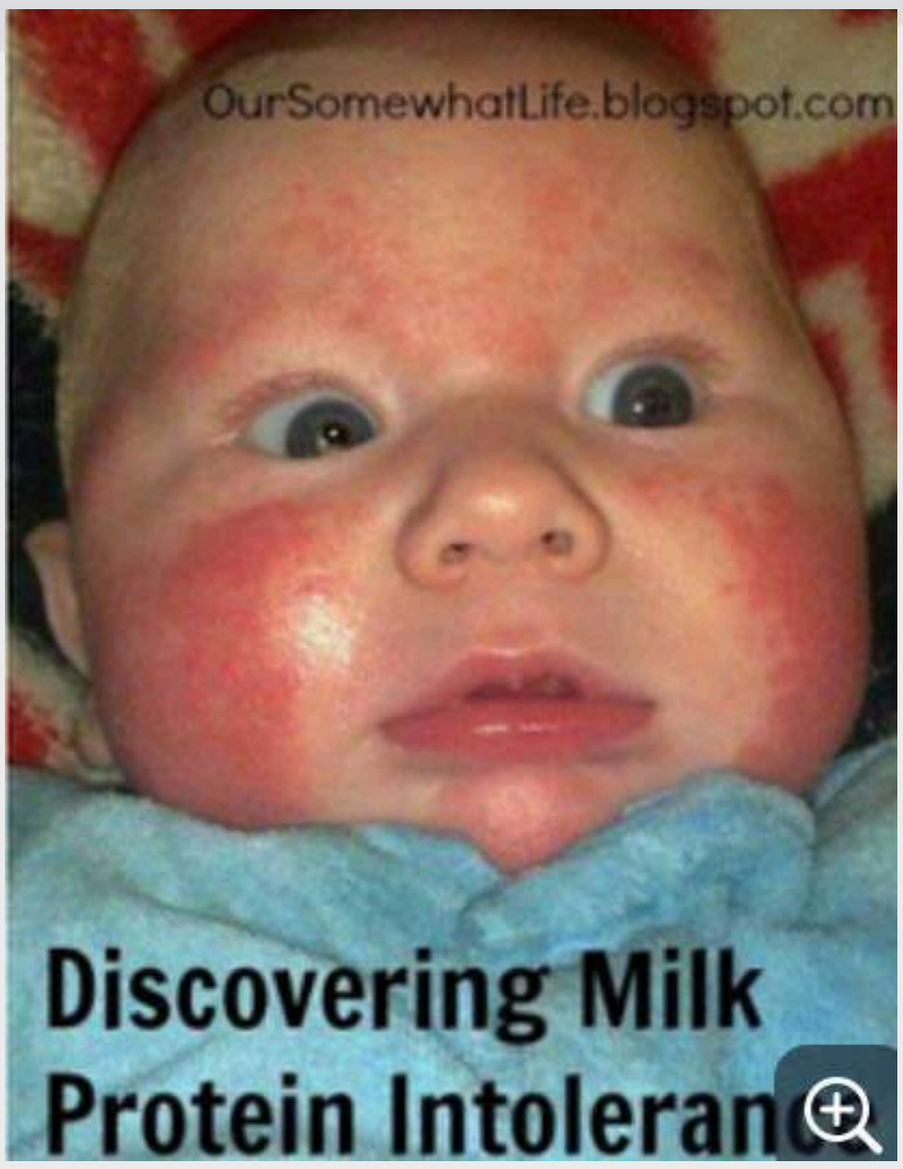
Fecal WBCs and RBCs

3) How to confirm the diagnosis?

Endoscopy and biopsy

NOTE: Erythema nodosum associated mainly with Crohn's disease, but also can present in Celiac patients

baby with erythematous face failure to thrive and have diarrhea from 2 w On regular cow's formula



A. What is the cause of his symptoms? Cow's milk allergy

B. Finding in the stool? Esinophils

C. What is your suggestive formula For him? Casein Hydrolysate formula (babylac HA / Nan HA) Or Amino acids based formula (Neocate)

Malabsorption

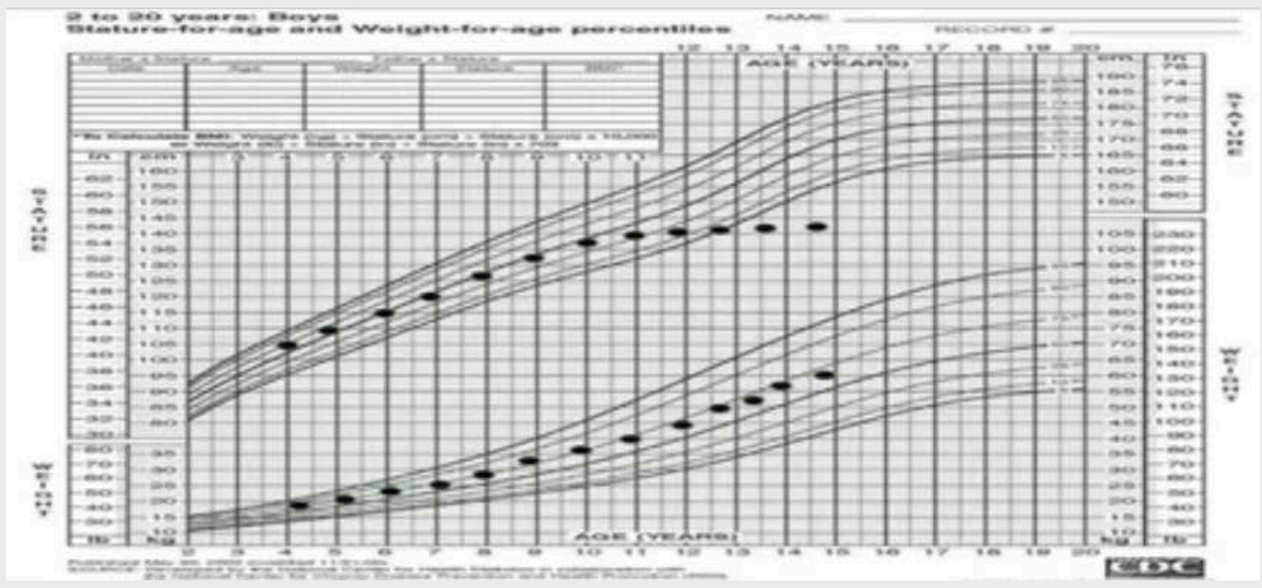
Your assessment: short stature

2- give two causes of this case:

Celiac disease.

familial (genetic)

Hypothyroidism



Diagnosis?

Cows milk allergy

Treatment ?

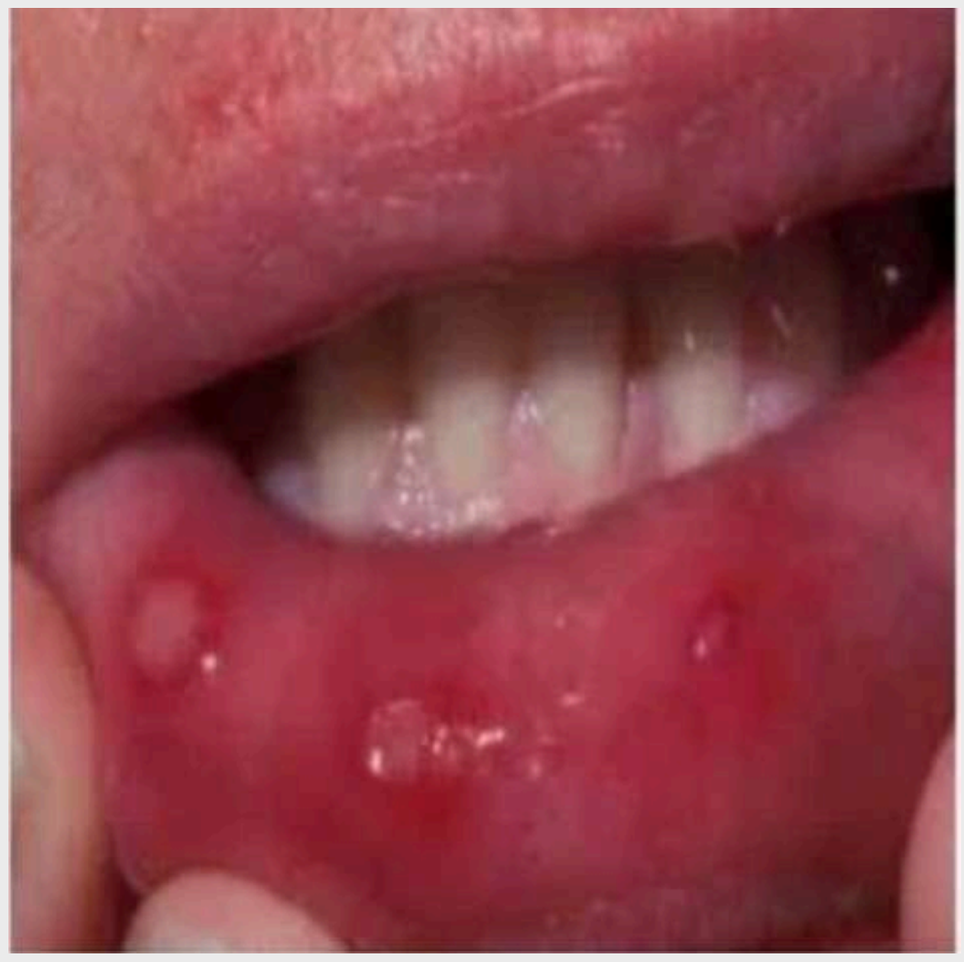
Amino acids based formula

13 years old girl complain of abdominal pain and other autoimmune diseases:

A- describe what you see:

multiple aphthous ulcers

B- single test to confirm you're diagnosis: anti ttG



GERD

Child with recurrent Opisthotonus position

1-What is the name of this condition?

Sandifer Syndrome

2-Mention 3 causes for this position

1-GERD

2-kernicterus

3-Meningitis

1.Dx?

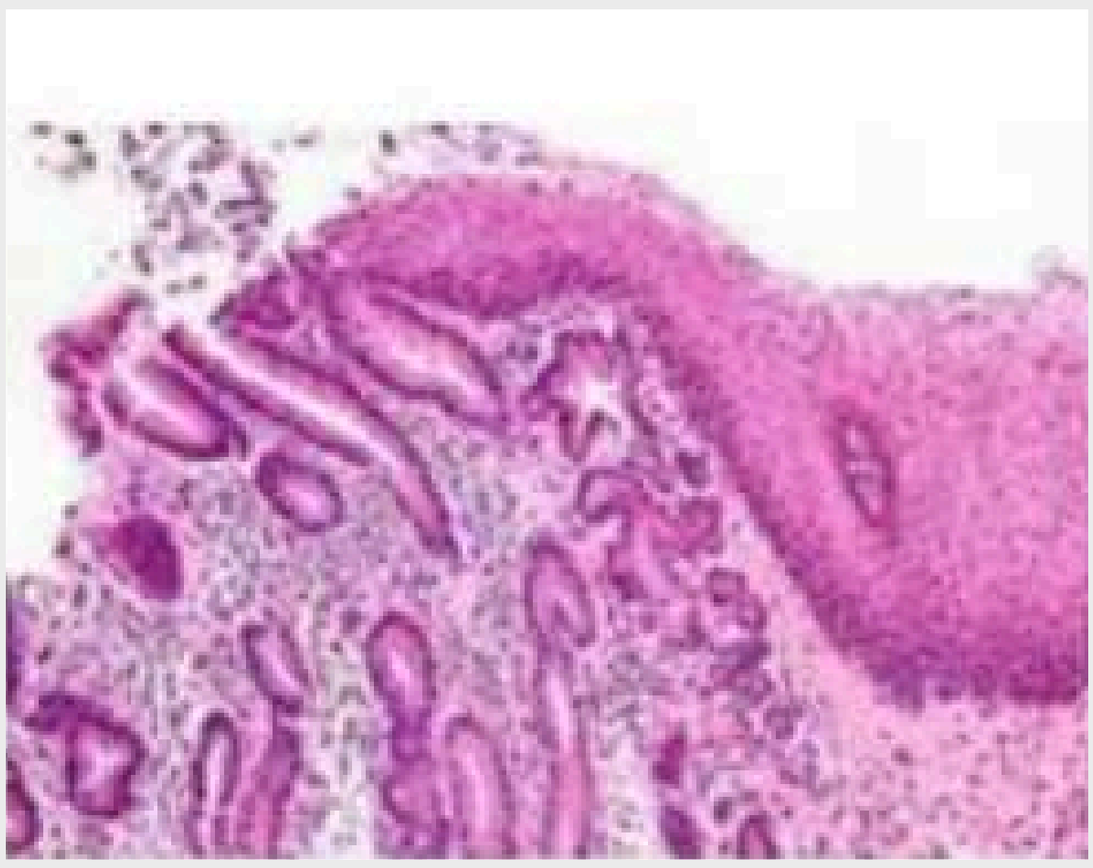
GERD

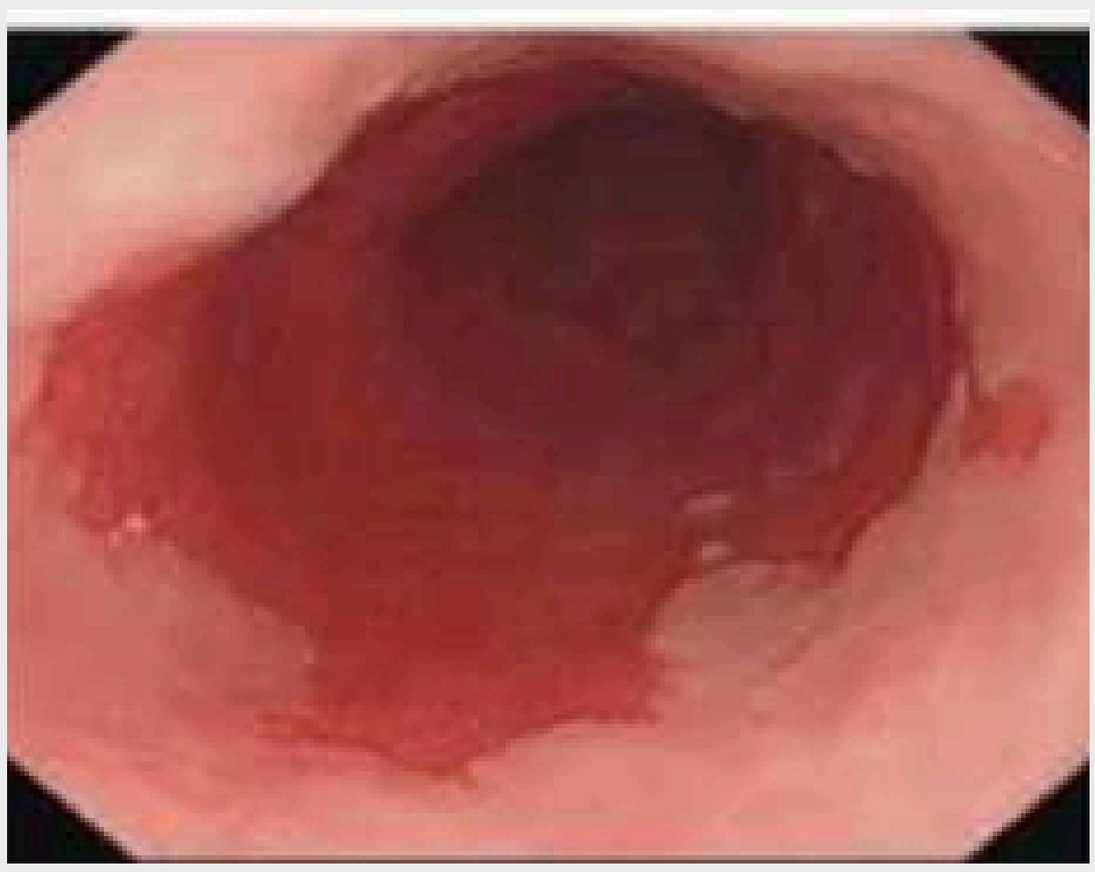
2.GI complication?

Stricture and Esophagitis

3. Type of formula?

AR formula

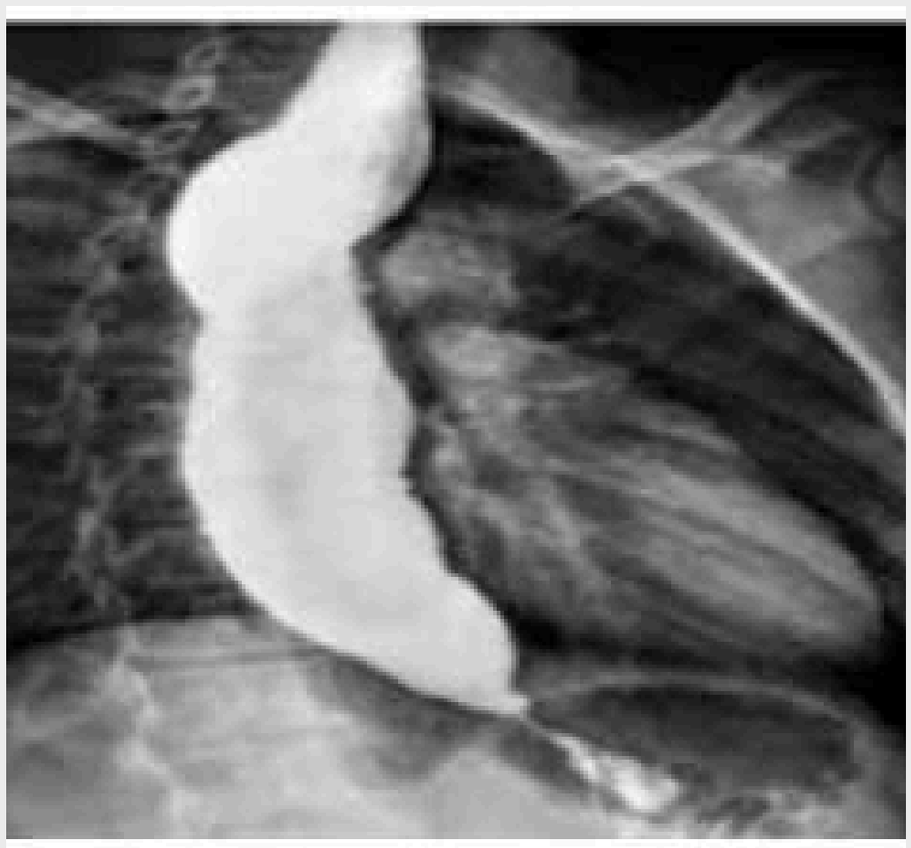




GERD

• what is the type of this study?

CONTRAST RADIOGRAPHIC STUDY
(USUALLY BARIUM)



• what is the diagnosis?

Achalasia Cardia.
the classic "Bird's Beak" appearance"Rat-tail" appearance

1-What's this sign?

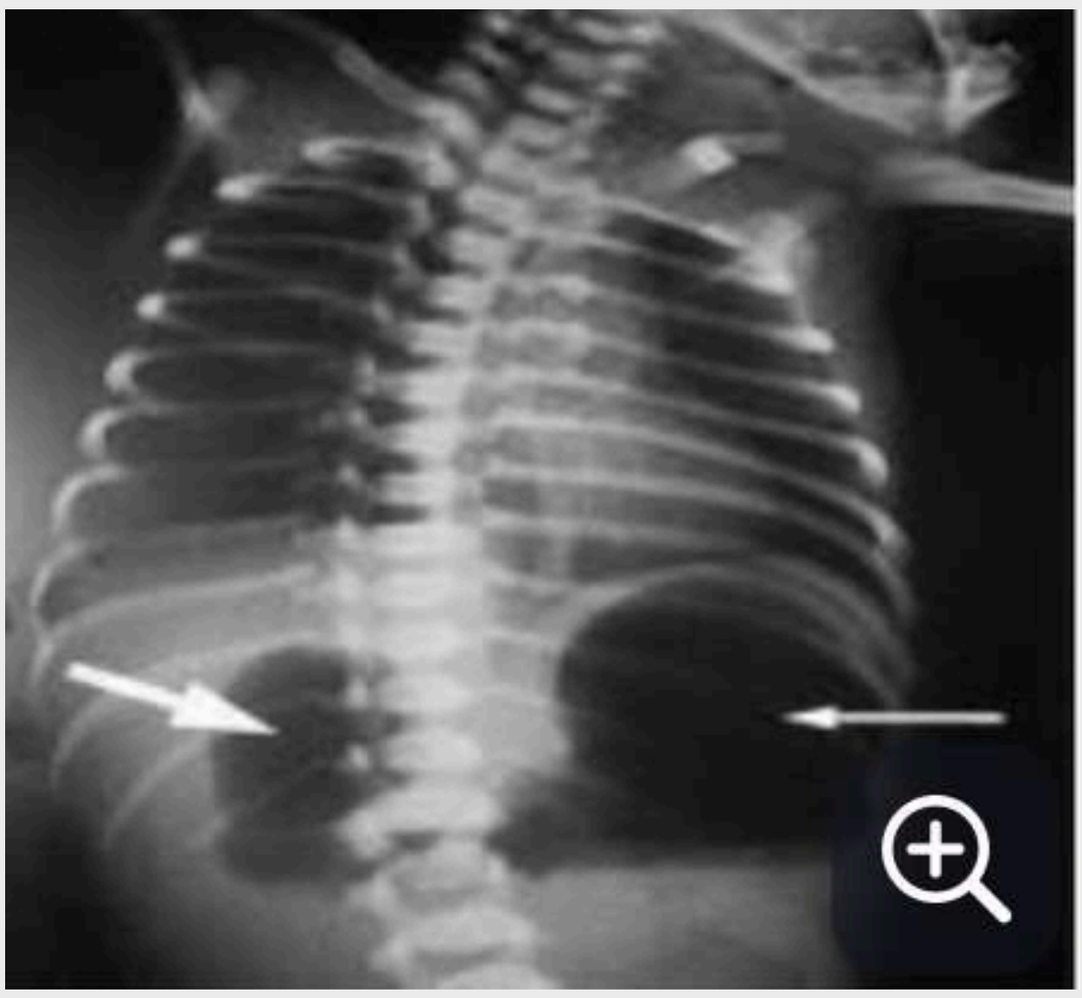
Double-bubble sign.

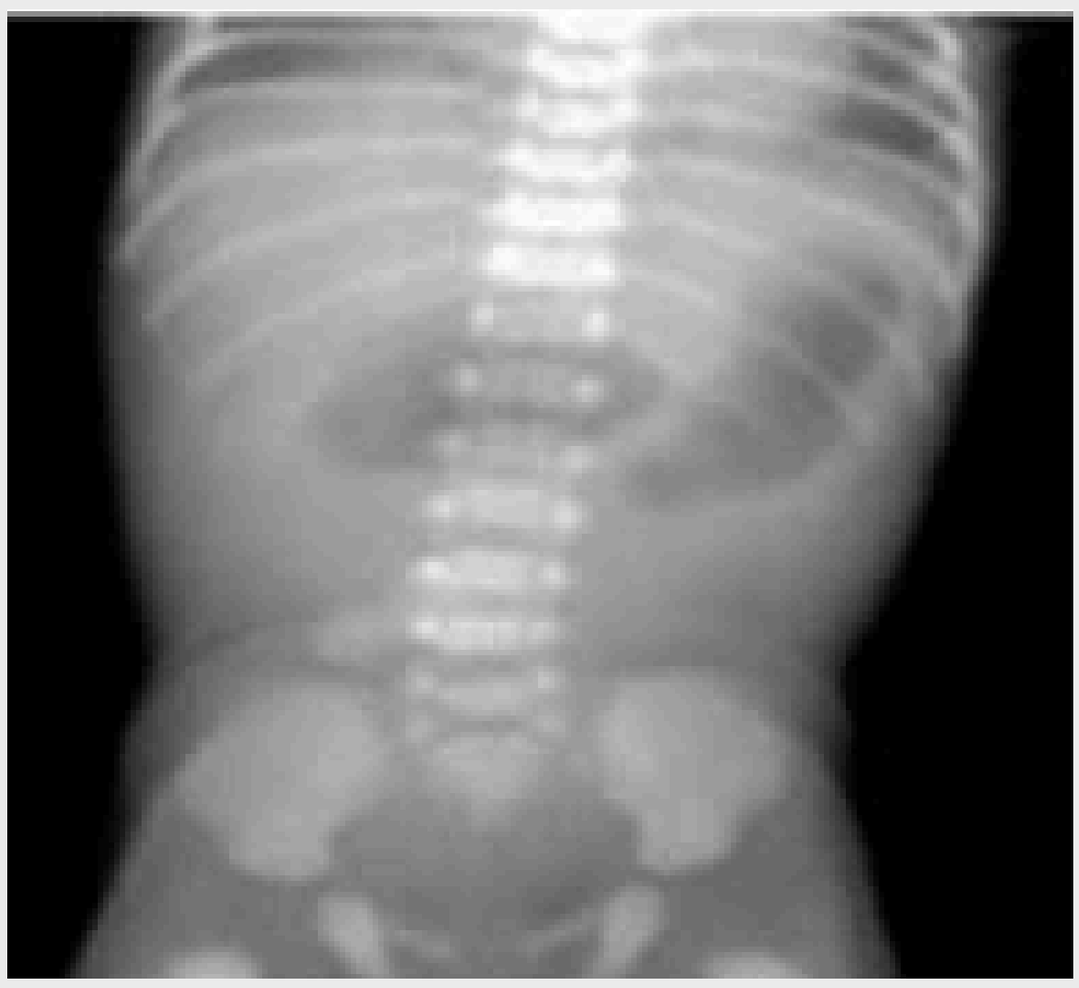
2-What's the most probable Dx?

Duodenal Atresia.

3-What other signs do you expect on examination?

Abdominal distension, Jaundice.





Infant feeding

Station 1

1)Write two indications for this formula

GERD

GER

Galatocemia

Station 2

-What is the type of each formula ?

-Write one indication for each?(2points)

Hydrolyzed

Cow milk allergy

Soy galcto....

Station 3

What is the indication of the first formula?

Cow milk protein allergy

What type of first formula?

Amino acids based formula

What is the indication of second formula?

Galactosemia

Station 4

1.What stool finding in a child who uses this formula?

Eosinophils and RBC

2.Give an alternative formula?

Hydrolyzed formula

3.Complication of this condition?

FTT

Infant feeding

Station 5

-What is the inducation

Lactose intoleranse?

GERD

Station6

1) which type of formula?soy

2)mention 1 indication

Galactocemia

Station7

1)what is this formula ?

Amino acid based

2)Indication for it ?

Cow milk protein allergy

Station8

1)Diagnosis?

Cows milk allergy

2)Treatment ?

Amino acid based

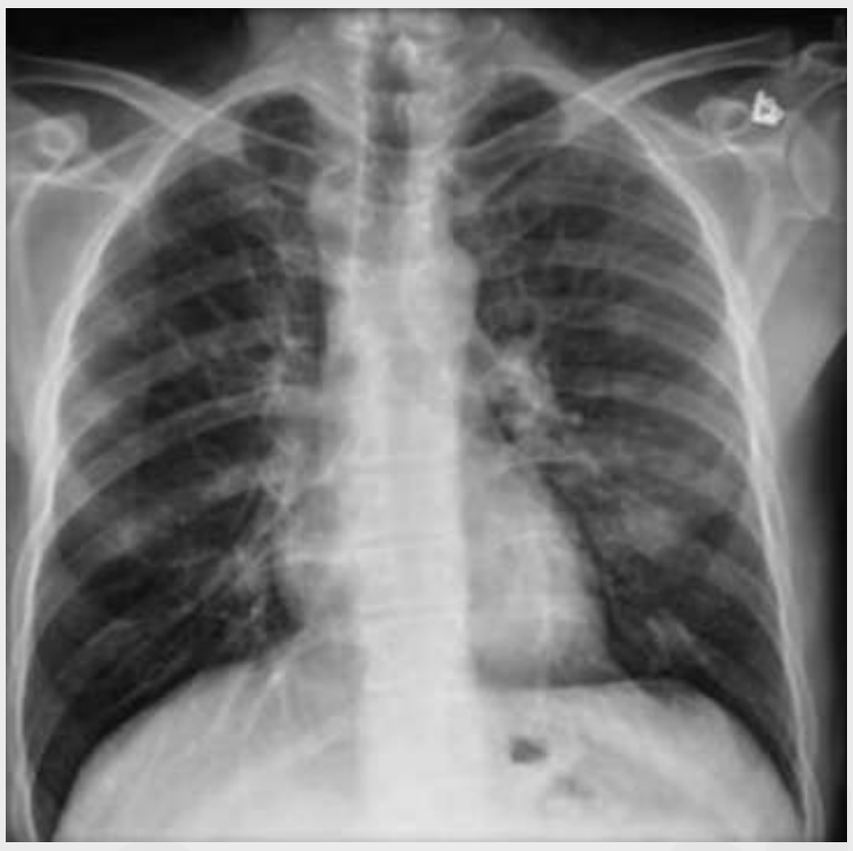
Station9

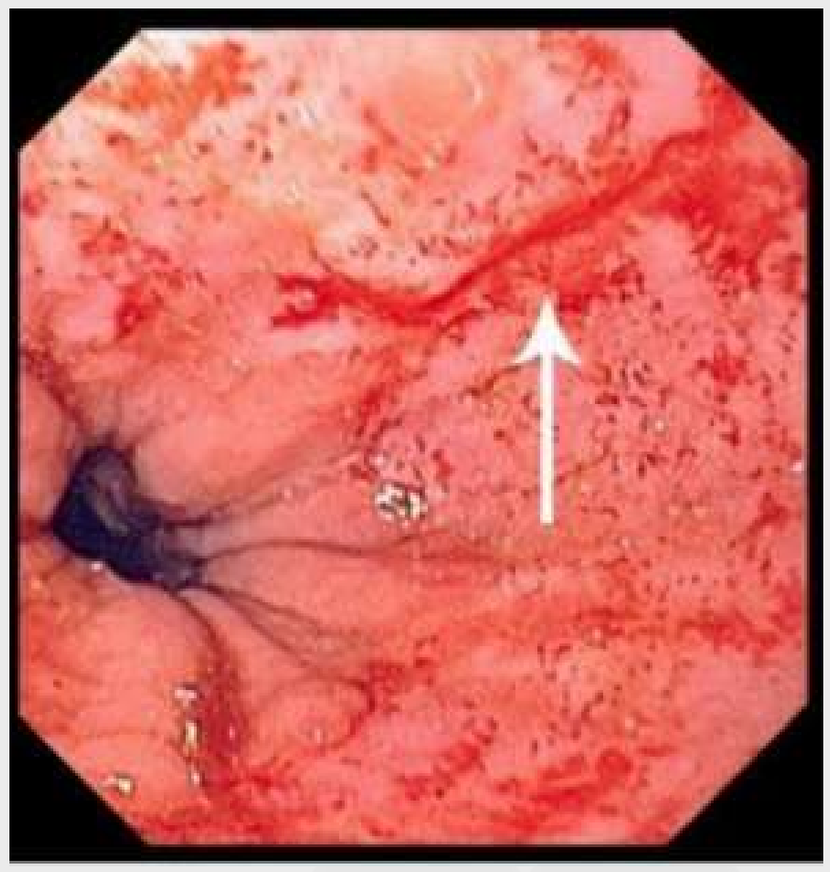
What is the type and indication for each formula?

1. Anti-regurgitation (starch based) , GERD
2. Amino acid based , cows milk protein allergy

GI BLEEDING

6 YEARS OLD FEMALE CAME DUE TO GI BLEEDING THIS MORNING AFTER RECURRENT FORCEFUL VOMITING,AND ENDOSCOPY REVEALS THIS! »





WHATIS YOUR DIAGNOSIS?

MALLORY WEISS SYNDROME

2BLOOD LABS YOU SHOULD ORDER IN ER?

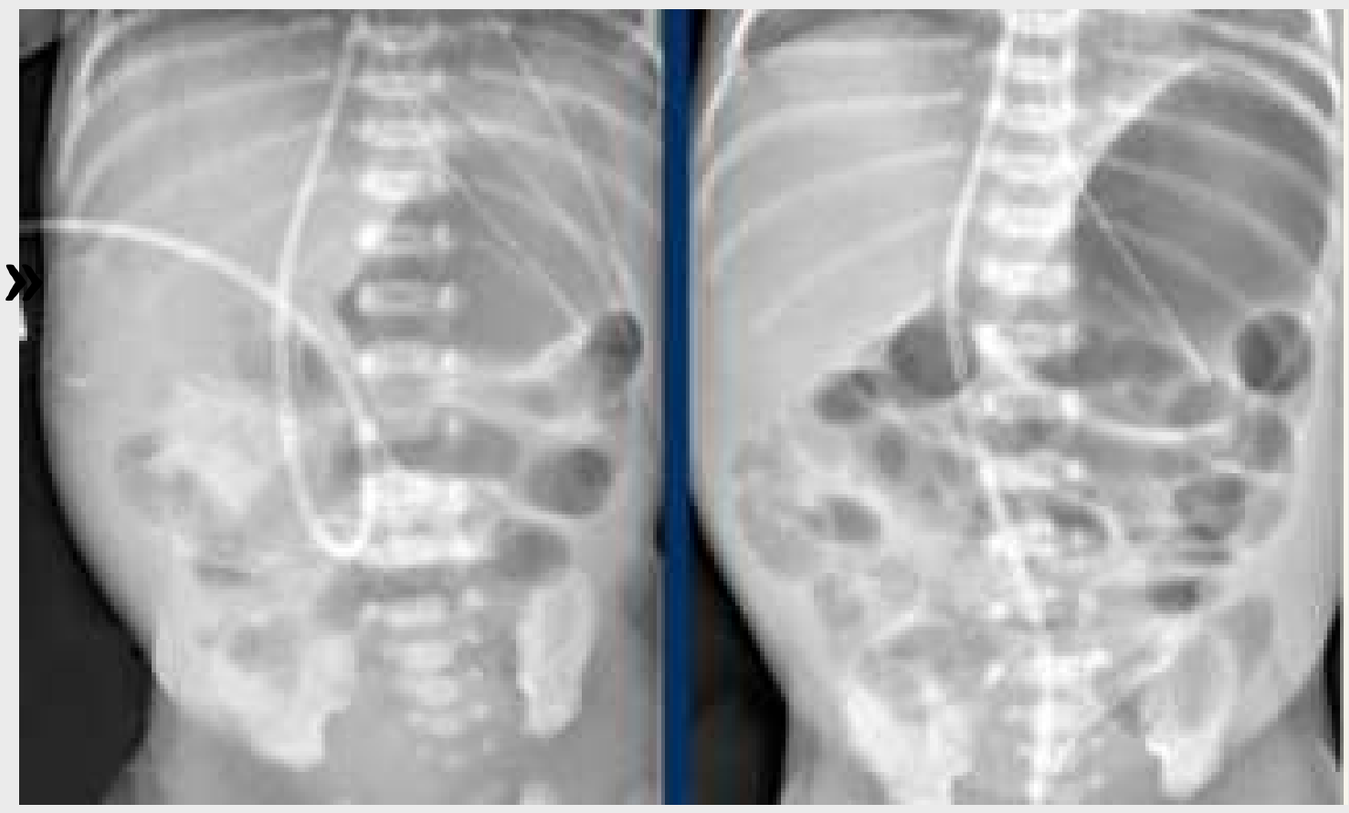
1)CBC

2)BLOOD TYPE, CROSS MATCHING, COAGULATION PROFILE

X-RAY OF A NEONATE SHOWING INTESTINAL CHANGES.

WHAT IS THE DIAGNOSIS? »

NECROTIZING ENTEROCOLITIS (NEC)



WHAT IS THE MAIN FINDING SEEN ON THE X-RAY? »

PNEUMATOSIS INTESTINALIS

GI BLEEDING

A 30-WEEK PRETERM NEONATE, 1.3 KG, ON DAY 8 OF LIFE DEVELOPS ABDOMINAL DISTENSION, FEEDING INTOLERANCE, AND BILIOUS VOMITING. THERE IS BLOOD IN STOOLS AND INCREASING GASTRIC ASPIRATES AFTER RECENT ADVANCEMENT OF FORMULA FEEDS. THE BABY BECOMES LETHARGIC WITH APNOEA AND TEMPERATURE INSTABILITY.

WHAT'S YOUR DIAGNOSIS?

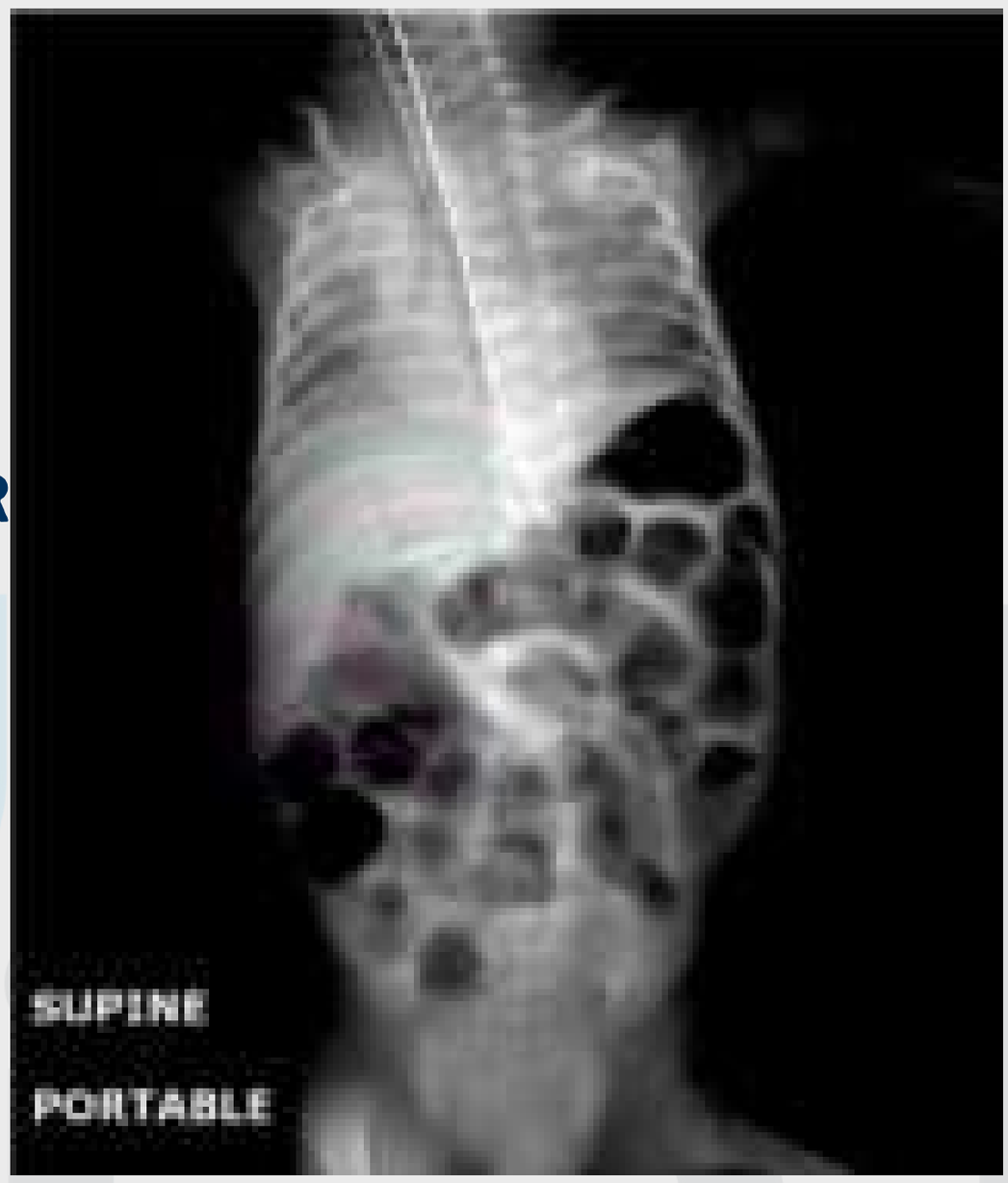
NECROTIZING ENTEROCOLITIS

MENTION ONE RISK FACTOR FOR THIS CONDITION?

PREMATURE

MENTION ONE CONSERVATIVE MANAGEMENT?

NPO , GASTRIC DECOMPRESION , ANTIBIOTIC



INDICATION FOR SURGICAL MANAGMENT?

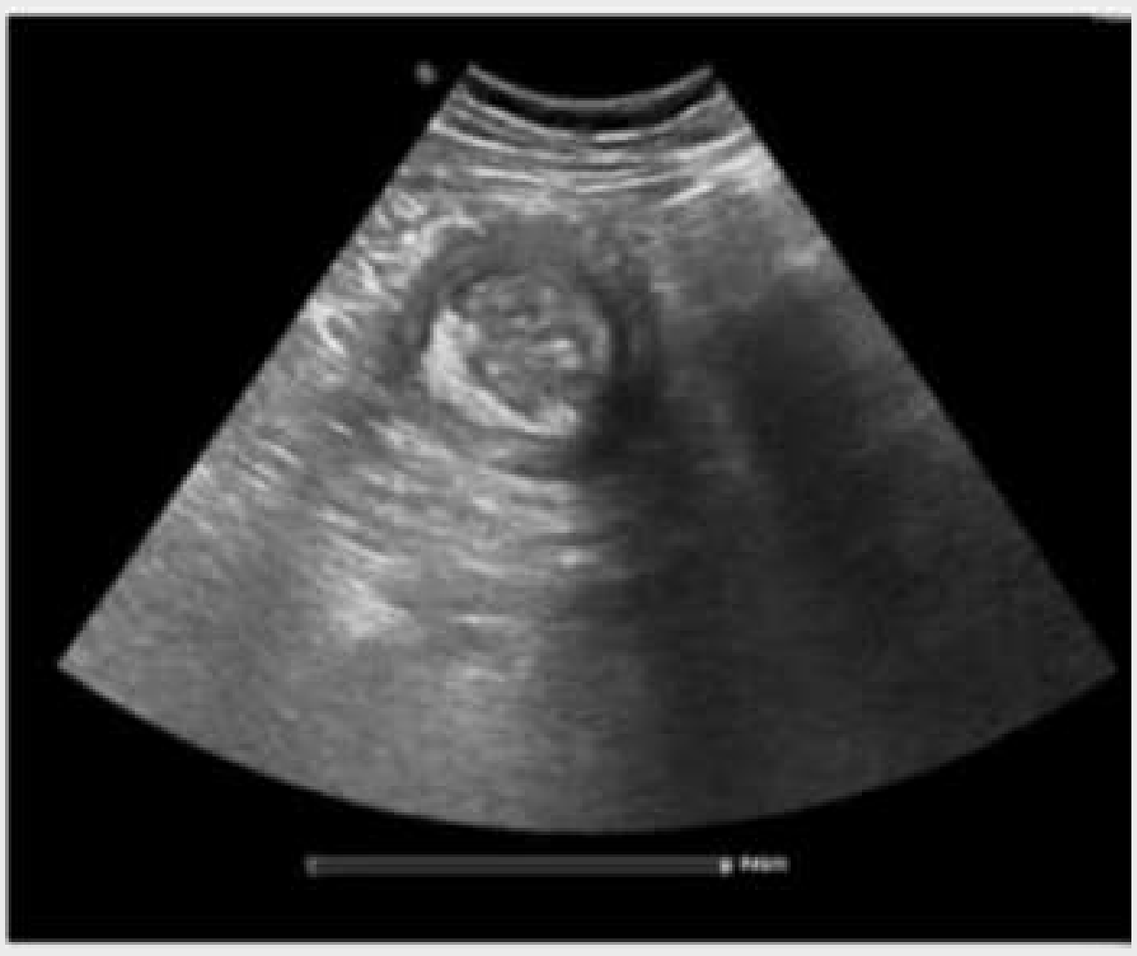
PNEUMOPERITONIUM

WHAT'S THE SIGN ?

TARGET SIGN

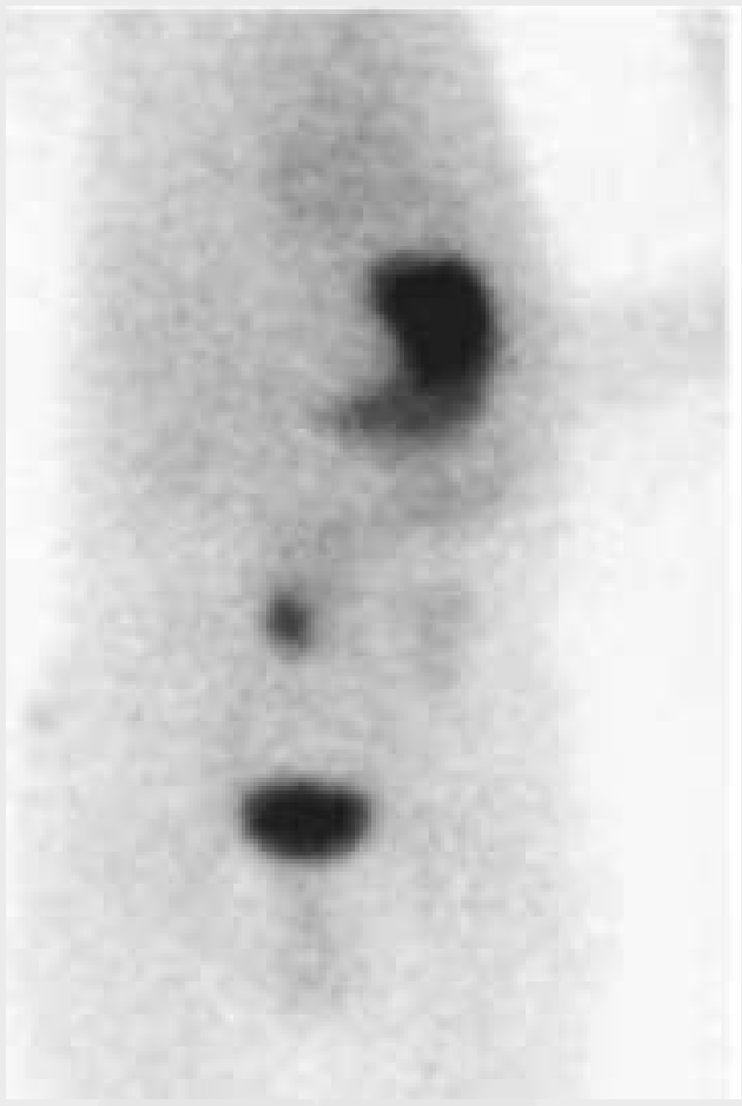
WHAT'S THE DIAGNOSIS?

INTUSSUSCEPTION



GI BLEEDING

BABY COMPLAIN FROM PAINLESS LOWER GL BLEEDING WHAT IS THE NAME OF THIS STUDY ?

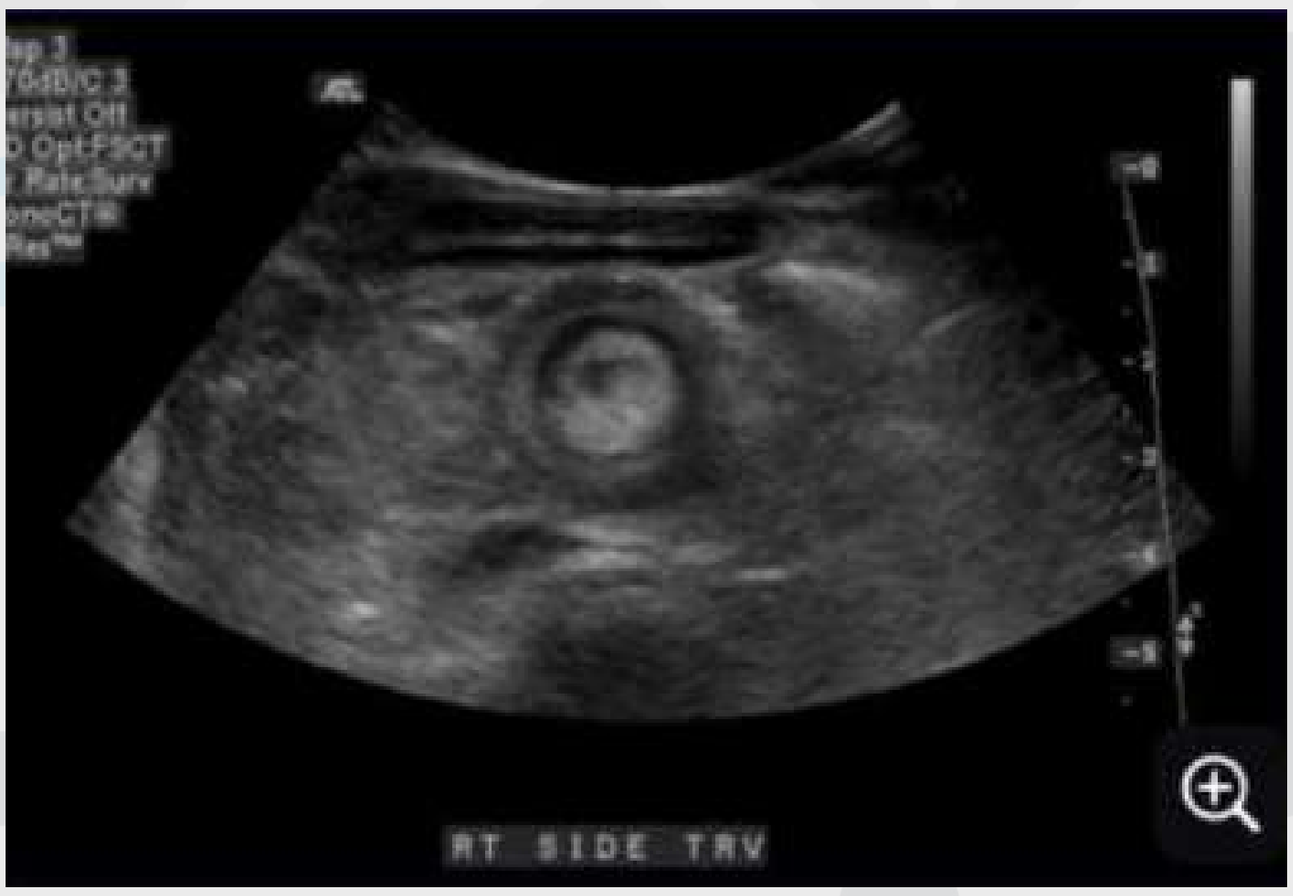


MECKELS SCAN (TECHNETIUM 99)

WHAT IS THE TRAETMENT OF CHOICE?

SURGICAL EXCISION

NAME THIS SIGN



TARGET SIGN

DIAGNOSIS:

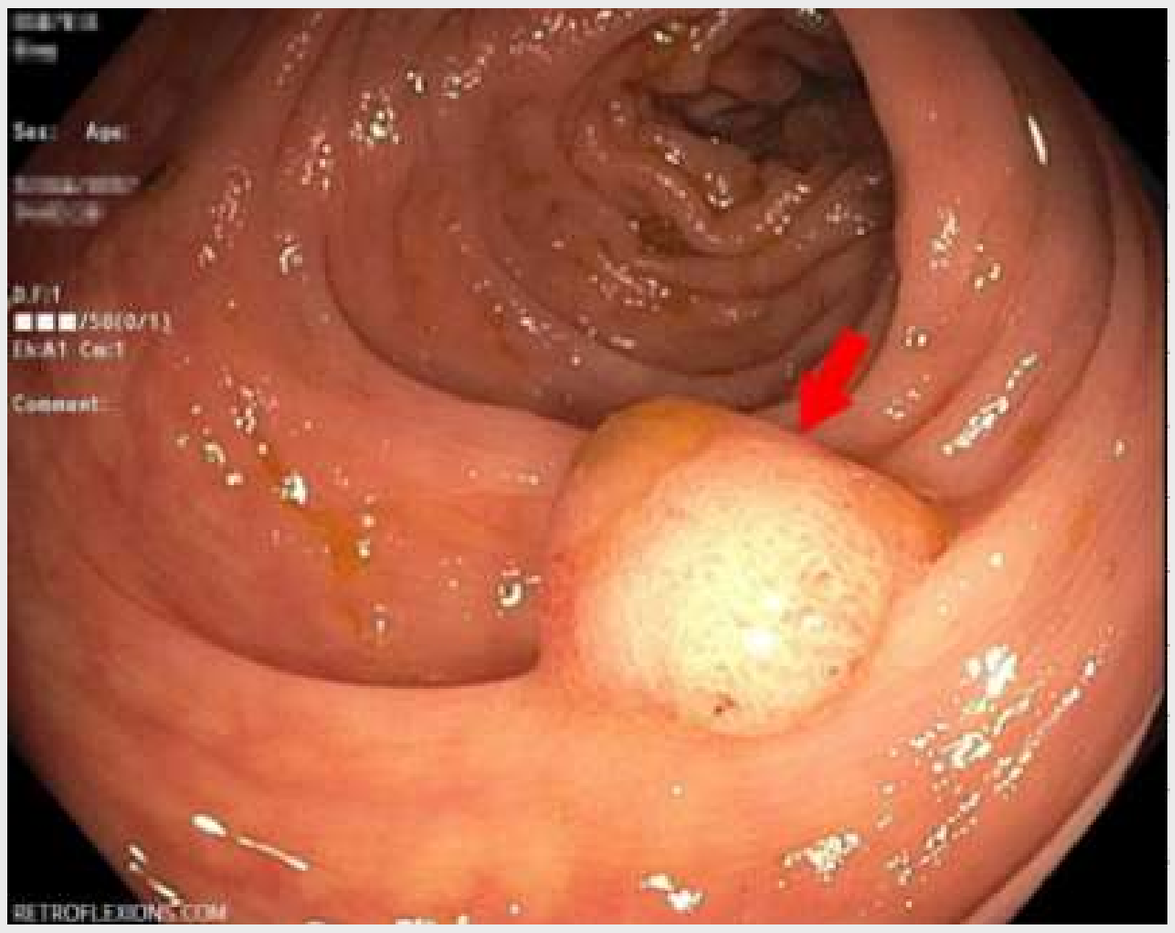
INTUSSUSCEPTION

FINDING ?

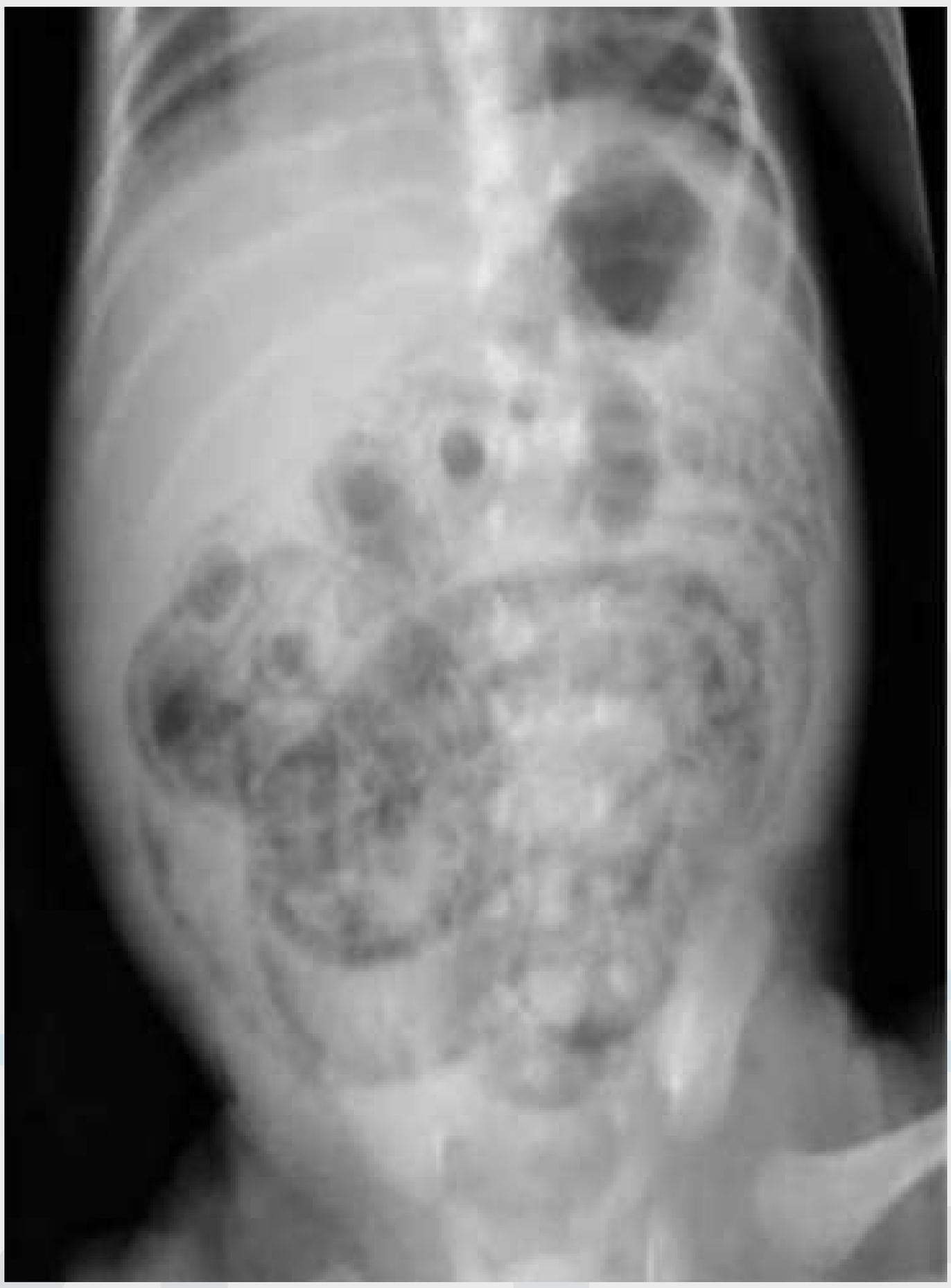
POLYP

MANAGMENT ?

SURGICAL REMOVAL



GI BLEEDING



Baby present with hematocazia ,abdominal distension and vomiting

What is the diagnosis?

Necrotizing enterocolitis

What is the finding in this image ?

Pneumatosis intestinalis

Acute gastroenteritis

The child came to the ER complain from vomiting and diarrhea for 3 days

1- What is the sign seen in the picture?

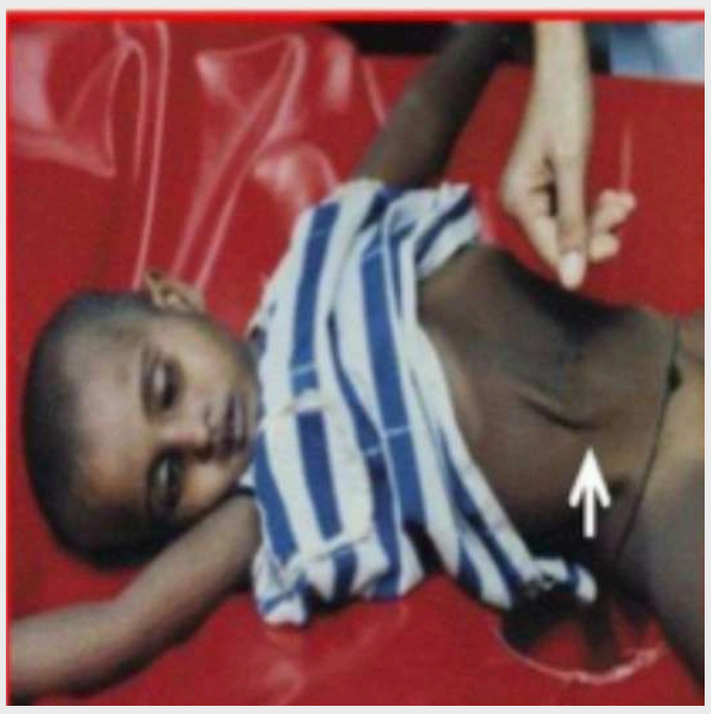
Decreased skin turgor

2- What is the degree of dehydration?

Severe dehydration

3- What is the first line in treatment with dose?

IV normal saline 0.9% 20 mg/kg as bolus



*What is abnormal finding?

o Presence of mucus and pus

• Presence of trophozoite and cyst (E.Hystolitica)

• Pesence of RBCs

• Offensive odor

Stool analysis

Physical

- Color: Brown
- Odor: Offensive
- Consistency: Semi-formed
- Blood: N/L
- Mucus: +

Microscopy

- R.B.Cs: 3-5
- Yeast: N/L
- Starch: ++
- Vegetables: +++
- Fat: +++
- Protein: N/L
- Parasite: E.Histolatica
- Parasite Ova: N/L
- Parasites Cyst: E.Histolatica

* What is the treatment?

• Trophozoite: metronidazole

• Cyst: luminal agent (iodoquinol or paromomycin)

• Stool analysis of a 4 month old child complaining of diarrhea 4 days duration

1- describe the findings

Normal stool analysis report

Soft consistency

No wbc

No blood

No mucus

2- what is the most likely causative organism?

Rotavirus

3- if diarrhea continues for 1 month what is the appropriate next step?

- Reducing Substance in stool
- Lactose free milk

Acute gastroenteritis

Vomiting diarrhea seizure
with stool test

* What is the organism?

• Shigella

* What is the complication?

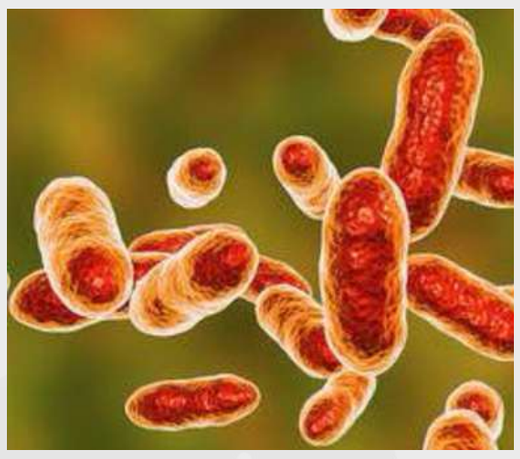
HUS, Rectal prolapse,
sepsis , seizures

* What is the treatment of choice?

• Ceftriaxone , Ampicillin, TMP-SMZ.

Stool analysis

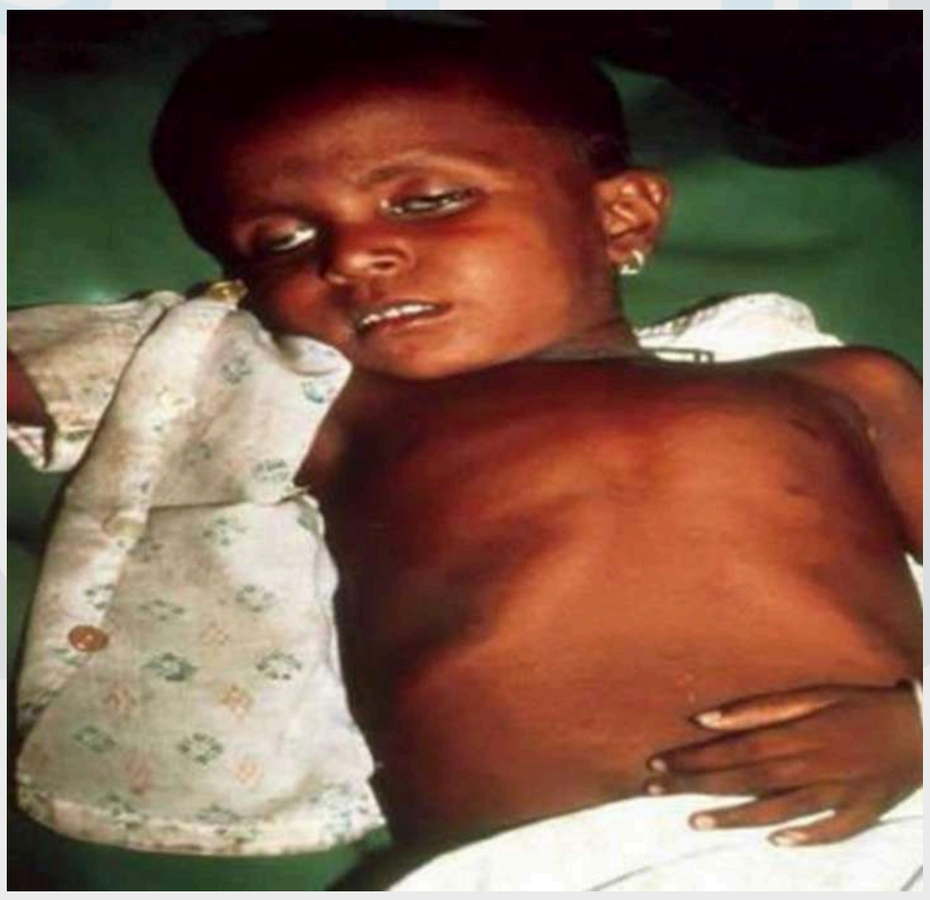
- WBC – positive
- Mucus – positive
- Blood – positive
- No cysts or trophozoites

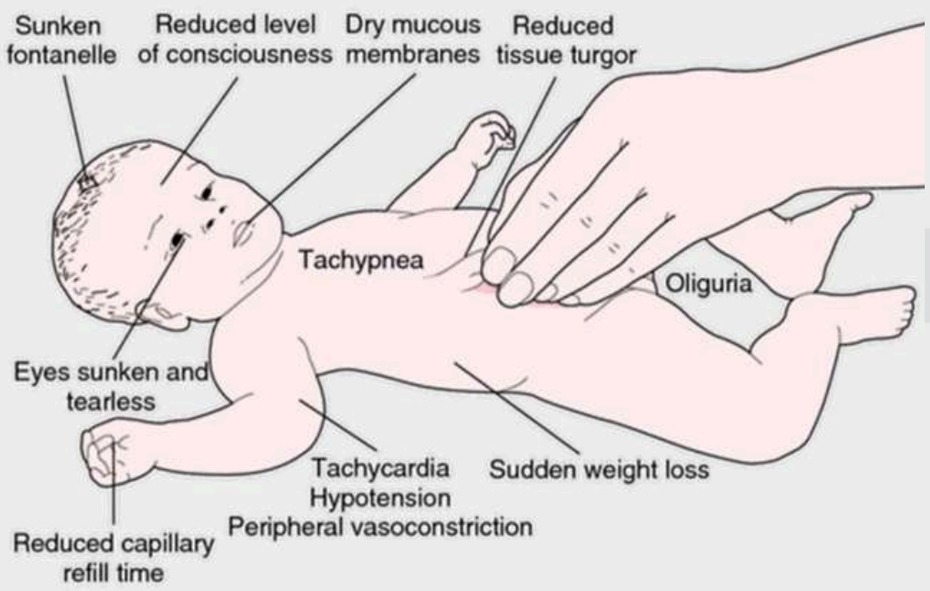


A 7 years child with sever gastroenteritis

• What's the most important
sign seen in the picture?

• Sunken eyes

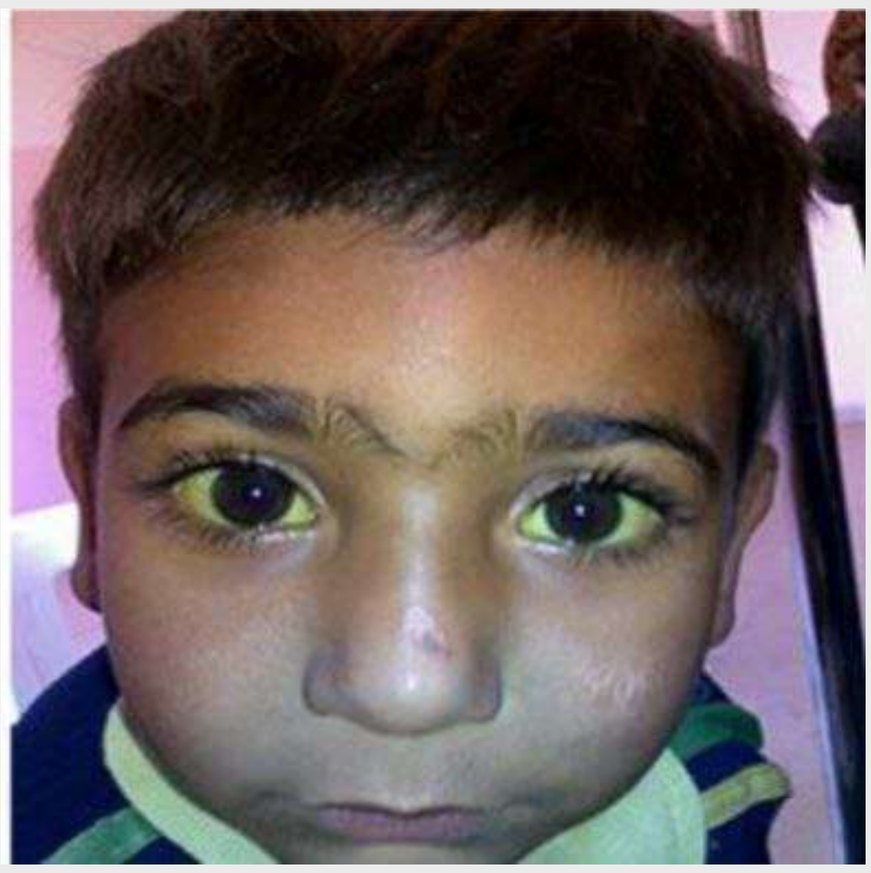




ORS is recommend as the treatment of choice for children with mild-to-moderate GE

Hepatitis

Patient with HX of abdominal pain and vomiting with highly elevated AST and ALT



1- what is the best investigation you would order?

Anti-HAV IgM Antibodies

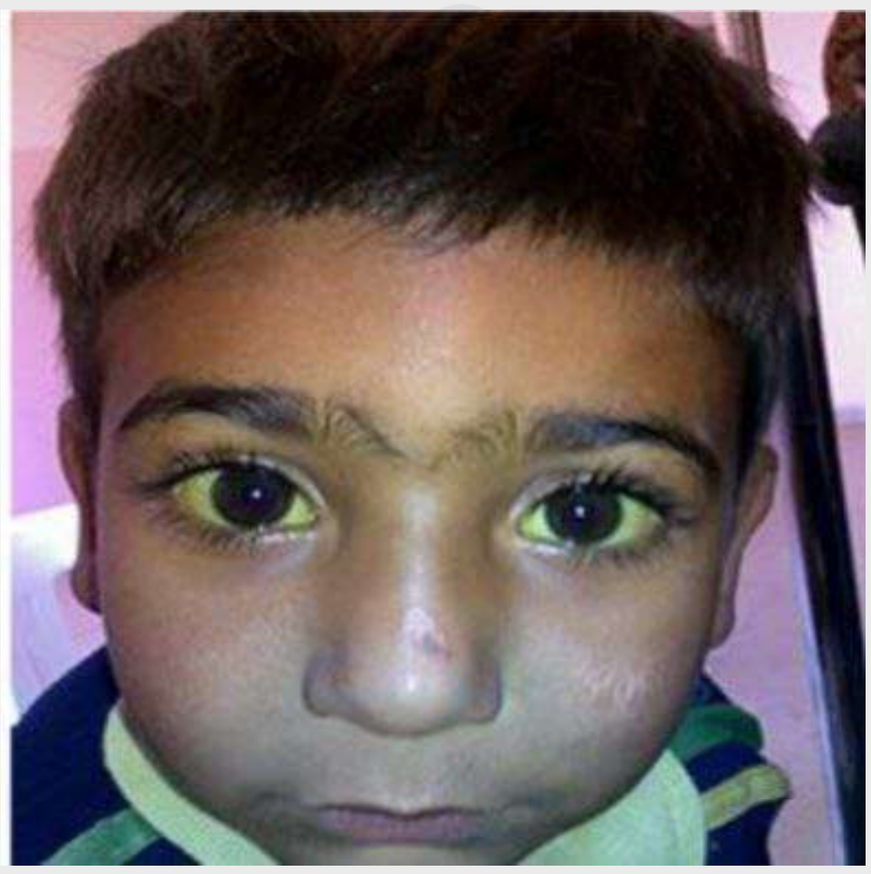
2- what you would like to do for his 6 years brother?

vaccination

3- what you would like to do for his 8 months brother?

IVIG and vaccination

RUQ pain with vomiting , diarrhoea and elevated in alkalin phophatase?



a) Diagnosis:

Acute Viral Hepatitis

b) Blood test:

Liver Function Tests (LFTs) and Serology (e.g., Anti-HAV IgM).

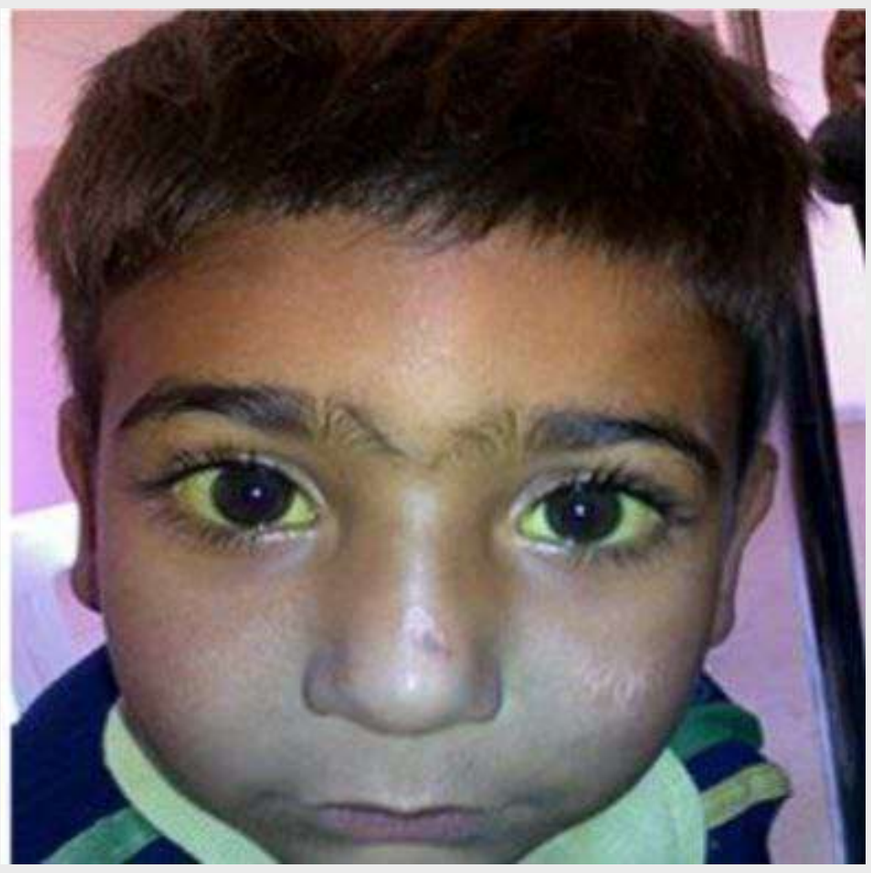
Hepatitis

what is the best investigation you would order?

Acute viral hepatitis

When to give this vaccine in Jordan?

Start at 12 months of age

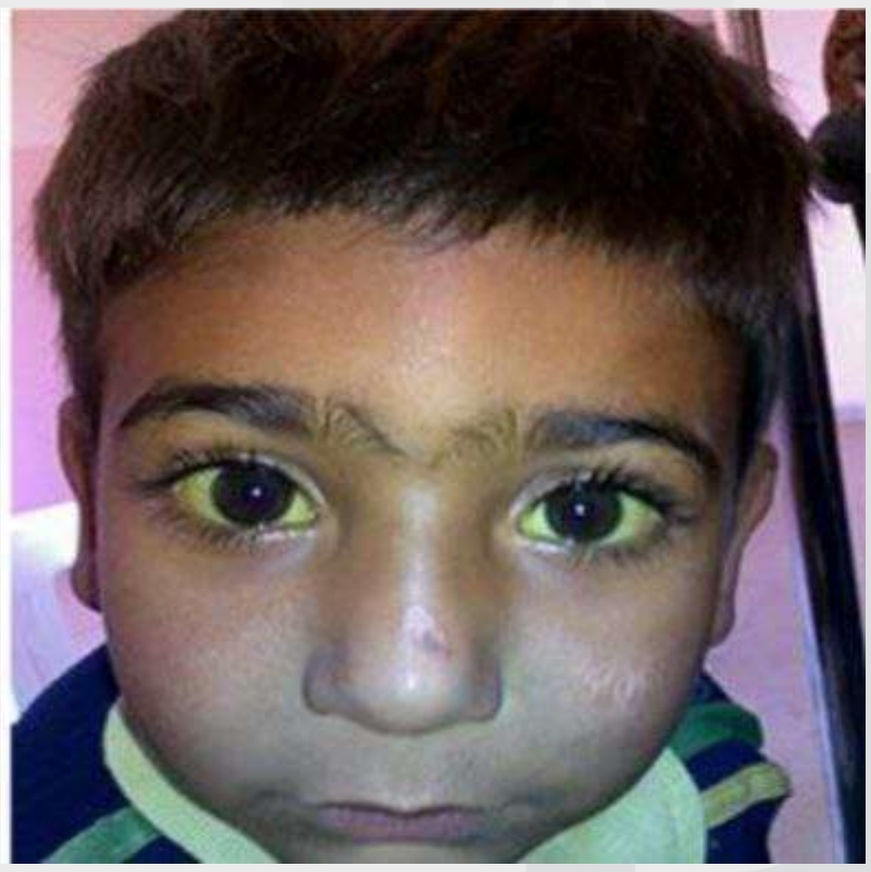


Station 6 - Total Bilirubin = 15mg/dl):

What investigations to order:

Fractionated bilirubin (Direct vs. Indirect).

Abdominal Ultrasound.



Write 2 lines of management:

Supportive care (hydration and monitoring).

Isolation and post-exposure prophylaxis for close contacts.

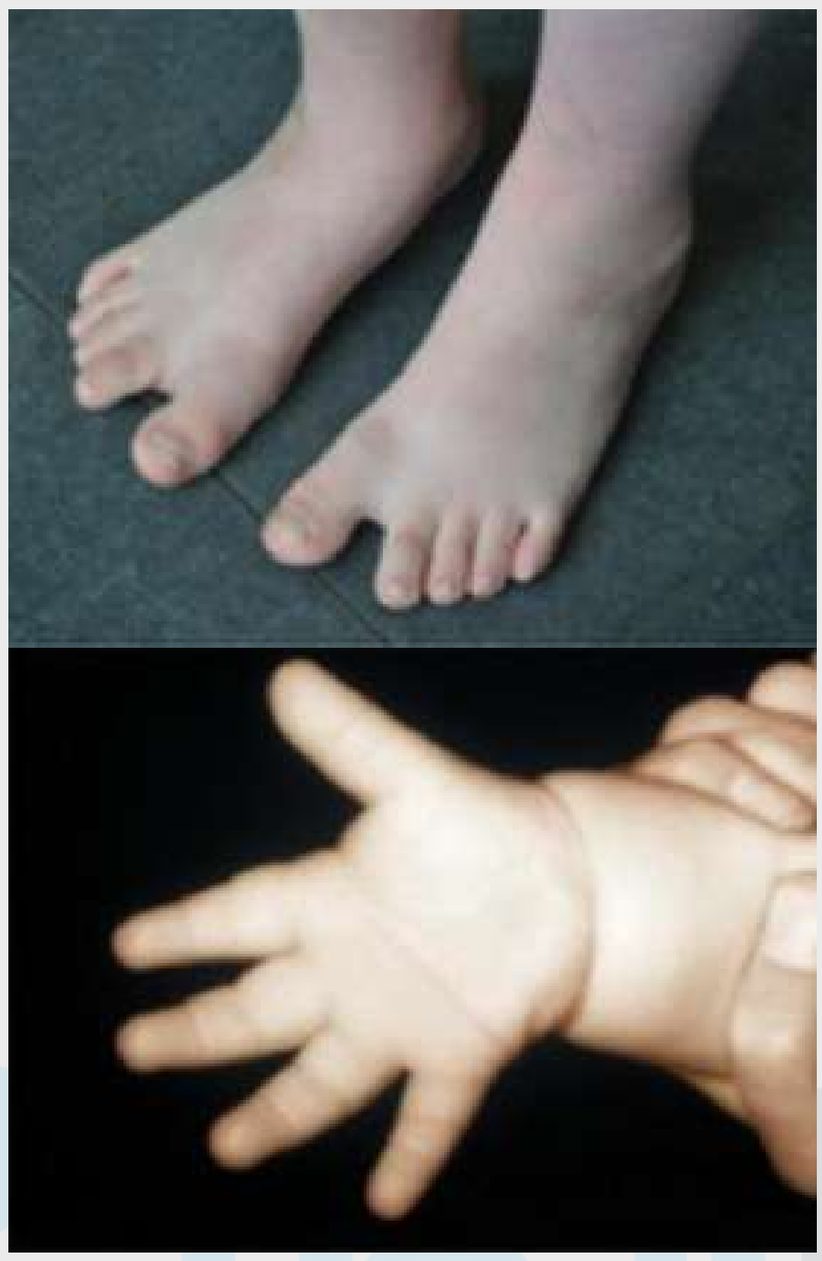
	Hbs Ag	HbsAb	HbcAb	IgM
1	Neg	Pos	Neg	Neg
2	Pos	Neg	Pos	Pos

What the diagnosis for the following cases :

1. **Immunity secondary to vaccination hepatitis B**
2. **Acute hepatitis B virus infection**

Common chromosomal abnormality

Boy came to your office for neurodevelopment assessment



What is the karyotype?

Answer: 47, XY, +21

Give 2 gastrointestinal complications?

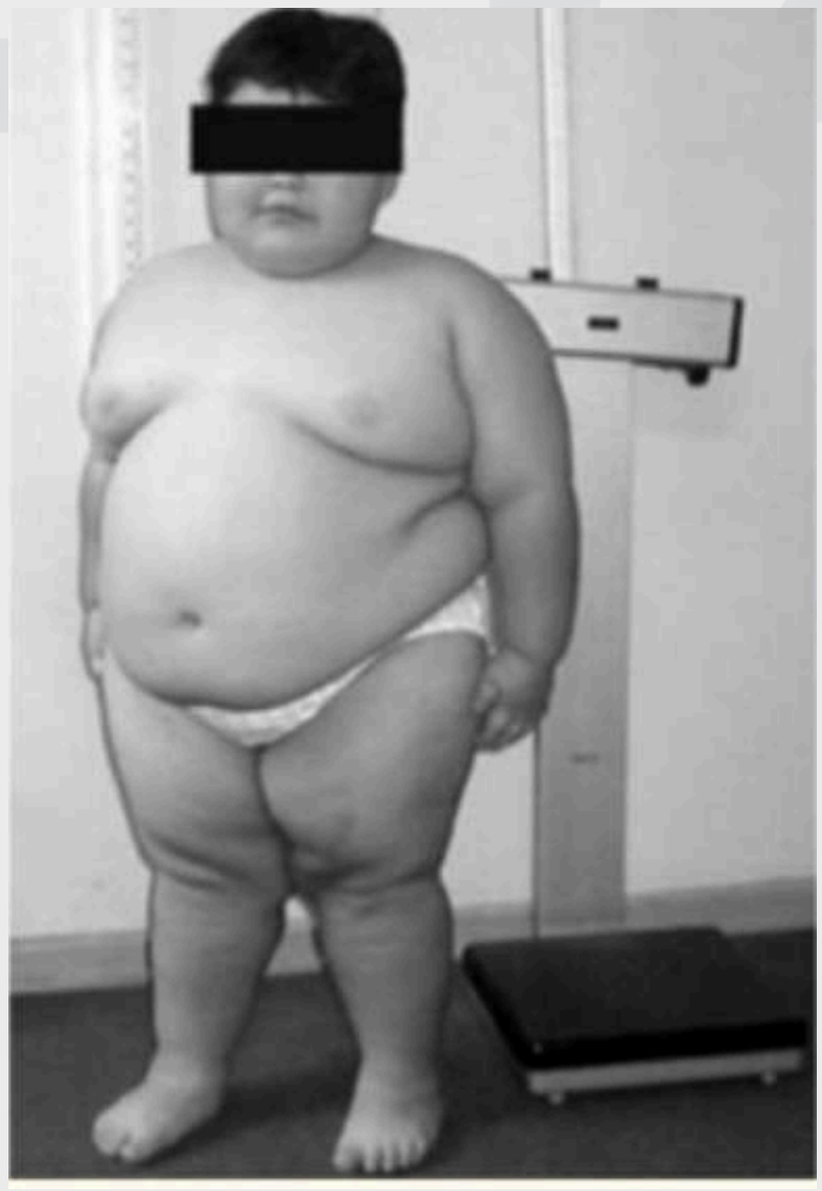
Answer: 1) Duodenal atresia

2) Annular pancreas

Overweight child with short stature:

Questions:

What is the most likely diagnosis?



Prader–Willi syndrome

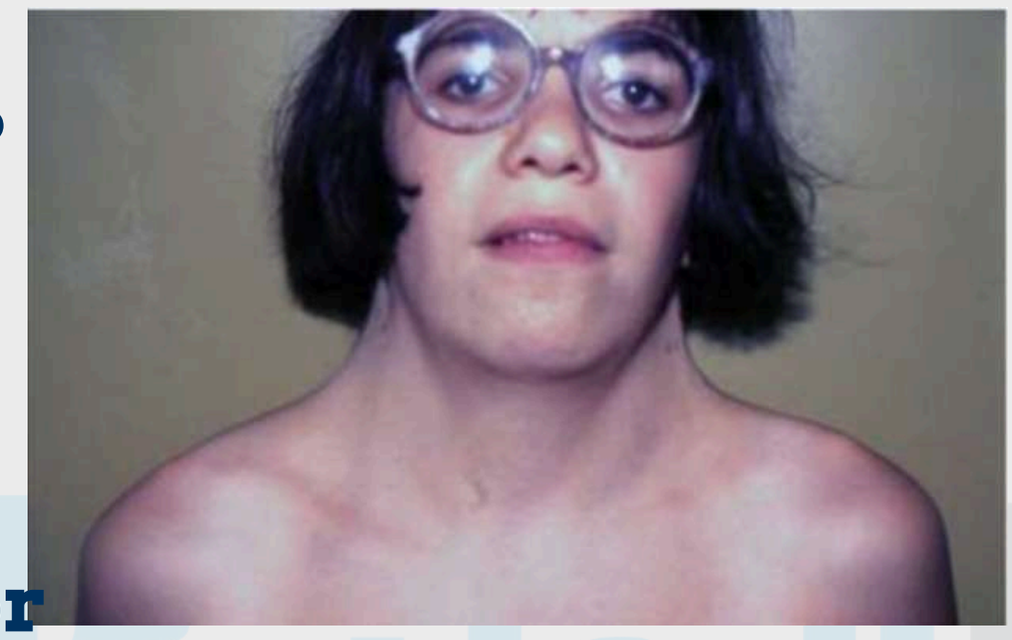
What is the treatment for his short stature?

Growth hormone (GH) therapy

Common chromosomal abnormality

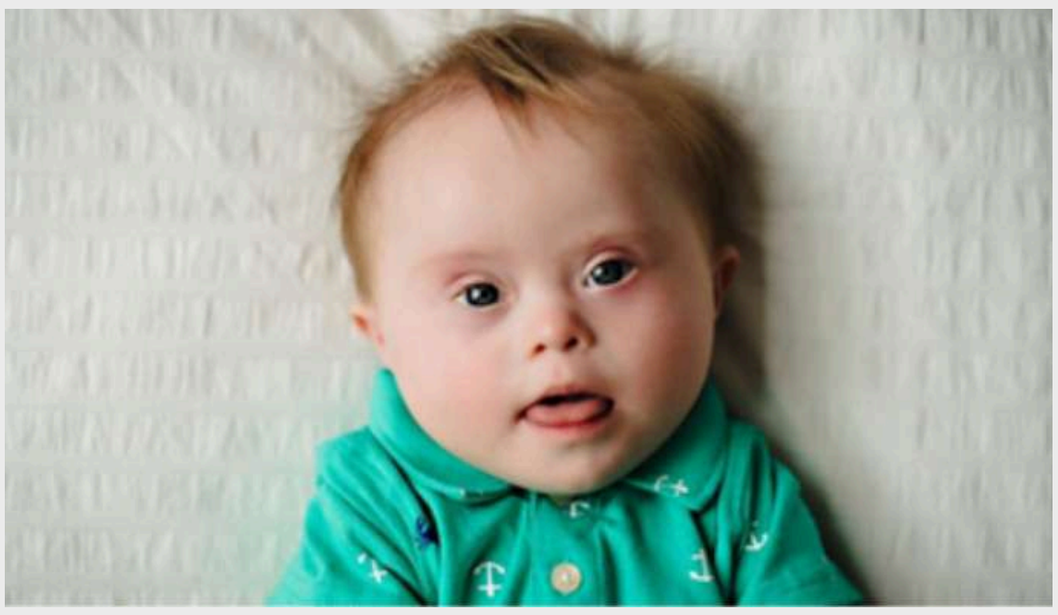
Dysmorphic features: Di-George syndrome
2 associated complications:
Cardiac defects
Hypocalcemia (or Thymic hypoplasia)

Turner syndrome
A) Give 3 physical findings?
Webbed neck
Shield chest
Short stature



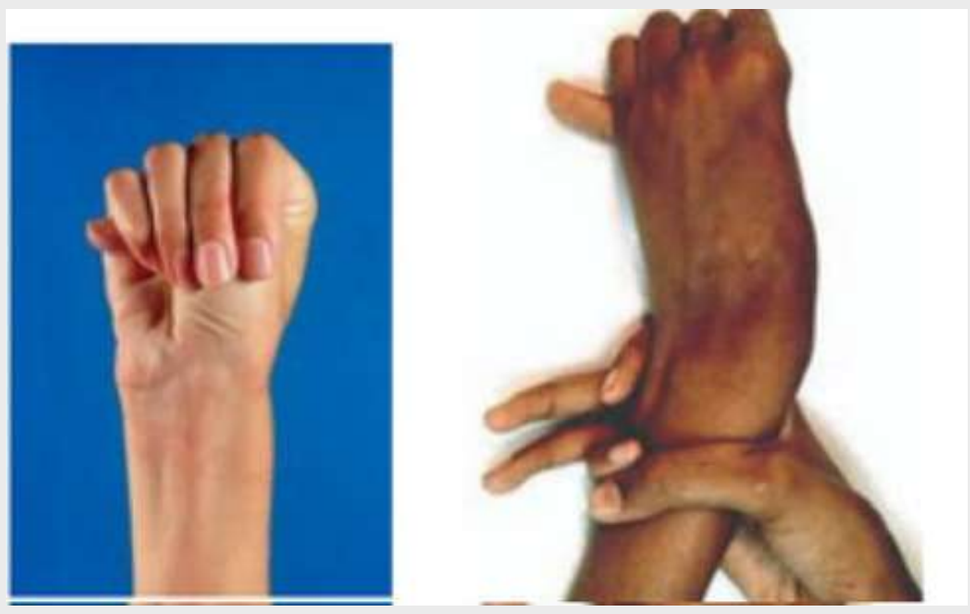
B) What's your treatment for growth restriction?
Growth hormone
C) What's your treatment for her hypogonadism?
Estriol, estradiol (Estrogen replacement therapy)

[Down Syndrome Photo]
a) Write two dysmorphic features:
Answer: Flat facial profile, Up-slanting palpebral fissures (or Simian crease).
b) What is anomaly they will have?
Answer: Trisomy 21.



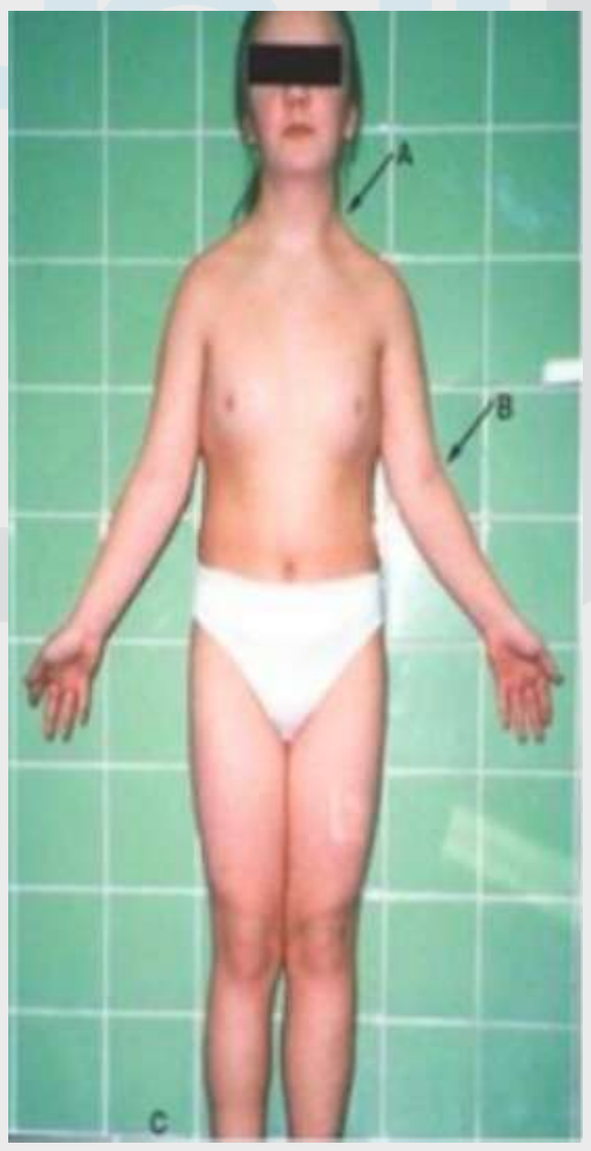
Common chromosomal abnormality

The tallest girl in her class
What is the diagnosis?
Answer: Marfan syndrome.



Write one cardiac association you see in her?
Answer: Mitral valve prolapse (or Aortic root dilation).

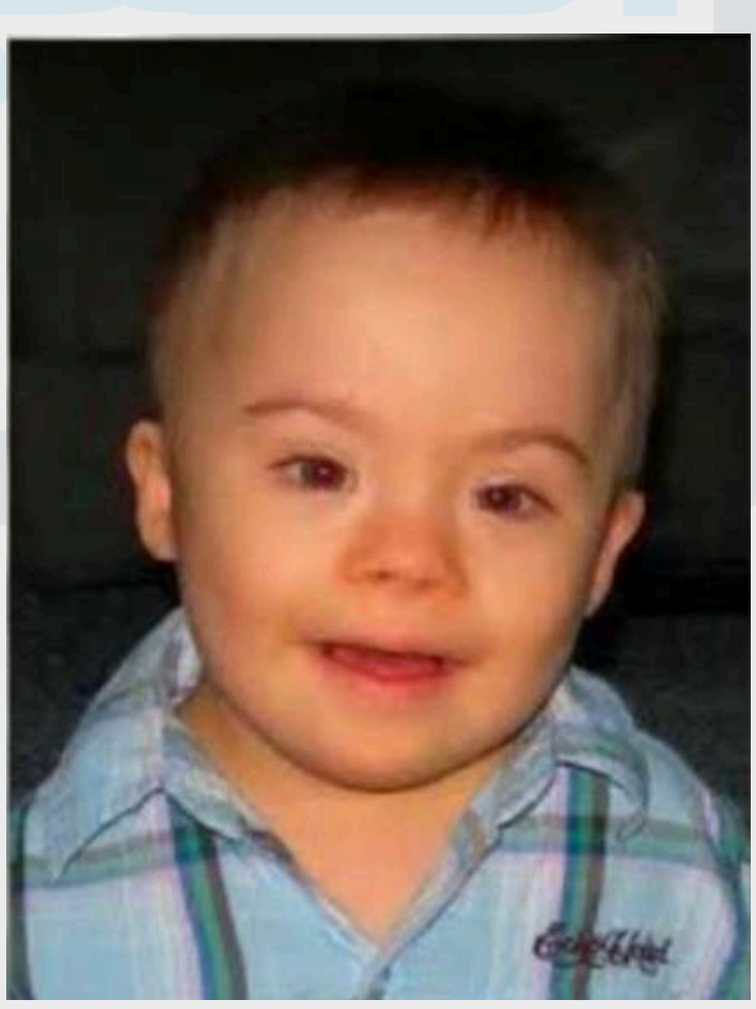
A) Give two physical findings:
Shield chest, webbed neck and lymph edema.
B) What is the chromosomal abnormality?
XO 45 chromosomes (Turner Syndrome).



Name of syndrome?
Williams syndrome.
Most specific cardiac abnormality?
Supravalvular Aortic Stenosis (SVAS).

Common chromosomal abnormality

1) Mention one complication that appears in the neonatal period:
Hirschsprung disease (or Duodenal atresia).
2) Mention two blood screening tests:
CBC (to check for leukemoid reaction/leukemia).
TSH, T4 (to check for hypothyroidism).



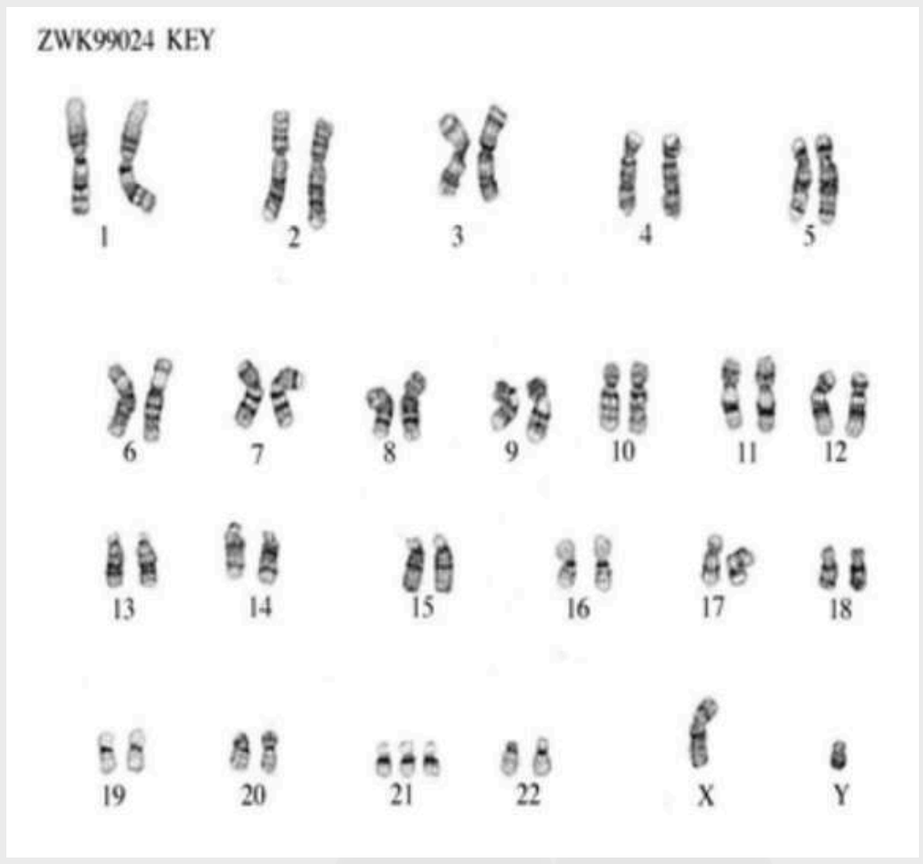
1- Mention 2 dysmorphic features in this picture:
Epicanthal folds.
Upward slant of eyes.
Low bridge nose.
2- Mention 2 complications:
AML / ALL (Leukemia).
Endocardial cushion defect (AVSD).

Case: 5-year-old patient with autism and ADHD.
1- What is the cause?
Fragile-X syndrome.

Common chromosomal abnormality

1- What is the abnormality in the karyotype?

Trisomy 21 (Down syndrome).

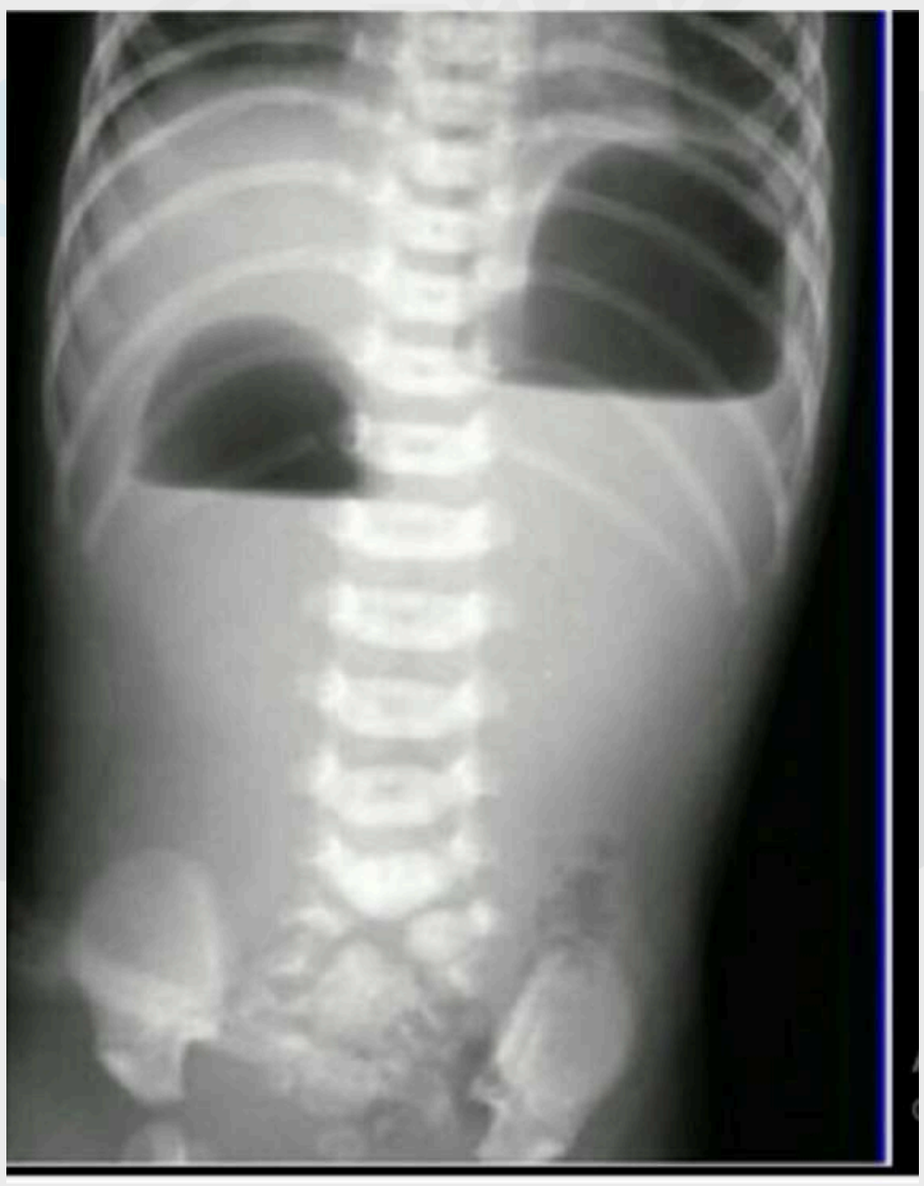


2- Write two gastrointestinal anomalies would the patient have?

Duodenal atresia / annular pancreas.

Your differential diagnosis?

Duodenal atresia (Double bubble sign).



One risk factor for this condition?

Down syndrome.

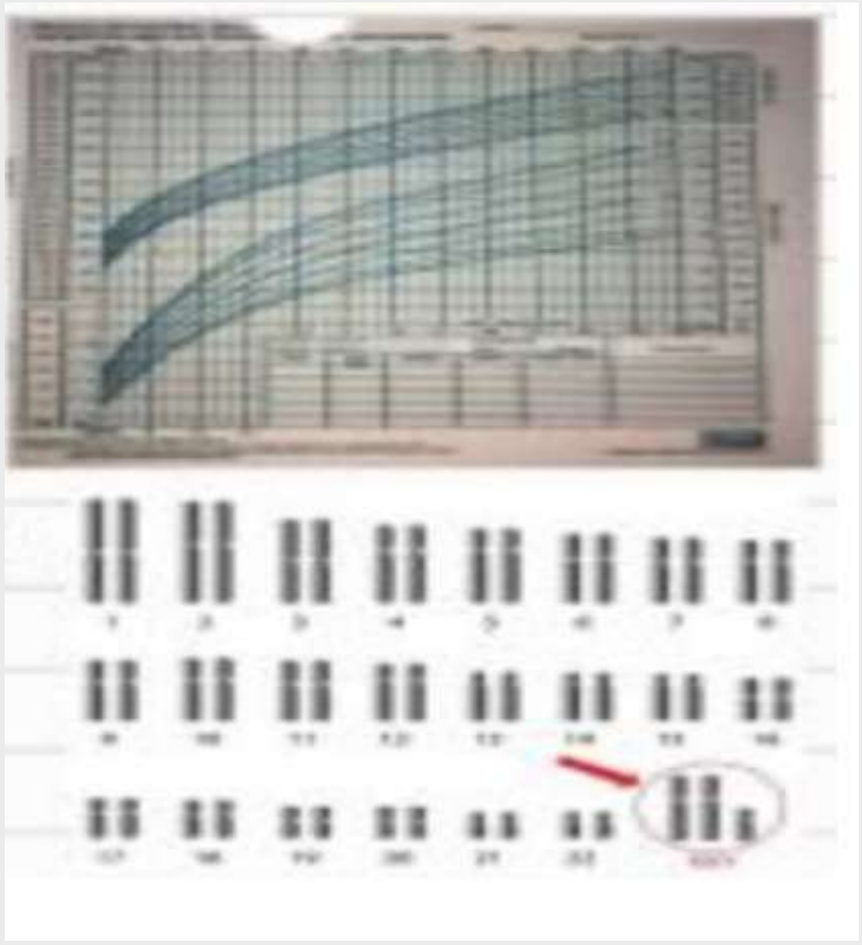
Growth Chart & Karyotype Section

1. At which percentile for weight and height?

Tall stature (Above 95th percentile). From question you can know

2. According to the growth chart findings and the karyotyping, what is your diagnosis?

Klinefelter syndrome (47, XXY).

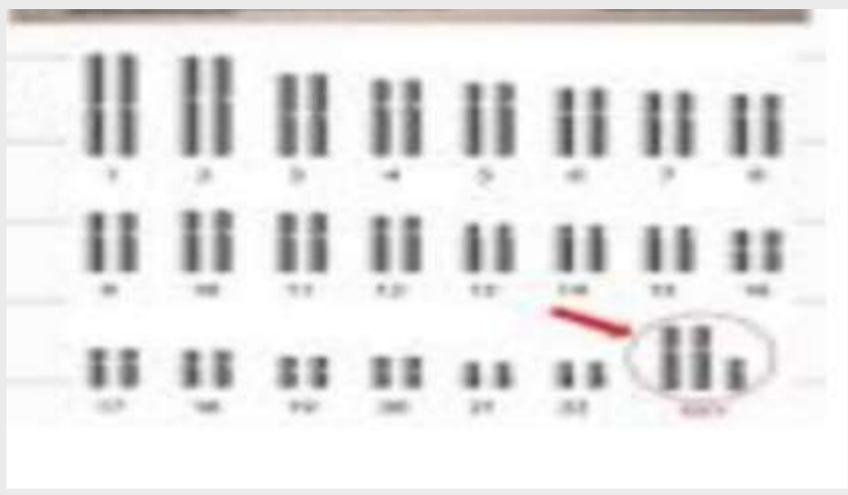


Common chromosomal abnormality

15y old male patient presented with delayed maturity

A. What is your diagnosis?

Klinefelter syndrome.



B. Write 2 physical findings:

Gynecomastia, tall stature, small testes, and less facial/body hair.

C. Write 2 abnormalities of this situation:

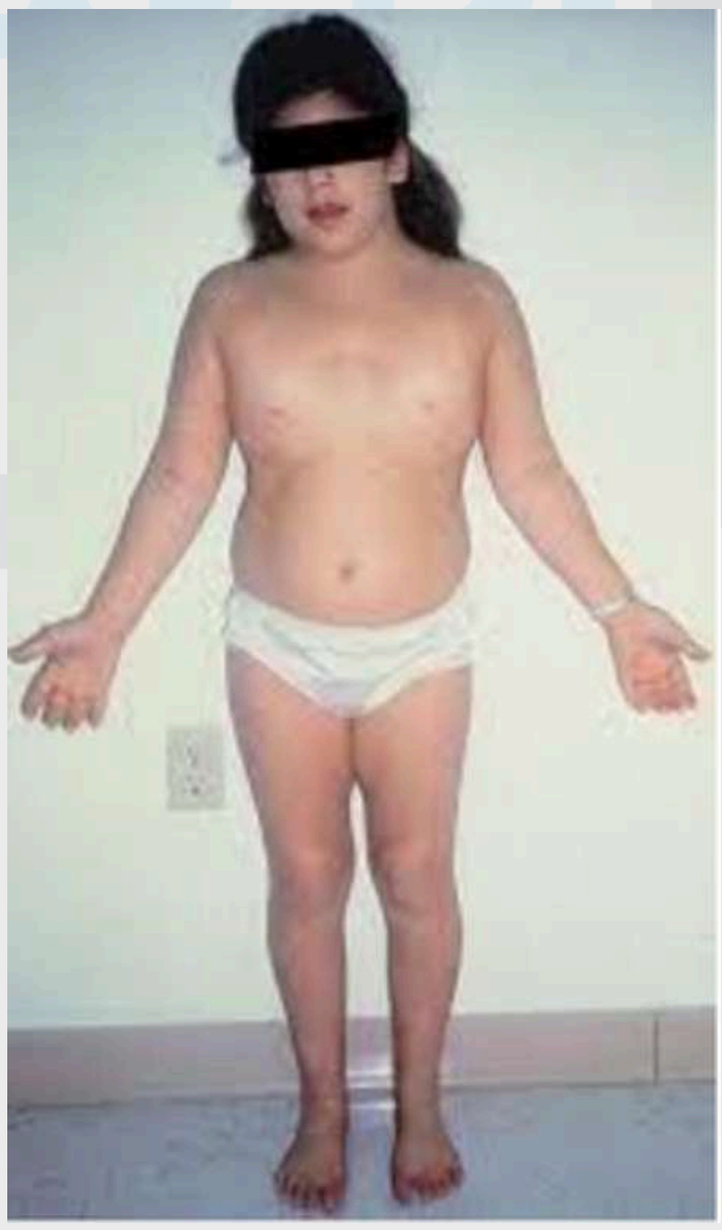
Infertility and Hypergonadotropic hypogonadism (Low testosterone/High FSH & LH).

1- WHATS the dx?

Turner syndrome

2- What is the cause of HTN?

COA (Coarctation of the Aorta) or renal anomalies



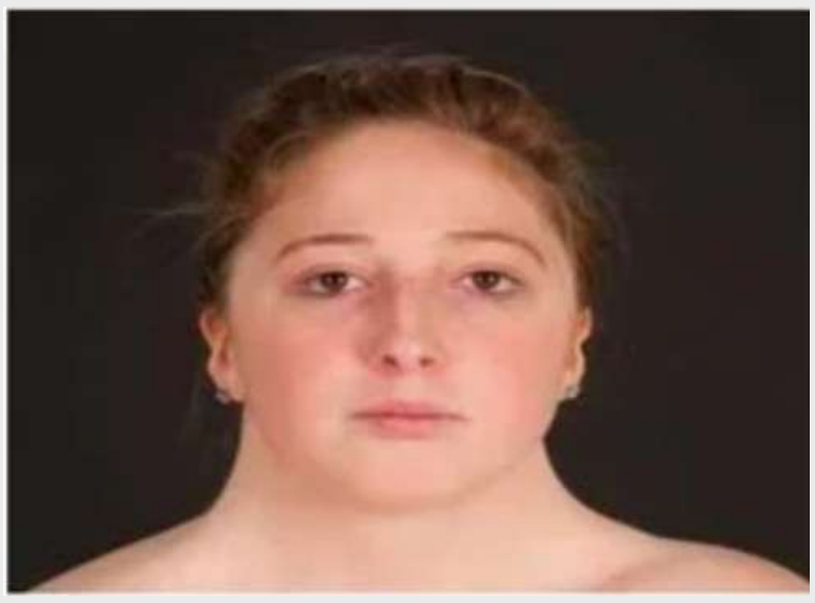
1- WHATS the dx?

Turner syndrome

2- mention two complications?

coartication of aorta

horeshoe kidney



Common chromosomal abnormality

Sign in the pic: Clinched fist / Overriding fingers > Edward

Mention 2 another anomalies: Rocker-bottom feet, prominent occiput.

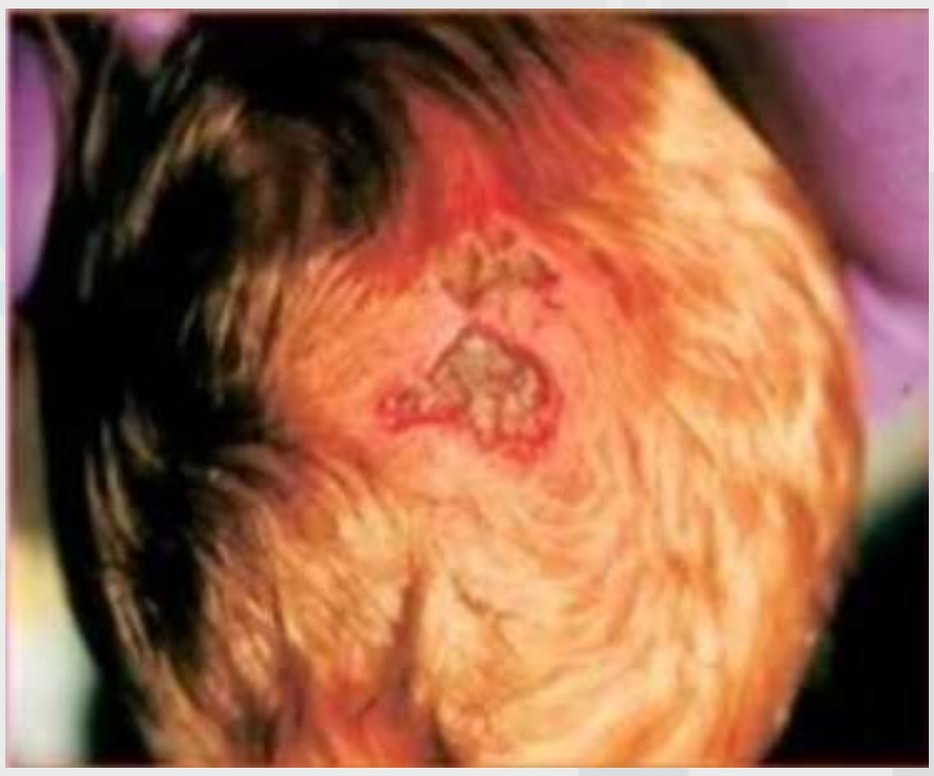
How to confirm your dx: Karyotype

Female presented with this lesion

1) Name of this lesion: Aplasia cutis congenita

2) In which syndrome: Patau syndrome (Trisomy 13)

3) Two other findings: Postaxial polydactyly Midline facial defects such as: cyclopia (single orbit), cebocephaly (single nostril), cleft lip and palate.



5 days old baby with late passage of meconium and no gas in the rectum:

1- what caused these signs?

Hirschsprung disease

2- other 2 complications with this syndrome (Down Syndrome)?

Duodenal atresia, VSD

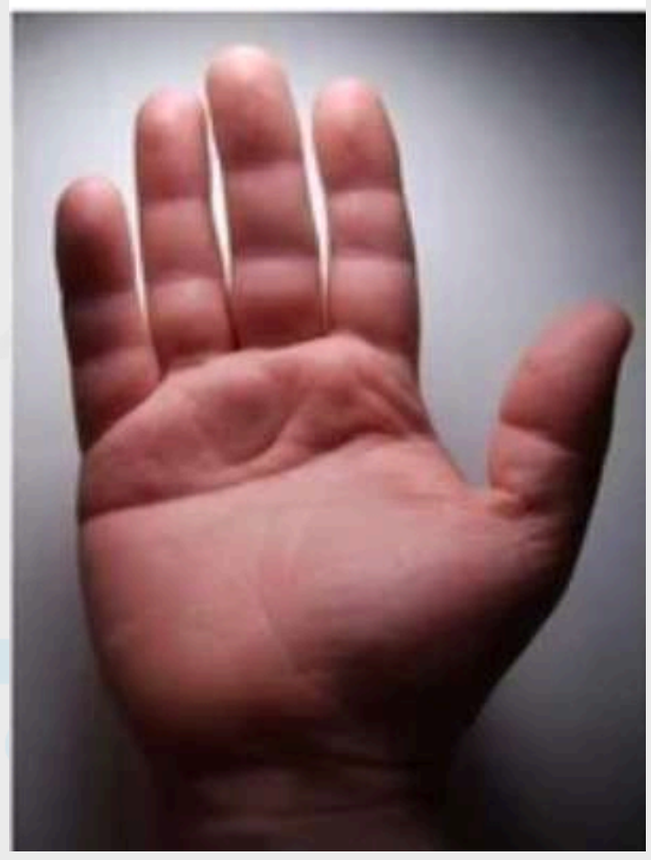
Common chromosomal abnormality

1- Name 2 facial characters?

Hypertelorism and epicanthic fold

2- What is the most specific cardiac abnormality?

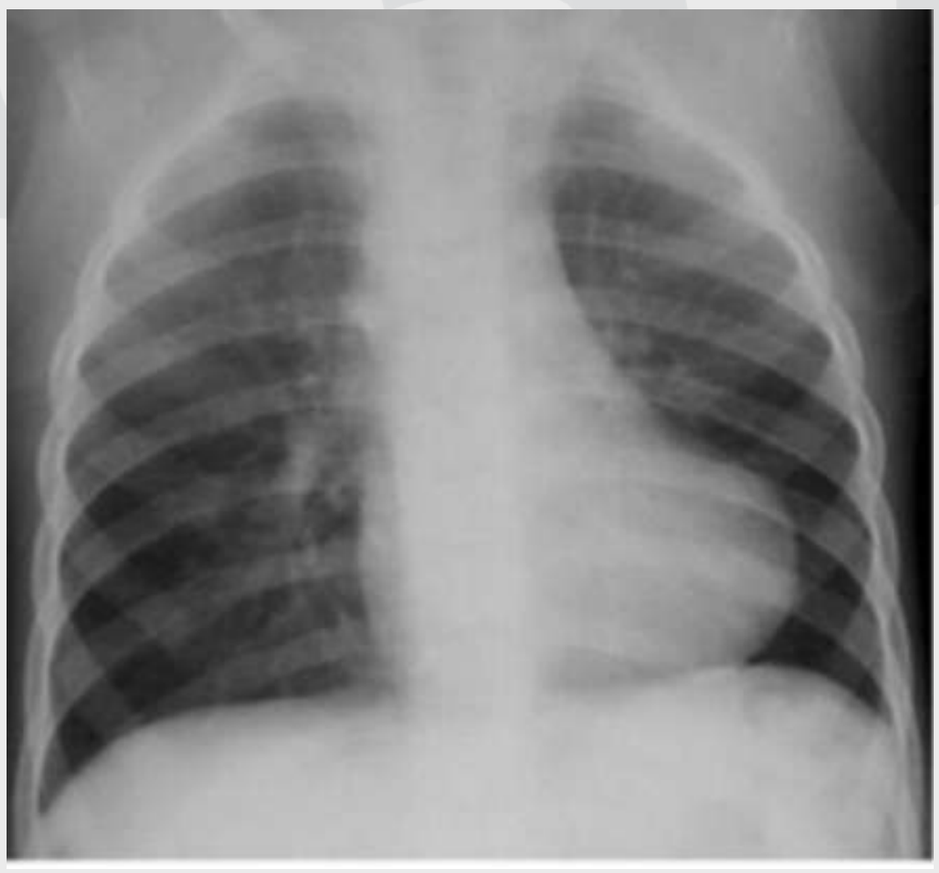
AV canal (endocardial cushion defect)



features with X-ray picture of Boot-shaped heart:

What are the findings in the X-ray?

Answer: Boot-shaped heart (due to right ventricular hypertrophy) and absent thymic shadow.



How to treat TET spells?

Answer: Knee-chest position, oxygen, morphine, and IV fluids (Beta-blockers can also be used).

What will cause his seizure?

Hypocalcemia

What will cause His recurrent infections?

T-cell immunodeficiency

Common chromosomal abnormality

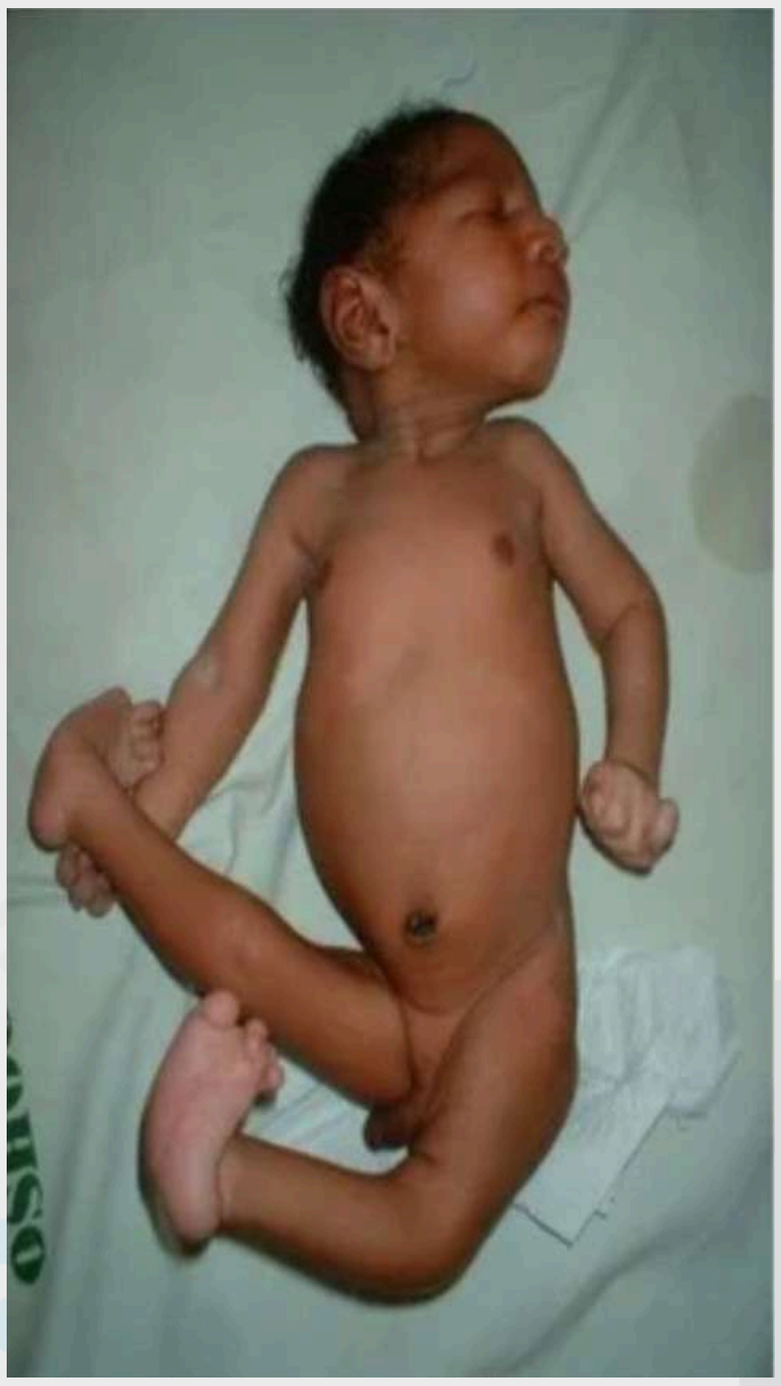
Mention the limb abnormality?

Rocker bottom feet

Overriding of fingers

What is the diagnosis?

Edward's syndrome



Write 2 dysmorphic features you see in this photo?

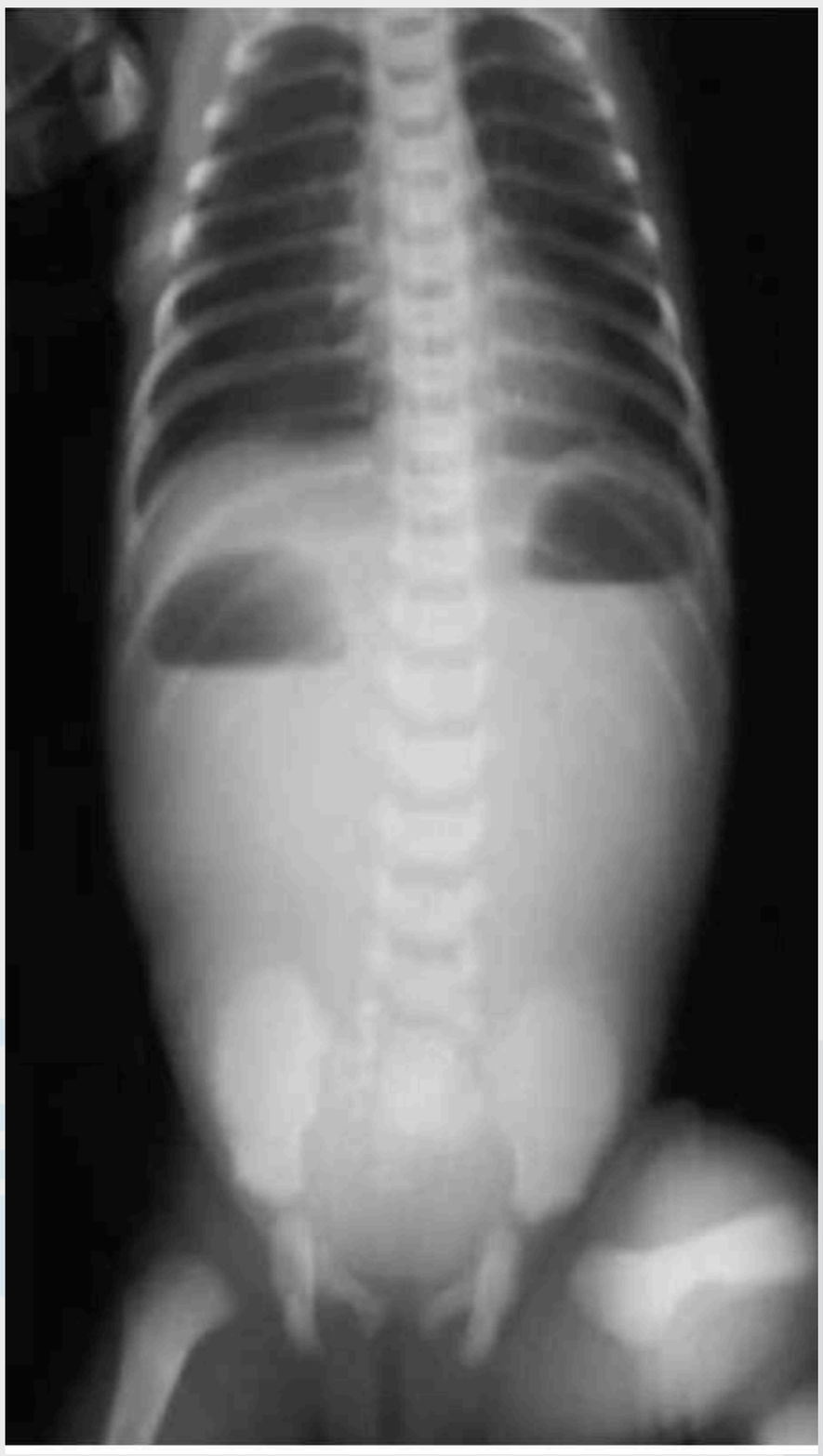
Answer: Micrognathia (small jaw) and low-set ears.

What is the diagnosis or the anomaly?

Answer: Edward's syndrome (Trisomy 18).

Common chromosomal abnormality

What do you see in this x-ray? Double bubble sign



What is the diagnosis? Deudenal atresia

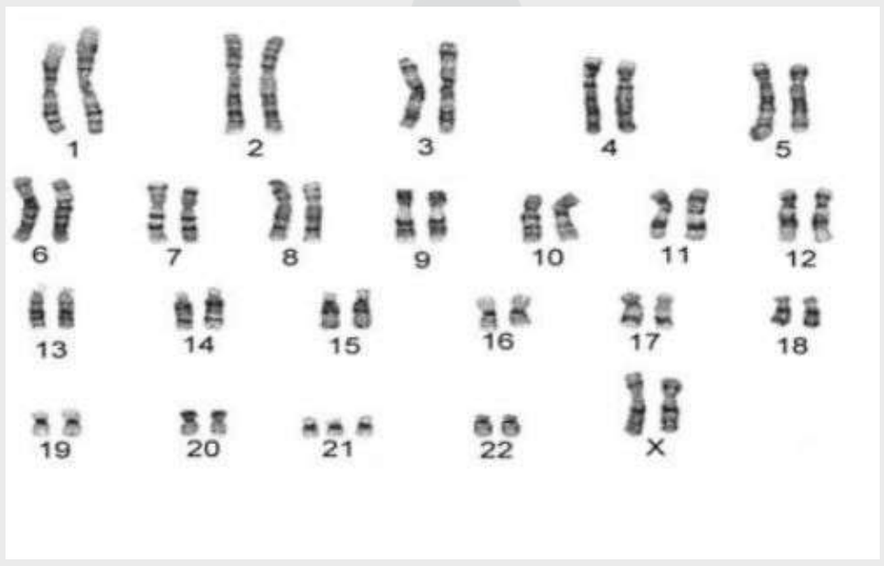
What other GI pathologies May be seen in this patient? Annular pancreas, imperforate anus

How to confirm dx? Karyotyping

If this patient presented 3 weeks later with cyanosis and shortness of breath, what is the cause? AV canal "endocardiac cushion defect"

After years this patient came with thrombocytopenia and limb pain, what is the diagnosis? Leukemia

A junior doctor examines the first child of a 28 year old woman as part of a routine "baby-check" prior to discharge from hospital. The baby is 20 hours old. The doctor notices that the baby is hypotonic and also finds a systolic murmur on auscultation of the heart. After further examination by a senior paediatrician the baby's chromosomes are analysed:



Questions & Answers:

1- What is the diagnosis?

Trisomy 21 (Down syndrome)

2-What is the most likely cardiac defect?

Atrioventricular septal defect (AVSD)

DR.HADEEL :

NEPHROTIC

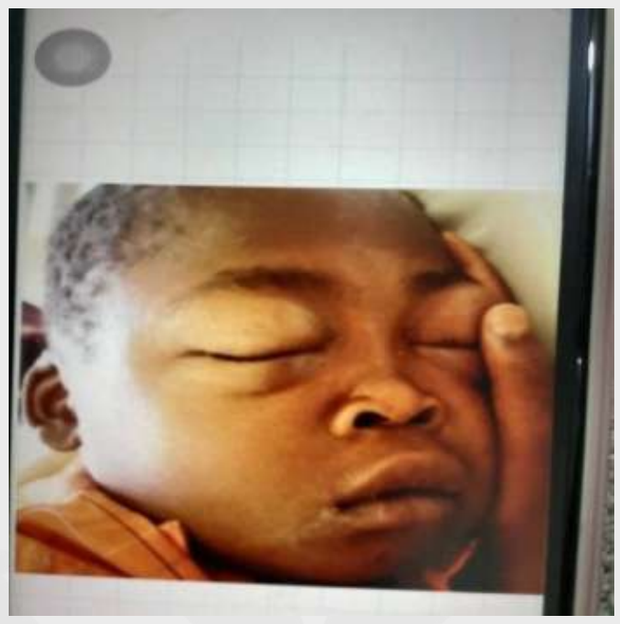
1) Frothy urine, proteinuria +4, edema

Nephrotic syndrome

2 other criterion : number of RBCs in urine, ascites, albumin level, hyperlipidemia

2) Child present with frothy urine 1 week after URTI Findings;

Low albumin, Protein +4 , Normal blood pressure



What's the pathological type ?

Minimal change disease (podocyte effacement)

Mention 2 lines of treatment?

Steroids

Albumin effusion

Mention 2 long term complications?

Thrombosis

Infections

If the child developed acute abdomen what's the appropriate next step?

Peritoneal tap and broad spectrum antibiotic

3) Nephrotic child, come with this presentation after 4 months of treatment:

Describe the face?

Moon face

What is the cause?

Corticosteroids

4) patient diagnosed with nephrotic syndrome from 6 months:

1. **describe what you see : moon face**
2. **possible cause: corticosteroids**

5) Patient known to have nephrotic syndrome,

Mention 3 lab tests to confirm the diagnosis:

Urine dipstick/ 24 hr urine collection, urine sample (Upr/Ucr), albumin level

6) 2 year old with urine analysis +4 protein, which of the following is least likely to be found on his physical exam?

bilateral basal lung crepitations

2 year old with urine analysis +4 protein, which of the following not consistent with a diagnosis?

Platelet 38

Nephritic

1) This child come with 2 day history of facial puffiness .
What is your differential diagnosis ?
Nephritic

what the investigations that you can use to confirm your diagnosis?
24 urine protein collection
Lipid profile
albumin level

2) Patient came with red urine 2 days after having an upper repiratory infection

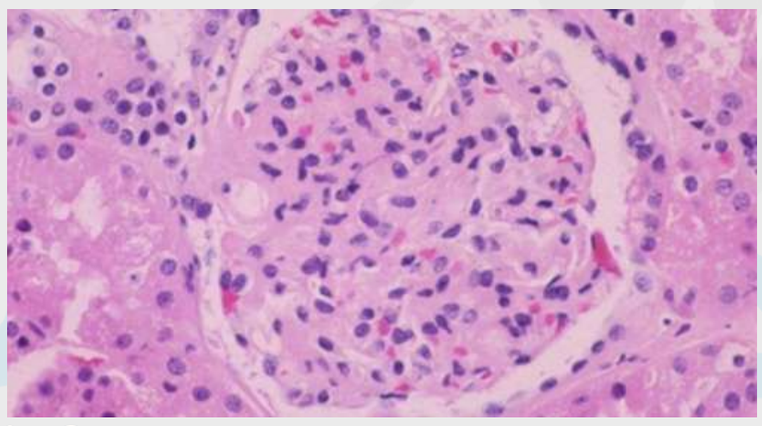
1. **Diagnosis? IgA nephropathy (Berger disease)**
2. **Mention 2 abnormalities in labs tests associated with this condition:**

Hematuria and Proteinuria

3) Hematuria after 2 weeks of URT

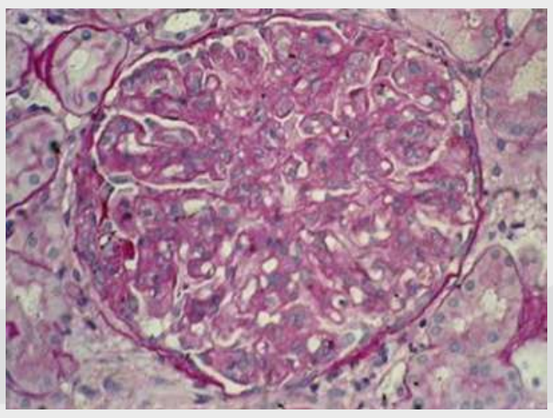
- **Two ddx?**

1. **PSGN**
2. **IgA nephropathy**



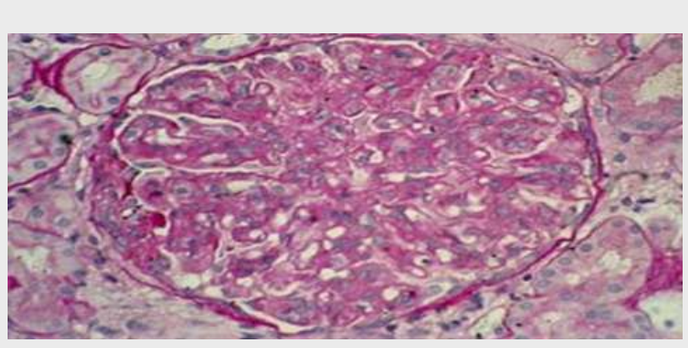
- **Two Investigation to support diagnosis?**

1. **C3 complement level**
2. **ASO, anti-DNase**



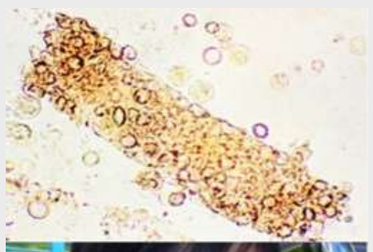
4) Child with history of URTI, came with red urine

what other symptoms or sign you can see in this patient ?
Hematuria, Edema, Hypertension, Oliguria
what is investigation to diagnose it ?
C3 complement level, anti-DNAase, ASO titer, Urinalysis

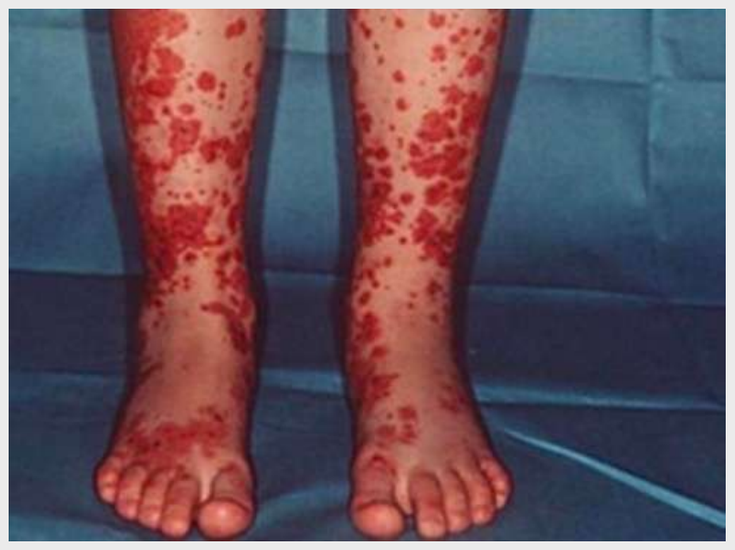


5) Hematuria and Hx of URTI 2 weeks ago
1- Mention 2 investigations to confirm Yr Dx
C3 complement level, anti-DNAase
2- Mention 2 acute complications
HTN, fluid overload, hyperkalemia, hyponatremia, acidosis

6) 7 years old patient, previously free, 2 days ago he started to complain of facial bluffness and hematuria
Investigation :
Many investigation were provided but
the most important are:
Elevated Cr and Urea
RBC cast



Nephritic



7) 1- What is the most likely Dx?

GN

2- If there was a rash (as in image) whats the Dx ?

HSP

3- What do you expect the level of complement in this pt.?

Normal C3 and C4

4- Next best investigation if protein is +2 in dipstick?

24-hour urine collection OR renal biopsy

Urine collection is the best answer

5- Mention 3 acute complications?

Fluid overload, uremia, acidosis, electrolyte disturbance ...etc

6- Mention 2 management in hyperkalemia?

Glucose + insulin, Beta agonist, calcium gluconate, bicarbonate

7- Give 2 prognostic factors

Proteinurea, HTN, crescents on biopsy

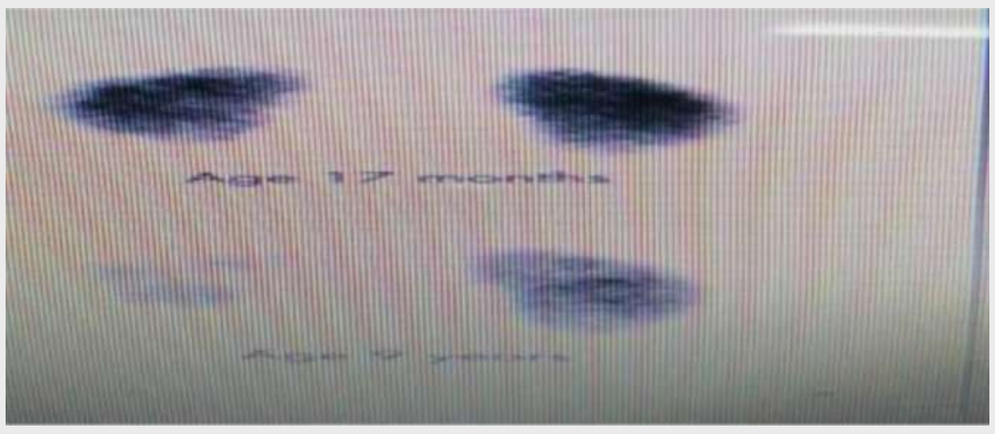
8) RBC cast/protein +2/creatinine 1.7

1. **if patient come with this scenario after 2 W of URTI, your Dx : Post-streptococcal glomerulonephritis**
2. **life threatening complication in case: AKI/ Severe HTN/ Hyperkalemia**
3. **two modalities for treatment of hyperkalemia: cardiac stabilization by IV calcium gluconate, Insulin + glucose**
4. **two modalities for treatment of HTN in this case: Furosemide, Nifedipine**
5. **if this patient come after 4 W with protein +4 /edema, your next step : kidney biopsy**

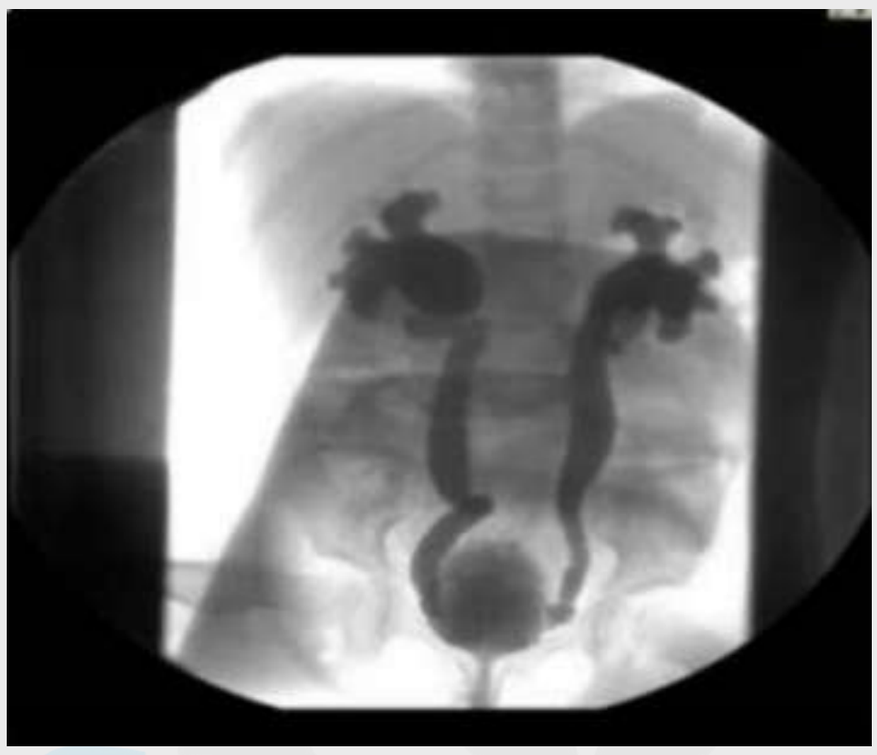
UTI

WHICH OF THE FOLLOWING IS MOST LIKELY TO BE FOUND ON IT

HYPERTENSION



TWO FINDINGS ?



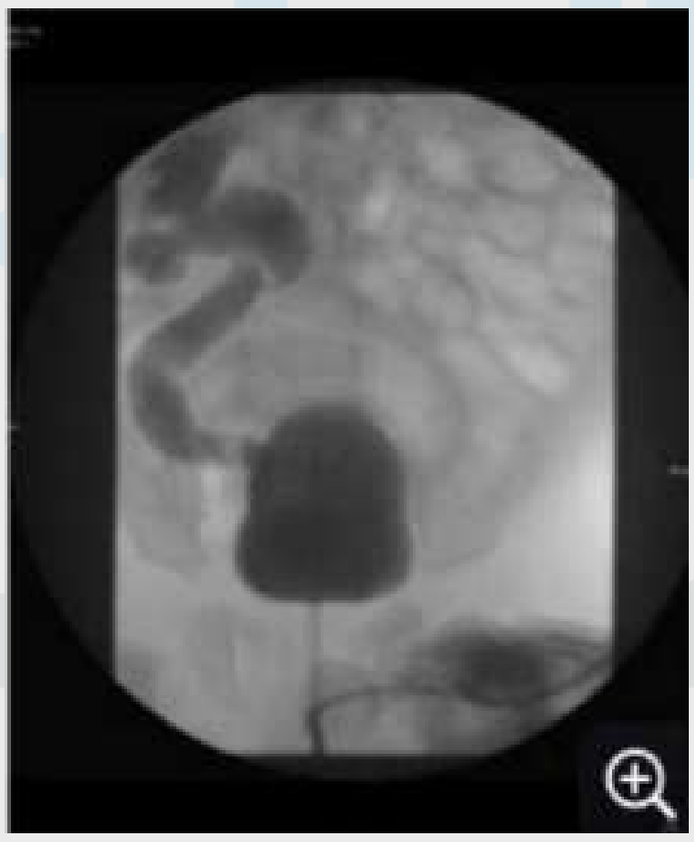
WRITE DOWN 2 COMPLICATIONS?

2 COMPLICATION ?

REFLUX NEPHROPATHY , RECURRENT UTI

MENTION 2 FINDING IN THE PIC

HYDRO- URETRO — NEPHROSIS & URETER TORSUISTY



BABY COME TO ER FEVER , VOMITING & ABD PAIN , DIAGNOSED WITH UTI .

WHAT CAN YOU SEE IN DIPSTICK ? 3POINTS

BLOOD ,PROTEIN, NITRAT, GLU LEUKOCYTE ESTRASE, S.GRAVIDITY ,PH

TX?

ITS PYELONEPHRITIS SO,) PYELONEPHRITIS... EITHER REGIMEN; ® |V TREATMENT WITH 3RD GENERATION CEPHALOSPORIN LIKE CEFTRIAXONE (ROCEPHIN) OR CLAFORAN (CIFITAXIME) OR * AMPICILLIN AND AMINOGLYCOSIDE (GENTAMICIN) -ORAL THIRD-GENERATION CEPHALOSPORINS SUCH AS CEFIXIME (SUPRAX) ARE AS EFFECTIVE AS PARENTERAL CEFTRIAXONE AGAINST A VARIETY OF GRAM-NEGATIVE ORGANISMS OTHER THAN PSEUDOMONAS, IT IS THE TREATMENT OF CHOICE FOR ORAL THERAPY FOR PYELONEPHRITIS.

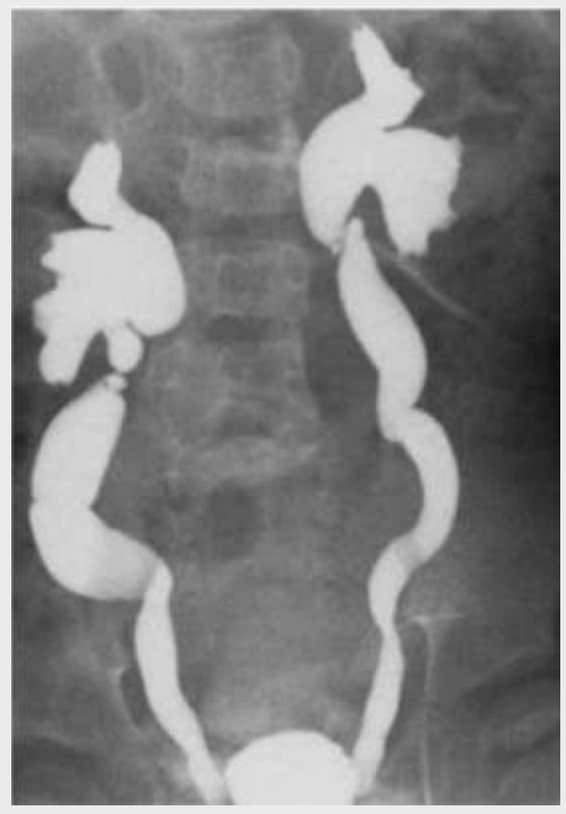
UTI

Imaging name ? Mcug

name 2 finding ?

Hydroureter and & hydronphrosis

name 2 complication ?



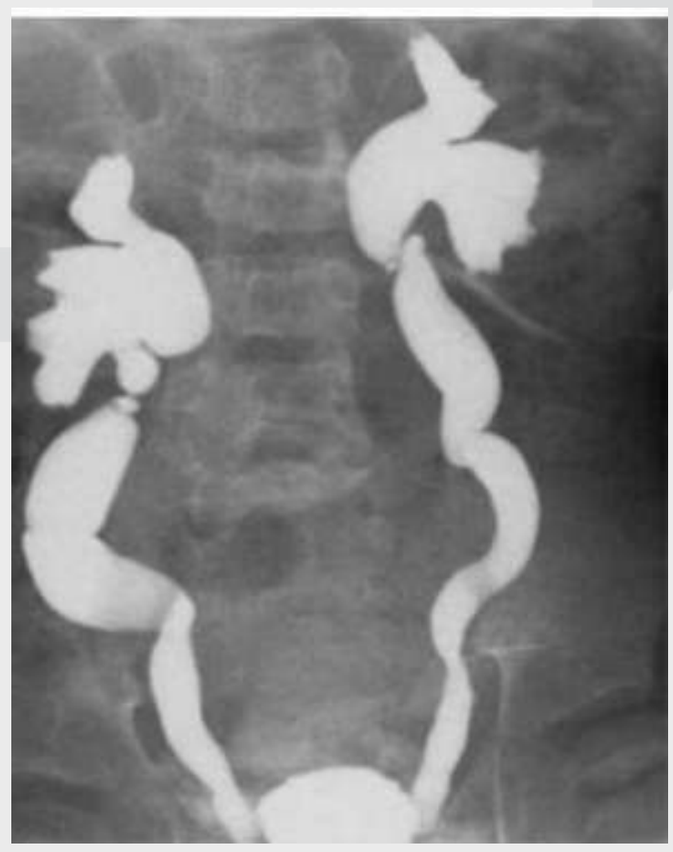
Case for uti

1-menation 3 finding in urine analysis suggest uti

2-RF for recuurent uti

3-most common cause of uti ? ecoli

4-further invx for this case? Dmsa and mcug



What is the name of the study?

MCUG (show VUR)

Give two causes?

Posterior urethral valve Neurogenic bladder

What are the annual tests for follow up?

Fundoscopy

Kidney function test

What are the modalities of treatment?

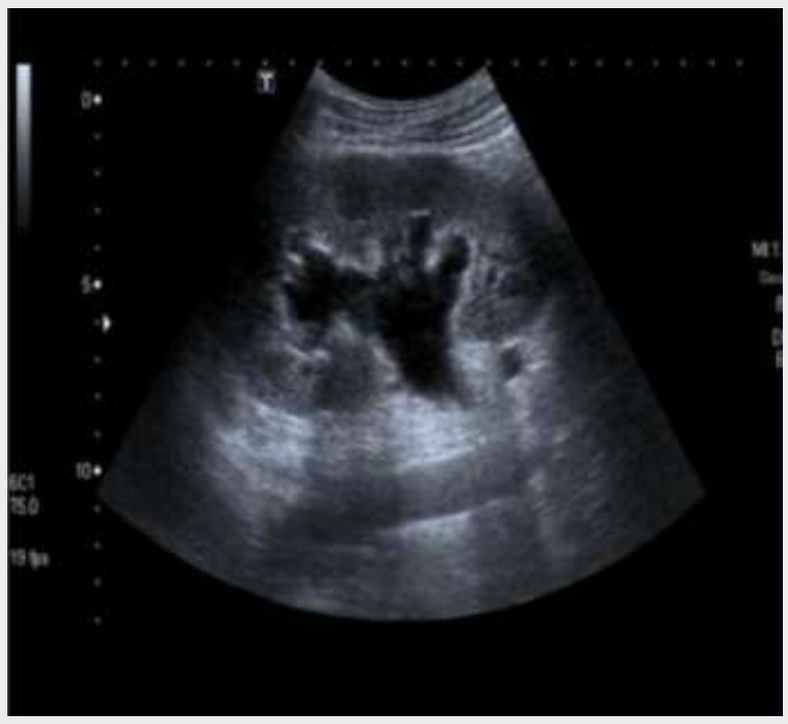
Intensive insulin regimen

(MDI, CSLI)

Conventional insulin regimen

UTI

US picture with history GFR 22 What is the abnormality? Hydrohephrosis



Which stage of CKD ? Stage 4

What are the labs of ca,PTH,Po4?

Hypocalcemia,hyperphosohatemia, hyper parathyroid

Child presented with symptoms of UTI, his weight 7.5 kg

Mention 3 findings in this test

1-Leukocyte esterase and nitrite

2-wBCs more than 5 (high)

3-Ph less acidic

What is the amount of maintainance fluid for this child 100*7.5 =750ml or .75 litre

Patients do these 2 urine analysis

Patient 1 : RBCS=2, there's high WBCS with urinary symptoms

Patient 2: RBCS=5,there's high WBCS , asymptomatic

What's your diagnosis for patient 1 and patient 2:

Patient 1: UTI pyelonephritis

Patient 2: UTI cystitis

What's the best treatment for patient 1 if we should admitted patient to the hospital:

3 rd generation cephalosporin with ampicillin

UTI

Boy on dialysis from a year ago , with single kidney , with creatinine high

Which stage of chronic kidney disease:
Stage 5

what is the most complications:
Metabolic acidosis
Uremeia
Hyperkalemia
Developmental delay

1-Mention two findings suggest glomerular injury? Hematuria , protenuria

2- mention 3 findings suggest uTI?

1. Leukocyte estrase
2. Nitrites
3. hematuria

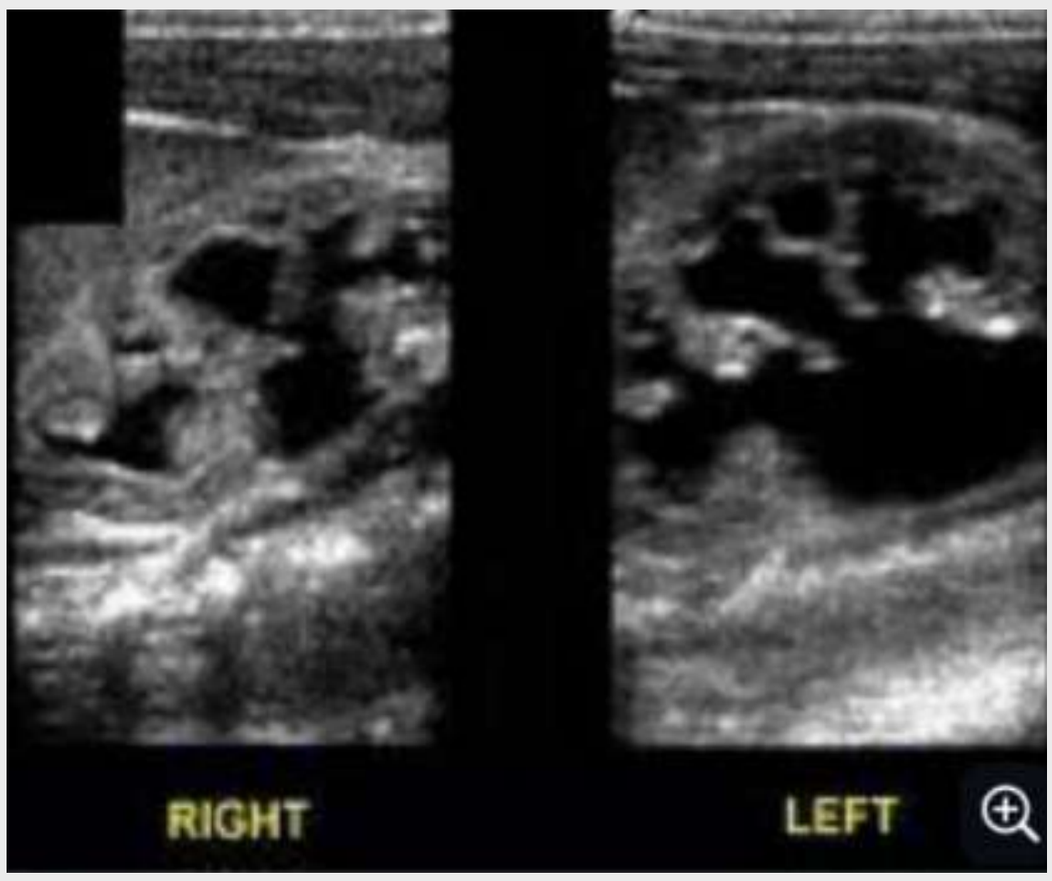
dipstick test pic in a UTI case for a hyperactive baby that weight 8.3kg

a) two findings that can be seen:

b) fluid maintenance for him:

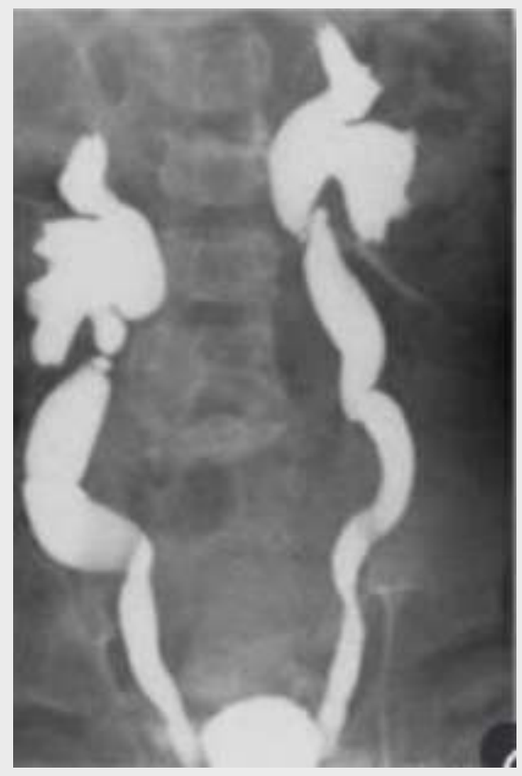
patient come with UTI, Proteus
Mention 2 causes
Vesicoureteral reflux, Neurogenic bladder , Posterior urethral valve

treatment



UTI

VUR image for baby complian from fever



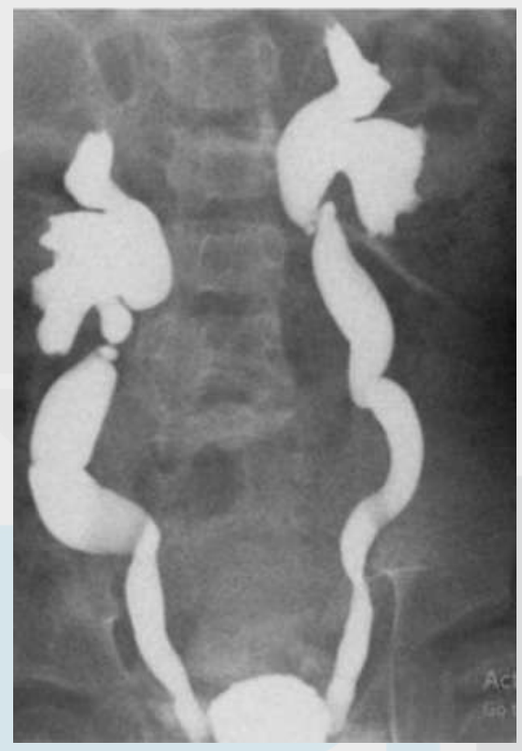
Mention two findingg on urine analygis support the UTI Leckueyte esterage , Nitriate

Mention two complication

Recuurent UTI

Reflex nephropathy

A patient with recurrent UTI and this is his MCUG, he developed a chronic kidney disease and his GFR is 35



What's his stage of CKD ? Stage 3

What's the cause of his CkD? VUR

Mention two complications to be found in this patient from the ckd ? 1-Anemia 2-Renal osteodystrophy

What's your treatment for his current problem?

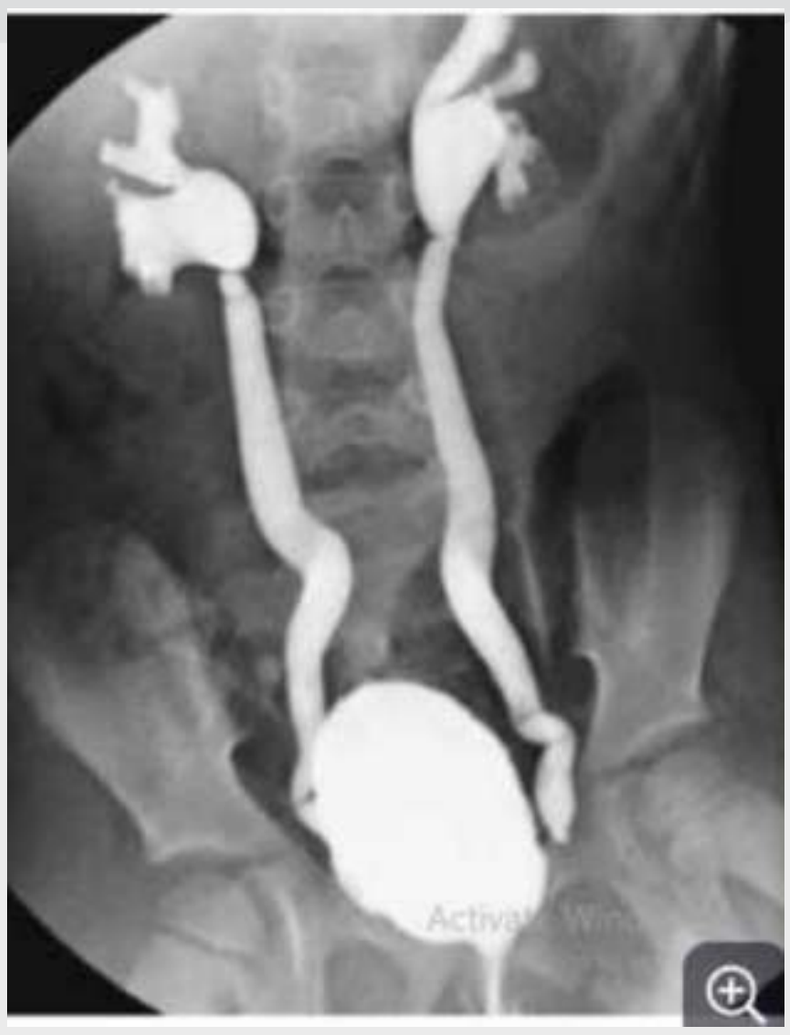
3rd gen cefalosporins

What is shown in the image?

Vesicoureteral reflux

What imaging modality is used to assess for renal scarring?

DMSA scan



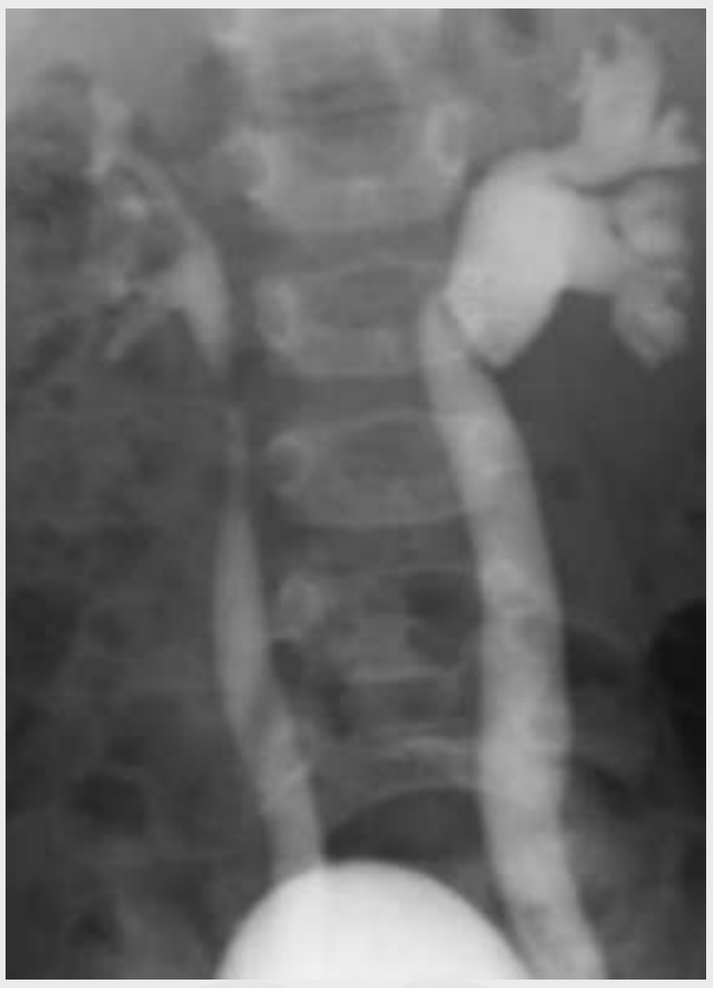
UTI

What is the name of this imaging technique?

Voiding cystourethrogram (VCUG)

What is the most likely diagnosis shown?

Vesicoureteral reflux (VUR)



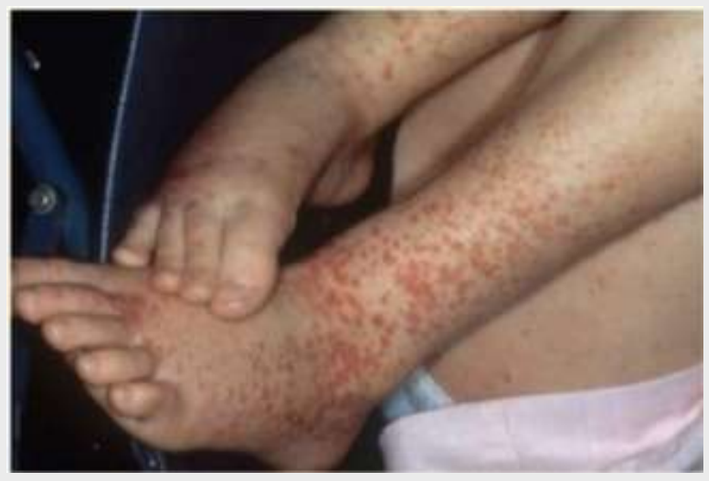
معلش عدّيت النص

٠ وهاذ تسريب لمنظرك الحالي

HSP

Q: 6 female patient develops rash, abdominal pain and hematuria,
what is your diagnosis?

HSP



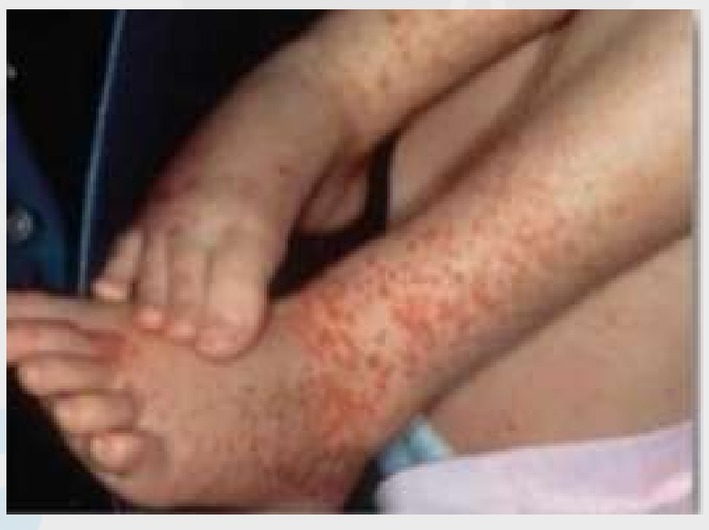
• One complication associated with this condition ?

intussusception

• Is skin rash recurrent afterbcondition resolved?

Yes (upto 6 weeks after)

Baby come with this non blanchabel rash on glass test



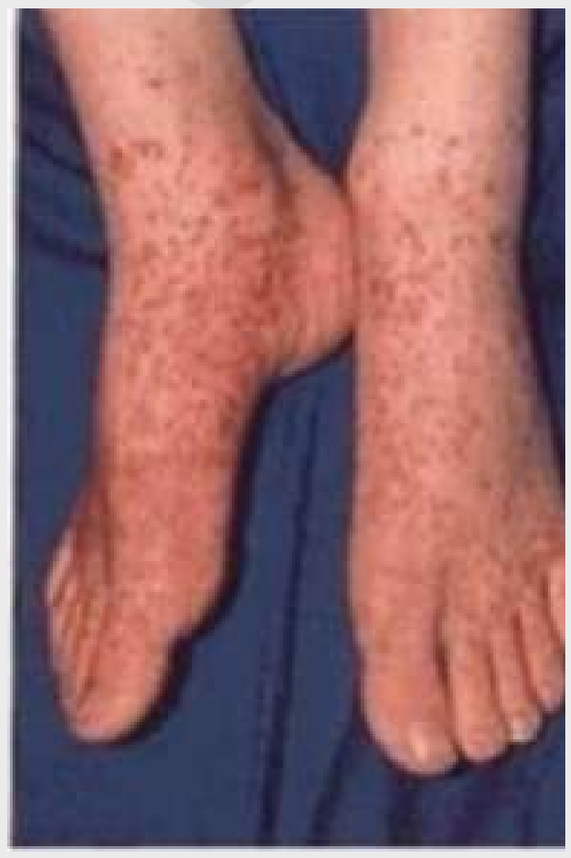
Wite two differnital diagnosie

1. HSP
2. ITP

What is the most important test to differniate between DDX

CBC

Child complains of abdominal pain , and limbing :



▸ 1: dx ?

Henoch-scolonlein purpura

2: skin manifestation percentage ?

100%

3: histological finding ?

IgA deposition

4:true or false,progression to end stage renal disease is30% .

False

HSP

Mention two needed investigation

1- To diagnose:

Urine analysis

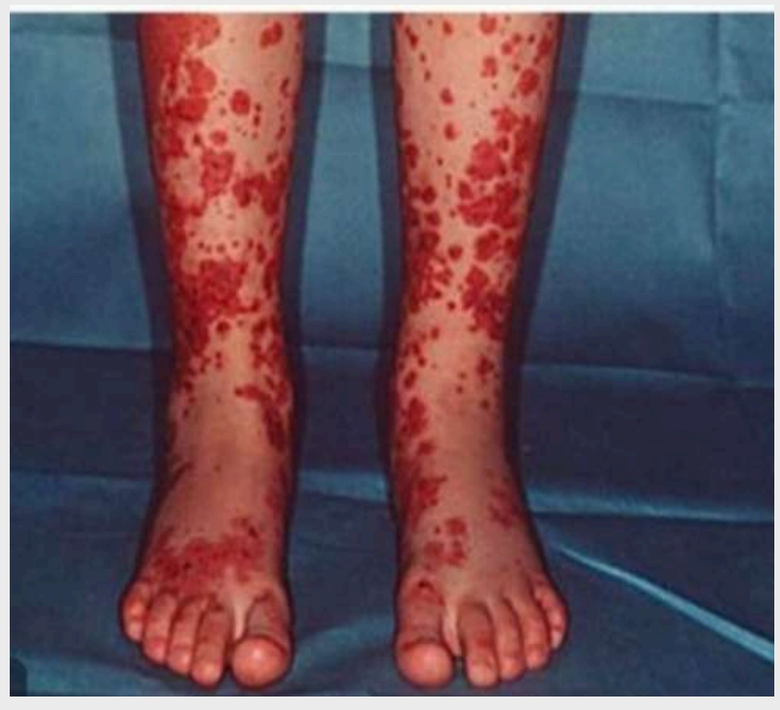
& Renal biopsy

2- DDx:

CBC (low platelets/ITP)

&

PT/PTT (Protein S or C deficiency)



Station 8

Showing this picture:

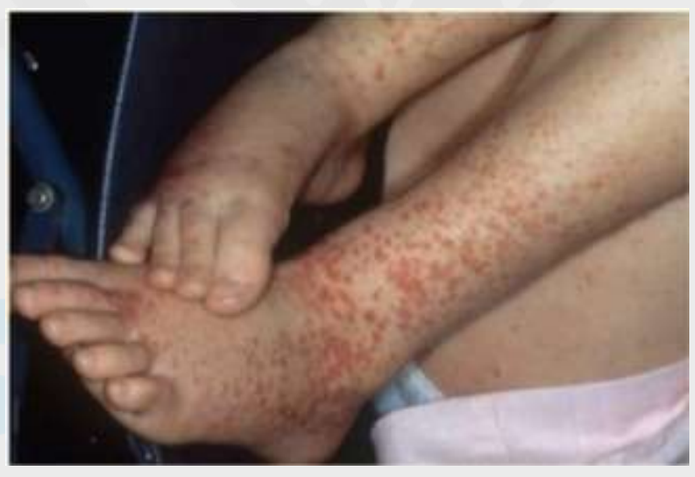
1. What is the name of the rash? /most likely diagnosis?

>Palpable purpura/Henoch-Schönlein Purpura

2. Give two possible complications.

> Renal involvement (IgA nephropathy)

> Intussusception/gastrointestinal complications



4 year old presnets with rash abdominal pain and bloody stool?0

1-What is the diagnosis?

Hsp

2-What is the cause of bloody stool?

Intussusception

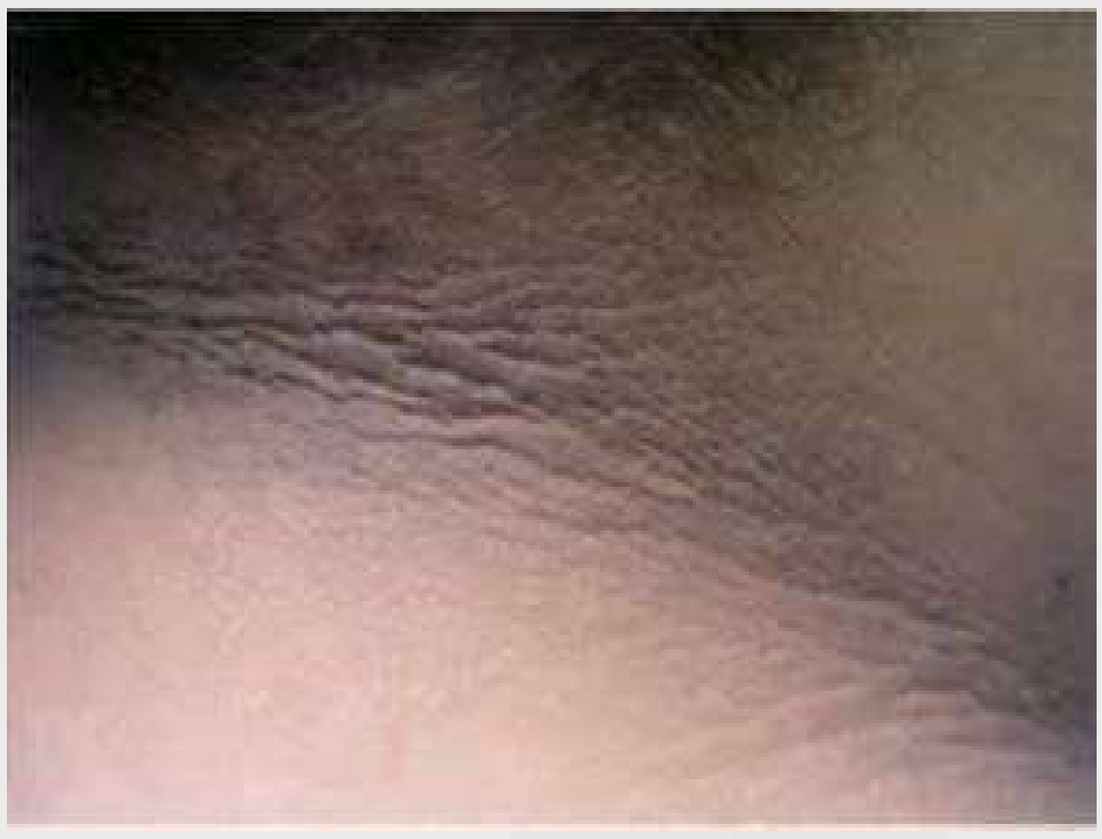
3-mention 2 findings on urinalysis?

Hematuria and proteinuria

DR. RANDA :

DM

Child with dark, hyperpigmented patches over the neck



Questions:

Based on the image, what are the important investigations you would order for this patient?

Fasting blood glucose

HbA1c

Fasting lipid profile

2hr plasma glucose during the OGTT

What are the main lines of treatment? (2 points)

Lifestyle modification (diet, weight loss, exercise)

Metformin

acanthosis nigricans

DM type 2 ✓

long term complications related to weight

liver cirrhosis ✓

hypertension, \downarrow exercise tolerance ✓

Station

Random sugar = 200

Write 3 diagnostic criteria other than in the photo?

Fasting plasma glucose \ge 126 mg/dL.

2-hour plasma glucose during OGTT \ge 200 mg/dL.

HbA1c \ge 6.5%.

Write 2 associations with this disease?

Hashimoto's thyroiditis.

Celiac disease.

DM

come with polyuria and polydipsia, fasting glucose 124:

1) mention 3 clinical presentation.

Polyphagia (increased hunger).

Unexplained weight loss.

Fatigue/Blurred vision.

2) what we do to role out DM?

Repeat Fasting Plasma Glucose (to confirm if \ge 126 mg/dL).

Perform an HbA1c test.

Perform an Oral Glucose Tolerance Test (OGTT).

This child came with polyuria and polydipsia :

1. Write the criteria for diagnosing DM?

Symptoms of DM + random casual plasma glucose \ge 200 mg/dL.

Fasting plasma glucose \ge 126 mg/dL.

2hr plasma glucose during the OGTT \ge 200 mg/dL.

HbA1c \ge 6.5.

2. 2 acute complications?

Hypoglycemia, DKA.

Which type of DM?

Type 1 Diabetes Mellitus.

1- What is the type of insulin?

Long acting (Lantus/Glargine).

2- What is the duration of action?

24 hours.

3- 4 diagnostic criteria for type 1 DM?

Symptoms of hyperglycemia (polyuria, polydipsia, weight loss) + Random glucose \ge 200 mg/dL.

Fasting plasma glucose \ge 126 mg/dL.

2-hour post-load glucose \ge 200 mg/dL during OGTT.

HbA1c \ge 6.5%.

Growth chart

Q9: 22 months boy come to well growth clinic

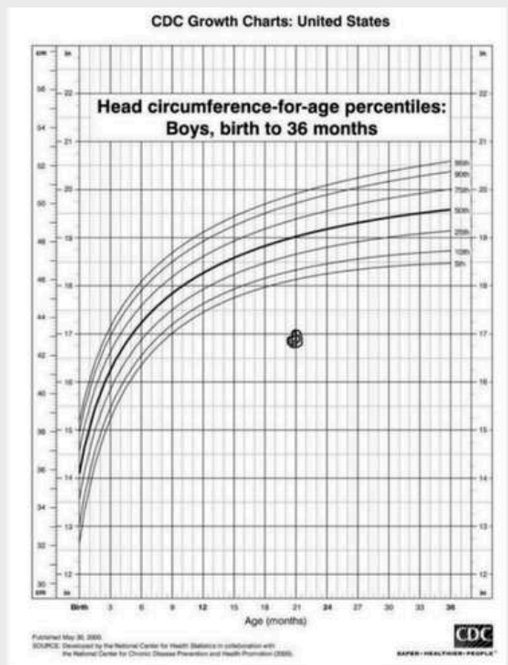
What is your interpretation?

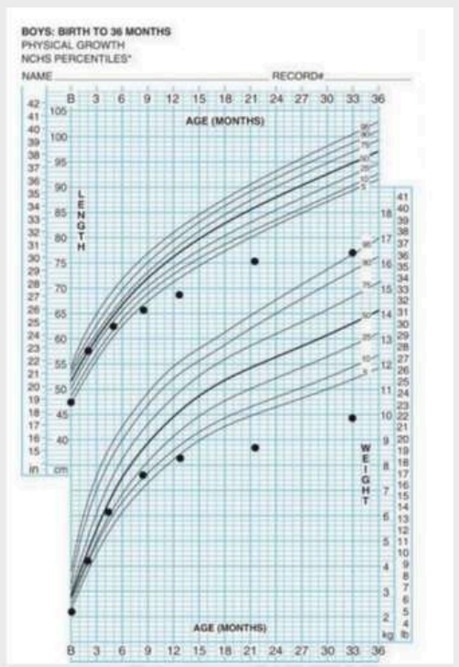
FTT 3

2 DDx:

1)Chromosomal

2)Genetic





Station 1

Overweight child with short stature:

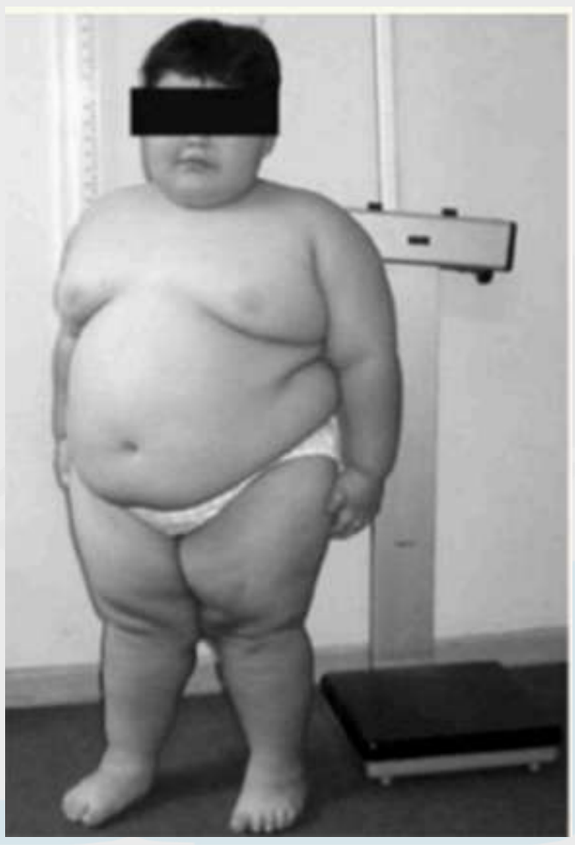
Questions:

1. What is the most likely diagnosis?

Prader-Willi syndrome

2. What is the treatment for his short stature?

Growth hormone (GH) therapy



Q.9 case about short stature , no history of constitutional delay but there is a pathological cause .

1) calculate MPH

2) what do you suspect about her bone age ?

3) what do you suspect about growth velocity if there is GH deficiency?

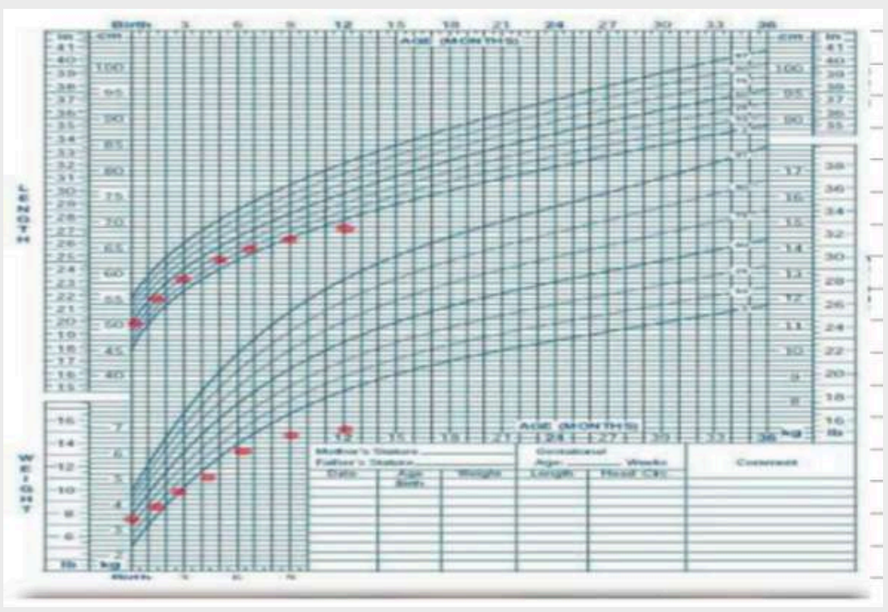
** sorry I forgot the answers and numbers

What is the clinical findings?

Failure to thrive type 2

Tests help in diagnosis?

Sweat chloride Genetic



Q2)plotting on growth chart

A- both height and weight below 5th centile

B- what we call this? FTT type 2

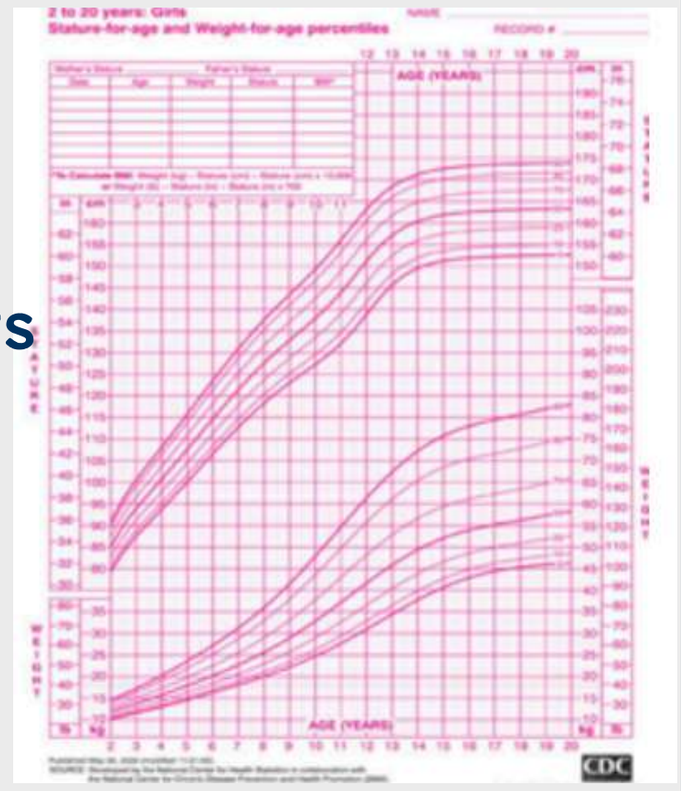
Growth chart

Station 11 (2points)

write the plotting each findings on the growth charts

1- 10years old .weight 20kg , height 120cm

2- 4years .weight 14kg , height 90 cm



4 years old female her weight was.. Her length was 90cm

She complaining from chronic diarrhea.

There's growth chart you have to apply her weigh and length on it to see if there's failure to thrive or within normal .

After apply it you can see there IS no failure to thrive

*What are the findings?

Height between

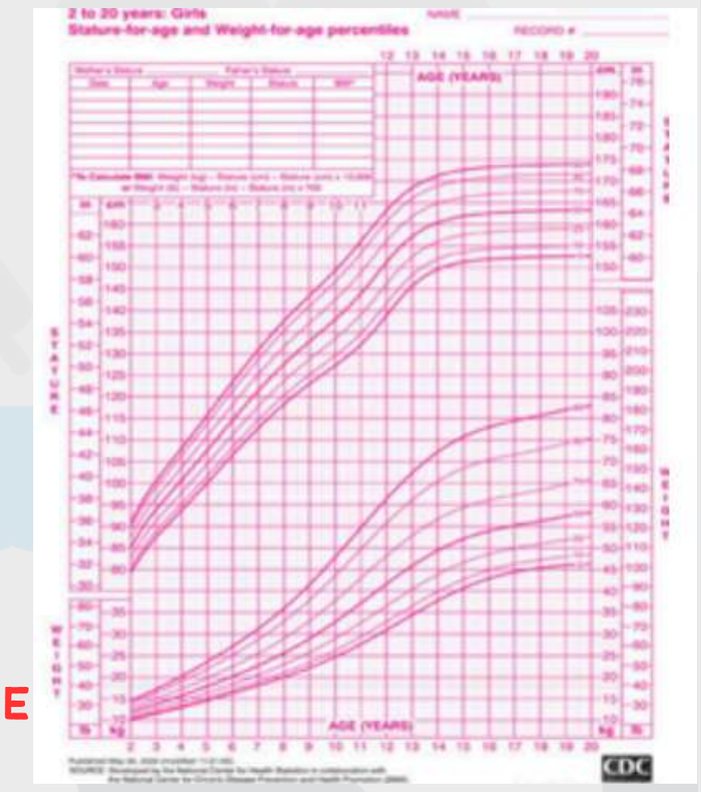
Weight between

*what is the most common cause:

toddler's diarrhea

*What is the best management:

Restriction carbohydrate,sugars and a lot of fluid intake



A 3 year old female weight is 10 kgs height is 85 cm

1.Plot the readings and mention their centile?

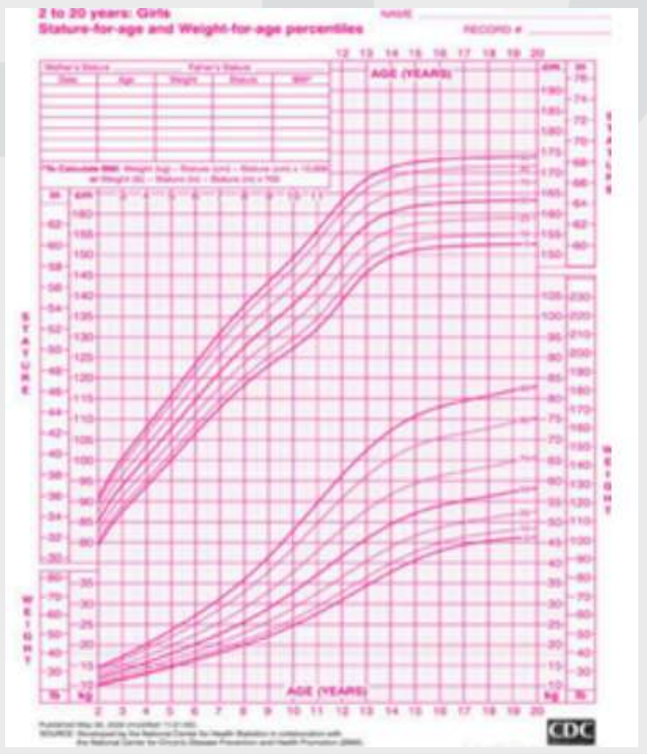
Heigh lower than the 3rd centile.

Weight lower than the 3rd centile

2.How will the patient present clinically:

Short stature, underweight > stunted.

FFT type 2



Q9: 15-year-old male patient present for evaluation of short stature, 2 years ago he start treatment with GH therapy.

Mention 2 stimulation tests:

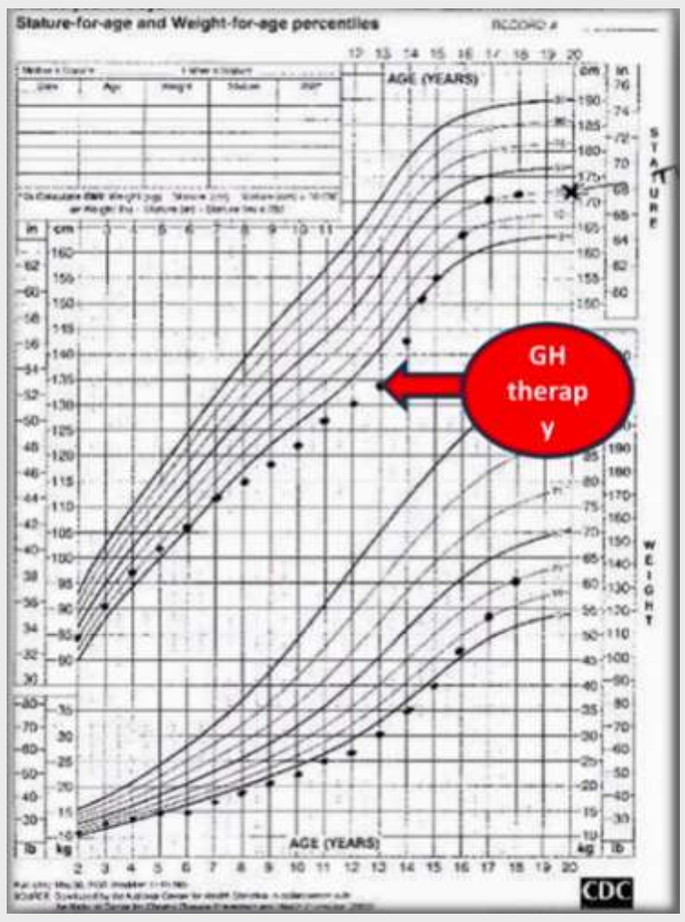
Clonidine test

Exercise stimulation test

2) Before initiating treatment, what is the expected bone age and growth velocity?

Bone age: Delayed

Growth velocity: Decreased



Growth chart

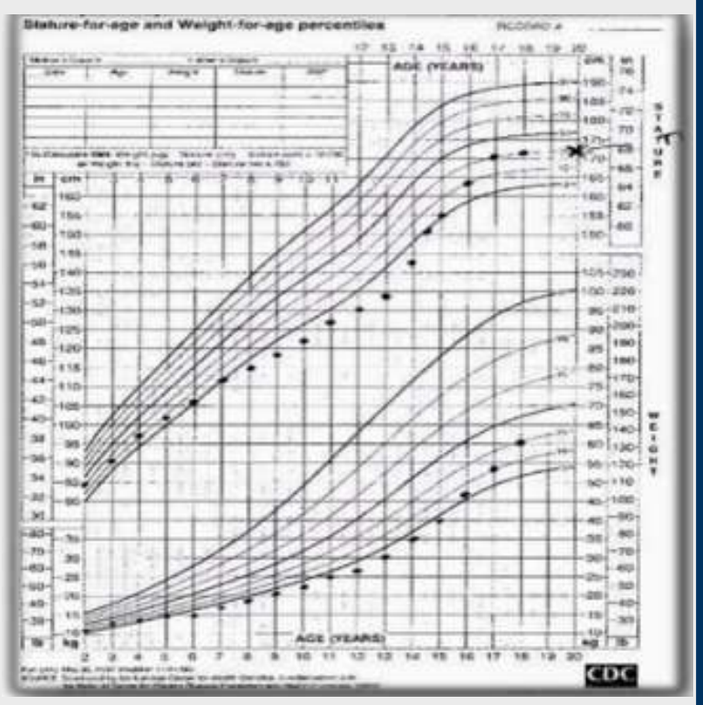
Station 1

1- What is the cause behind his growth delay?

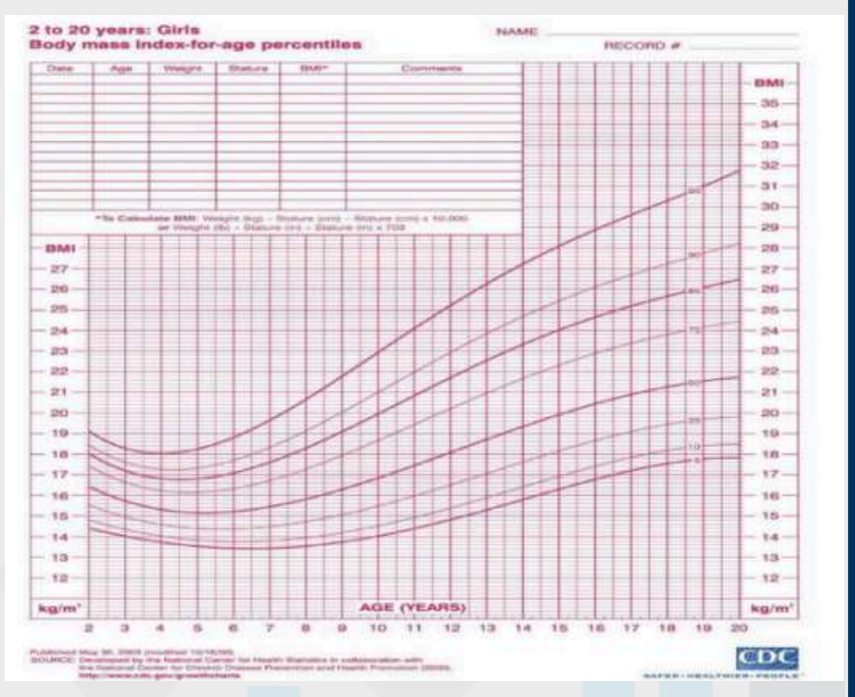
Constitutional growth delay

2- What investigations would you order to confirm your diagnosis?

Wrist x-ray



4 years old girl weight 18 kg and her height 100 cm



12 m male child his wht :6 kg and length :60

1- whats the cetile for hid wht and length

2- whats the name of this condition ?FTT

3- if his condition ass with recurrent chest infection whats the dx? CF

4-how you can confirm your dx ?

Sweat chloride test more than 60

5-according to national vaccine program .whats the vaccines should be given to this age ? MMR HAV

6-extravaccine needed ?

Pneumoccus and meningococcus

10 months old boy and his hc is 48

1-whats the centile

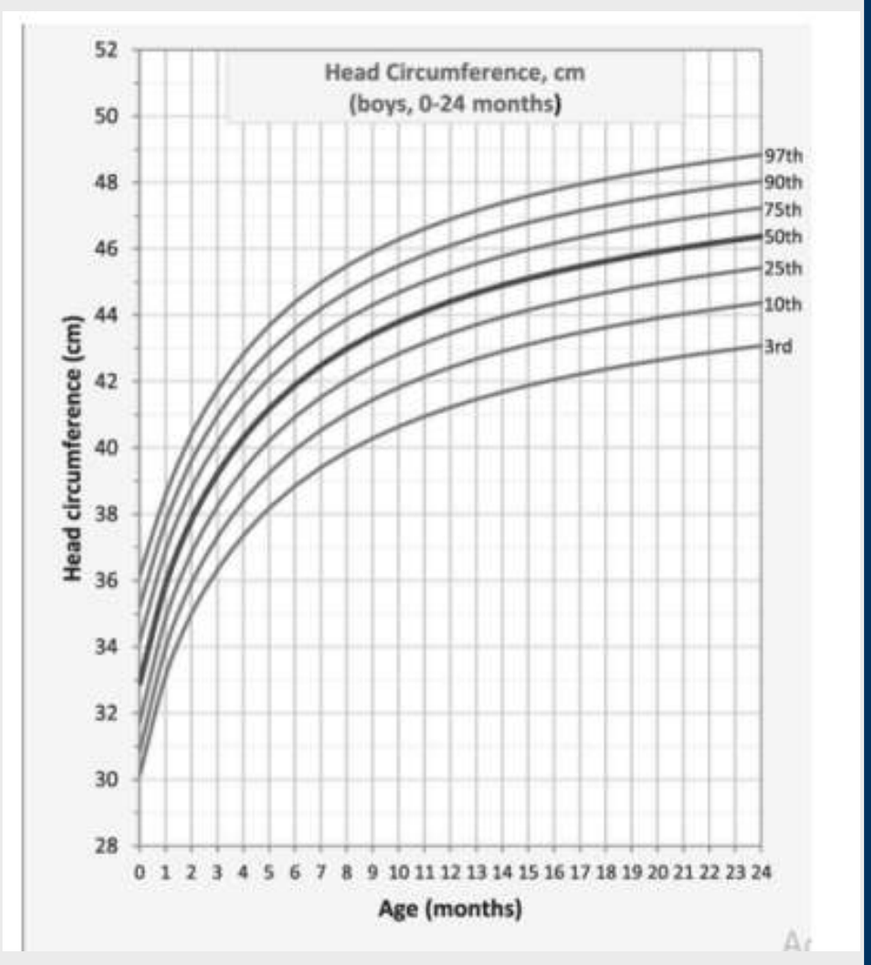
Above 97 centile

2- whats the dx -

Macrocephaly

3- give 2 causes for your diagnosis

Hydrocephalus - ic tumor



Growth chart

According to the growth chart : a 12 years old female

weight =35 kg, height=135 cm.

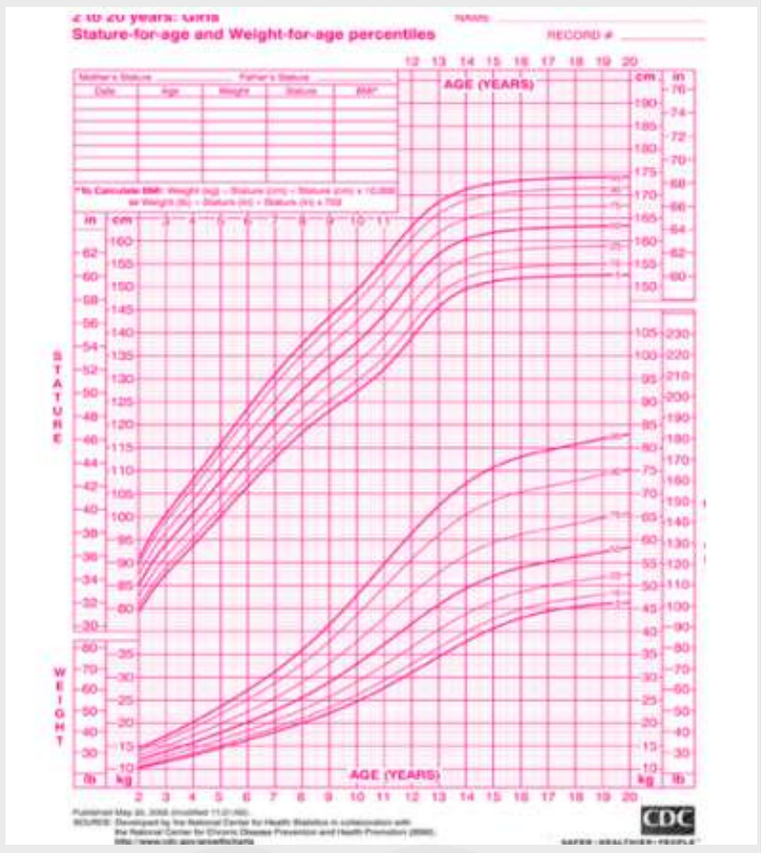
What are the findings?

Weight=between the 10th and the 25th centile

Height=below the 3rd centile /short stature

Give 2 cause :

Hypothyrodism,celiac



4 years old female , 20 kg ,105 cm :

-<u>Weight and height growth chart</u>

1) Her height is on ---percentile

2) Her weight is on ---percentile

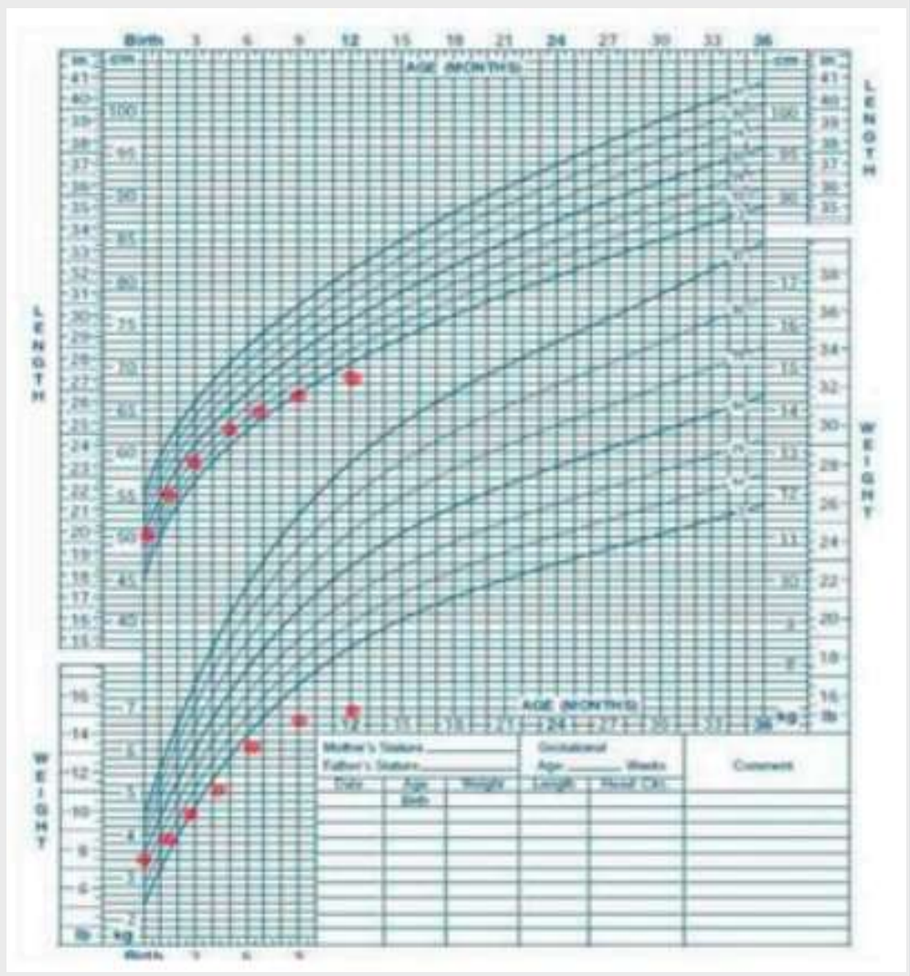
-<u>BMI Growth chart</u>

3) calculate her BMI ?

4) Mention the abnormality in BM if present ?

7 year old male complained of chronic diarrhea , his sister was diagnosed with hashimoto disease.

the growth chart of patient presented.



1- What is the abnormality at growth chatt?

Short stature

weight for age that falls below the(5th) FTT

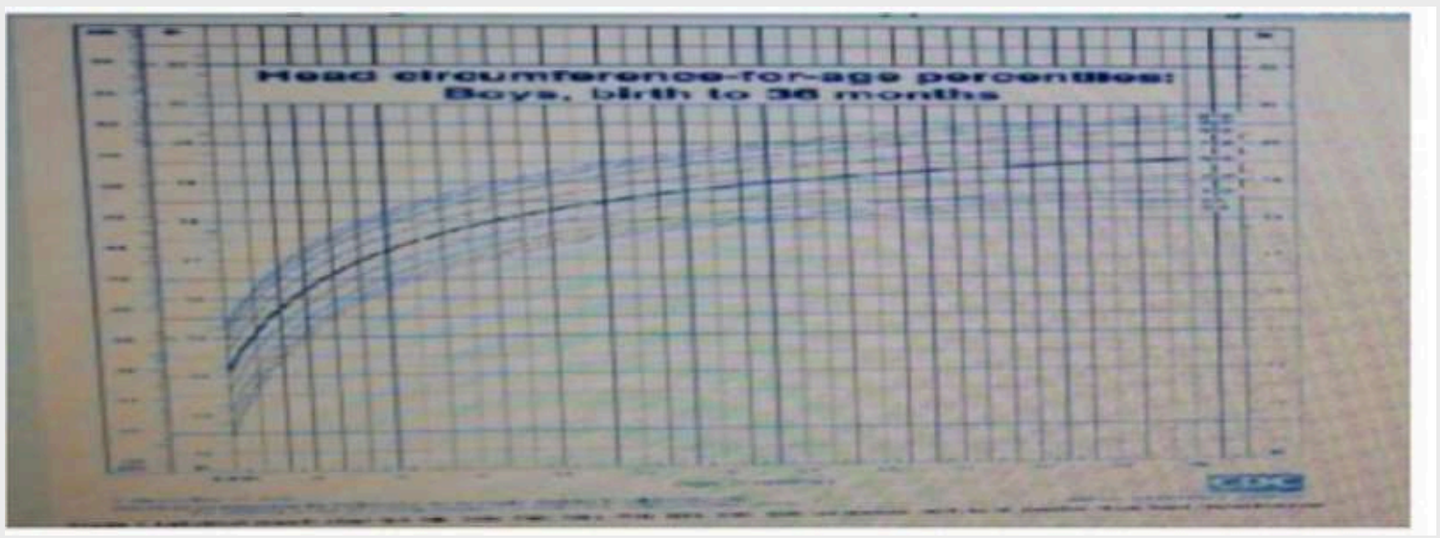
2-what is the diagnosis ?

Celiac disease

3- what is the treatment?

Gluten free diet

Growth chart



Q)You are the growth of the 2- month old boy product of term vaginal delivery his head circumference is 36 cm.

now All the following are possible causes (Except):

Hydrocephalus

what is the clinical diagnosis :

Microcephaly

Q) 2 months baby with head circumference 42 (growth chart)

1- blot HC on growth chart? Above 95 percentile

2-name of the sign? Macrocephaly

3- causes?

Hydrocephalus (increase ICP), congenital hypothyroidism

What is the abnormality in this chart ?

Short stature

•If this girls mother had her first period at 14 years

what is the cause of her problem ?

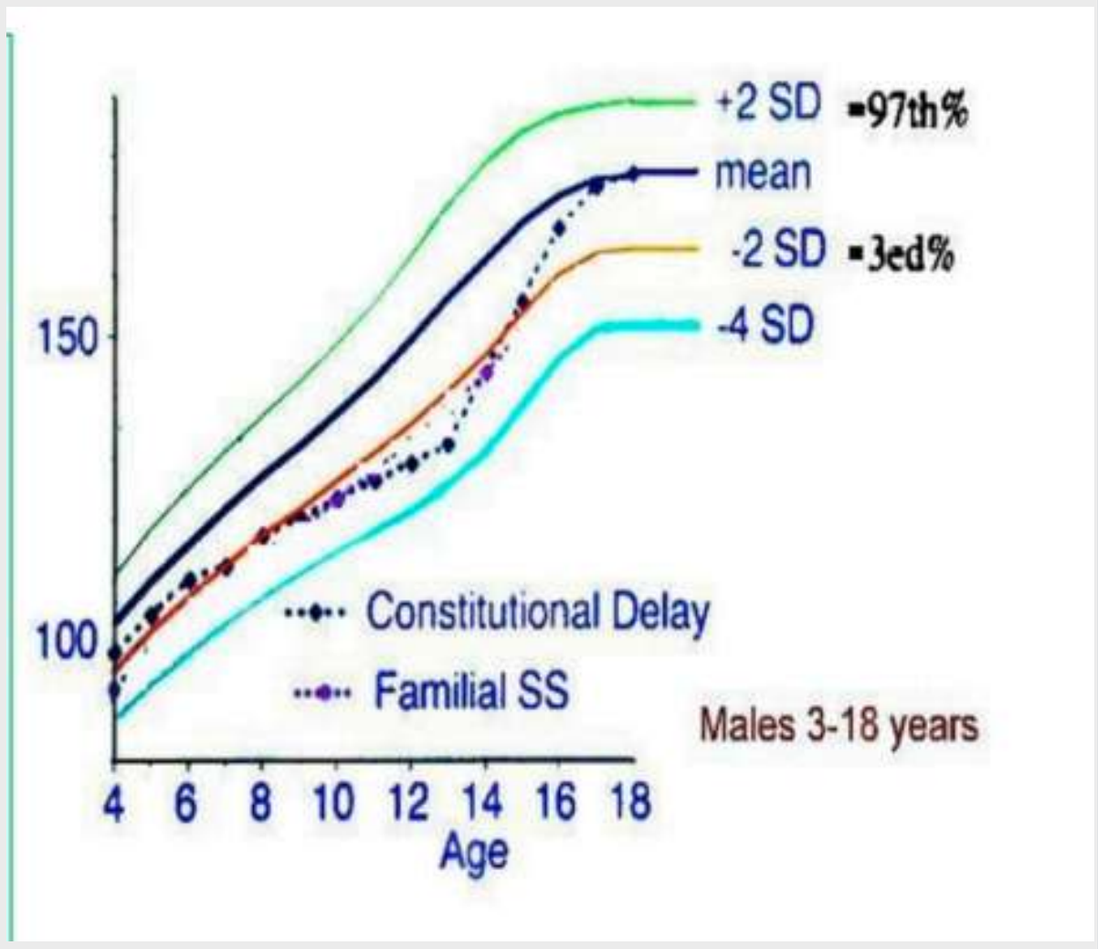
Constitutional delay

•How to confirm diagnosis ?

By wrist x-ray

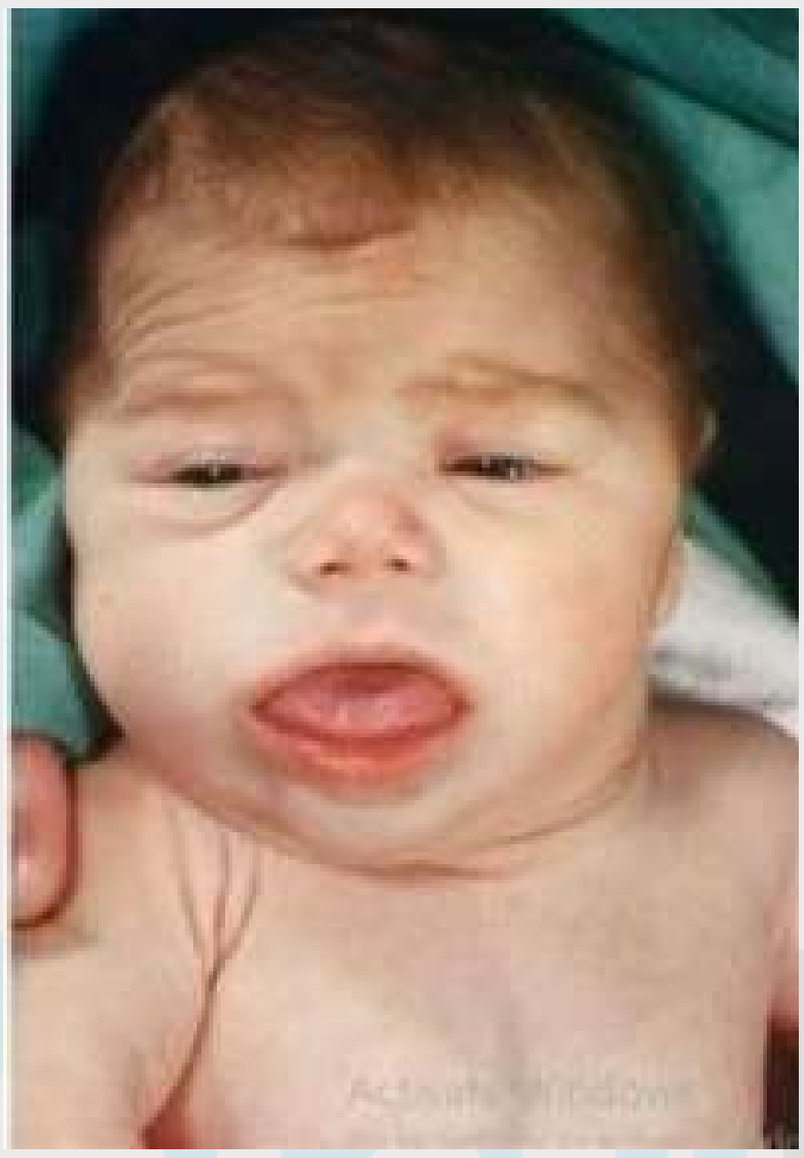
•What is the treatment?

No treatment needed , just wait



Thyroid

Question 3: 2.5-month-old presents with chronic constipation.



- What is the most likely diagnosis?

Congenital hypothyroidism

- What are 2 urgent blood tests you would order for this patient to evaluate his condition?

TSH, T3, T4

Electrolytes (Ca++)

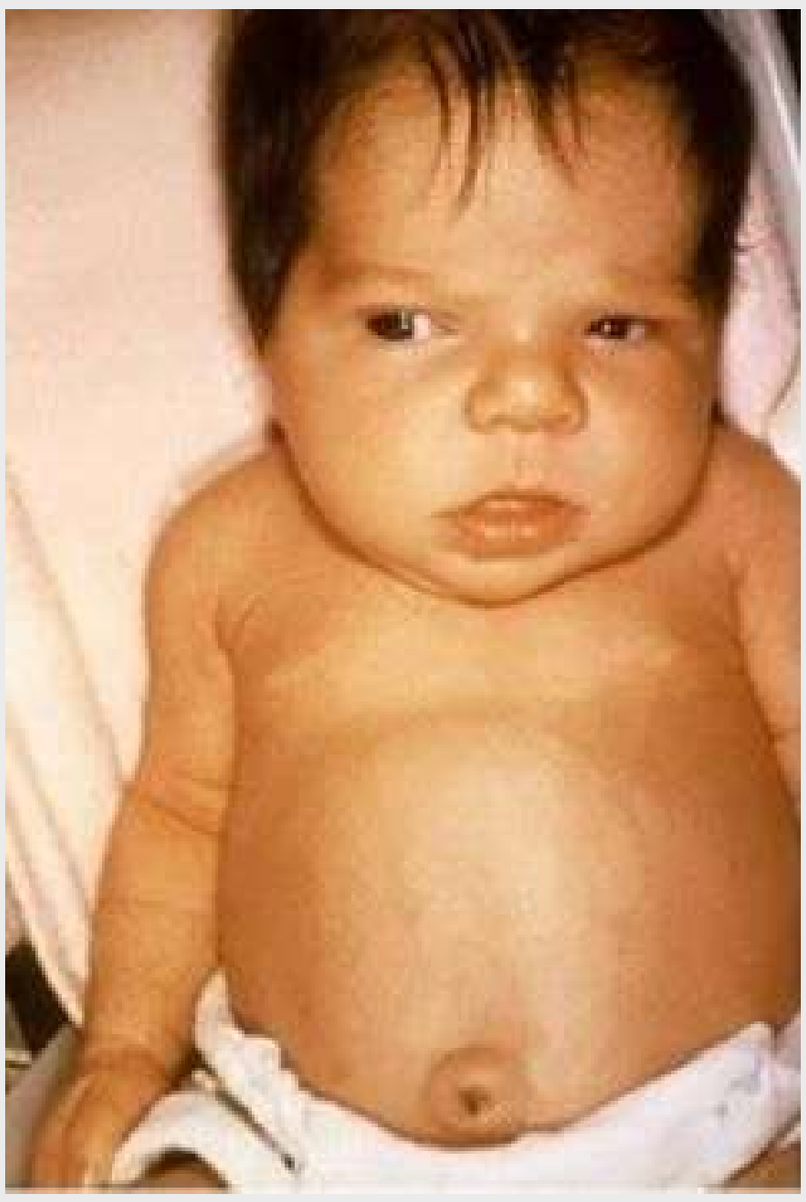
- What is a neurological and developmental complication if this condition is left untreated?

Mental retardation

- On physical examination what would be noted for these

Posterior fontanelle: Delayed closure

Bone age: Delayed (less than chronological age)



A. What is the cause of this condition.

Congenital hypothyroidism

B. What is the most common cause this condition?

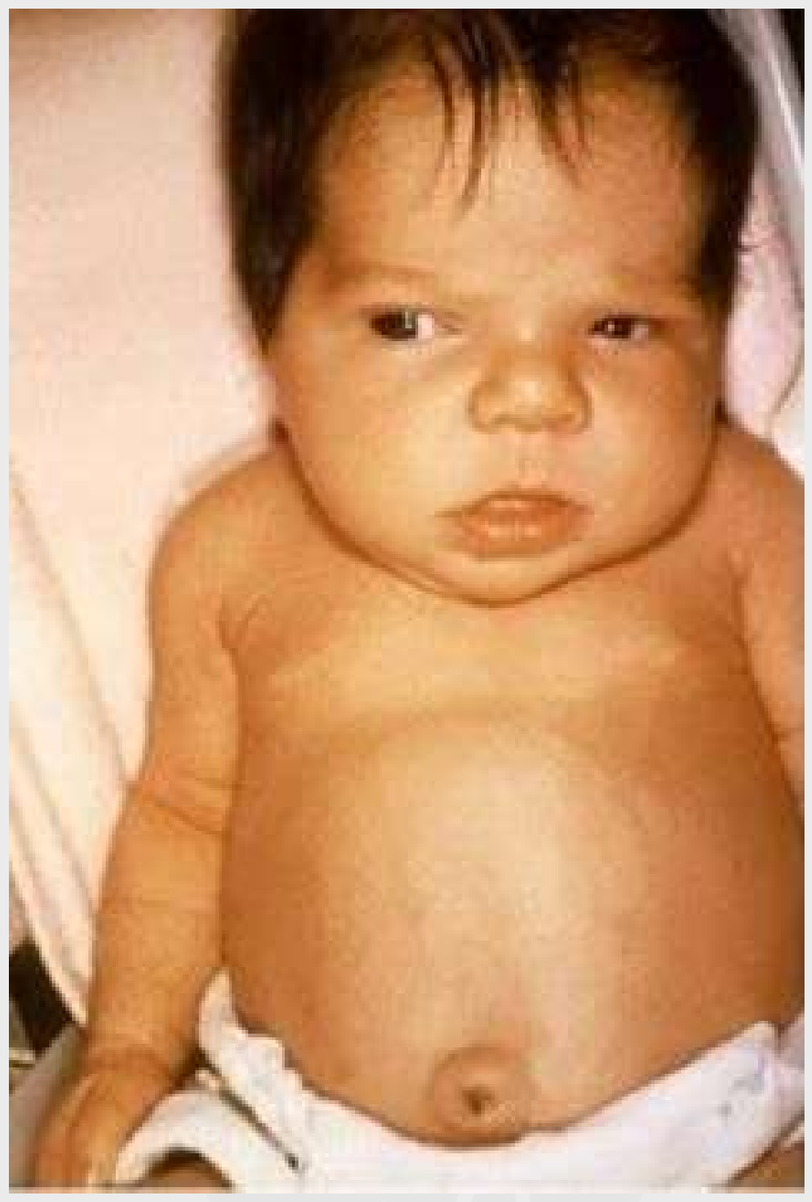
Thyroid dysgenesis

C. Write 2 physical findings?

Open anterior and posterior fontanelle + umbilical hernia with large abdomen

Thyroid

Dx: congenital hypothyroidism



- If he have goiter what the couse?

Dyshormonogenesis, endemic iodine deficiency and maternal antithyroid drug

Treatment:

levothyroxin

What is the most common cause of this manifestations?

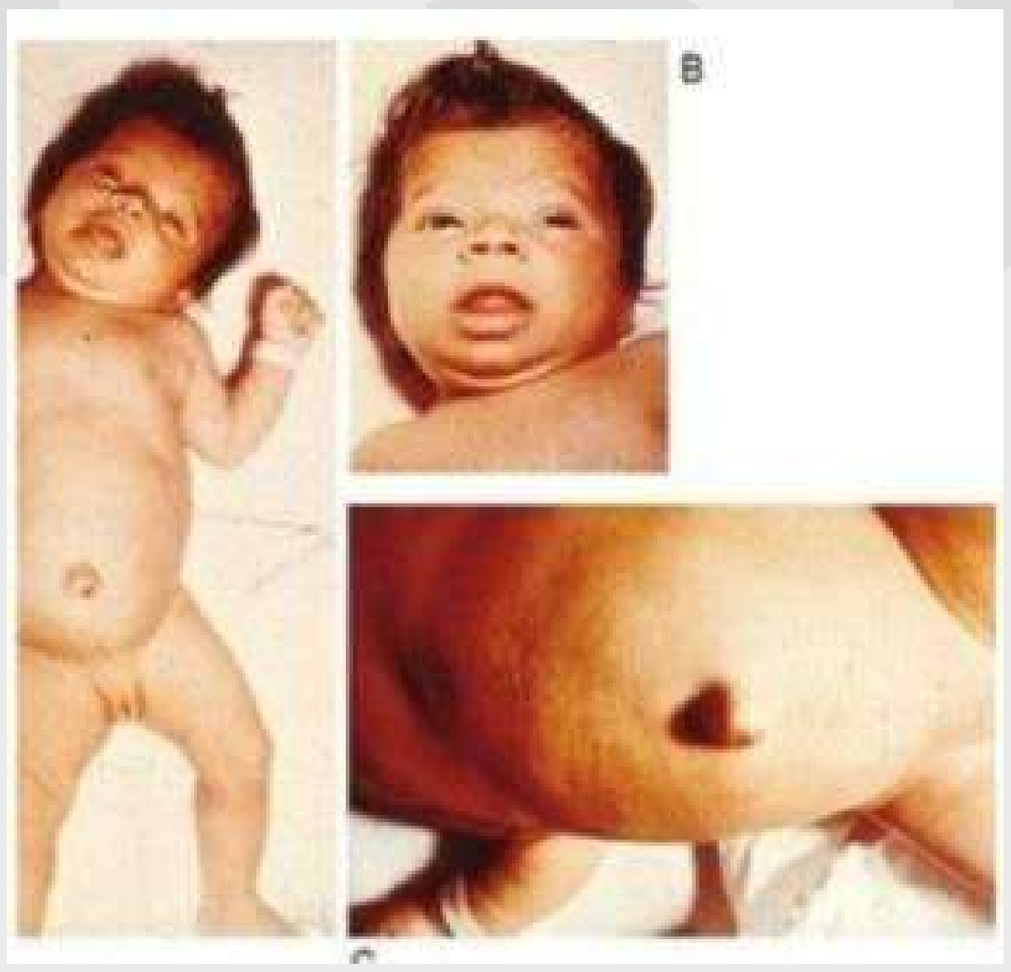
Congenital hypothyroidism_thyriod dysgenesis

your treatment?

Levothyroxine

Diagnosis:

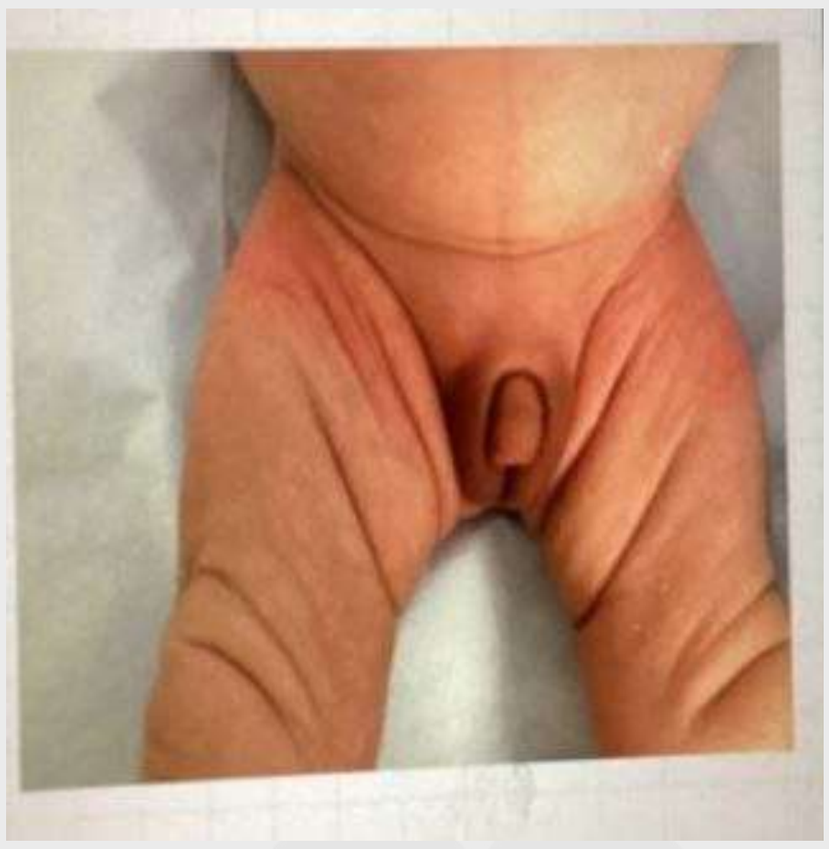
TSH & T4



Congenital Adrenal Hyperplasia

female pt come with this presentation

1) what's the deficient enzyme?



21 hydroxalaze

2) what is the steroid used to treat this case?

Hydrocortisone and minercorticosteriod

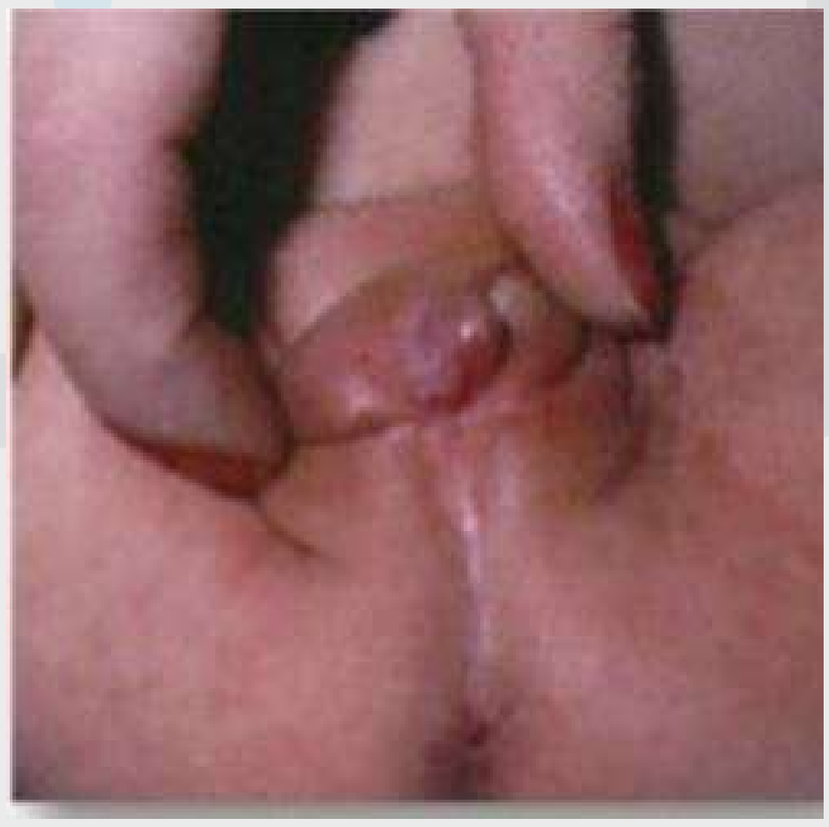
3)mention 2 others clinical presentation?

Hypoglycemia

Hypotension

2 weeks old baby present with fever, lethargy ....

What is the lab investigation to diagnose?



17 hydroxy progesteron level

11deoxycorticosterone and corticosteron

Karyotype, SRY gene, electrolytes

Mention two line of treatment

High level of corticosteroid (hydrocortisone)

Calcium gluconate if presnt with (hyperkalemia)

Congenital Adrenal Hyperplasia

Baby with this presentation of genitalia, What is electrolyte changes in this baby?

Hyponatremia, hyperkalemia

2-what is the lines of treatment in acute stage?

Hydrocortisone, fludrocortisone, spironolacton

Scenario of 2 week old pt. with vomiting and diarrhea

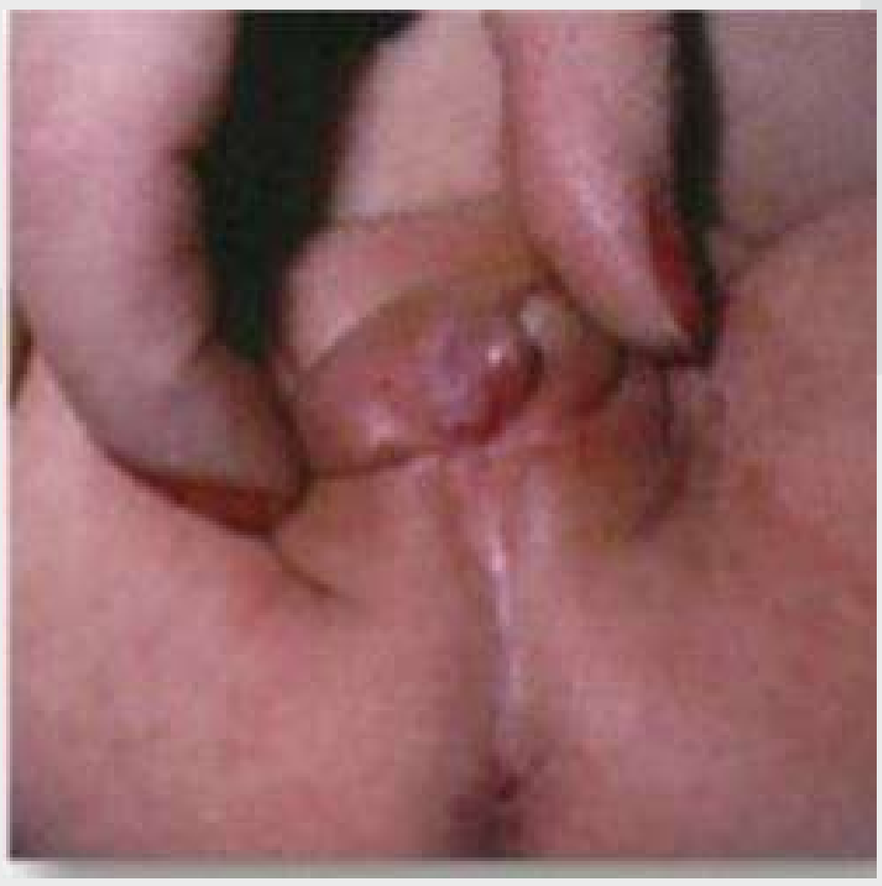
Picture of ambiguous genitalia, … :

(Case of CAH)

What is your diagnosis?cAH

Investigations? 17-hydroxyprogesterone , electrolyte level

Management? Glucocorticoi, Mineralocorticoid, Fluid



Most likely Causative enzyme deficiency?

21-alpha hydroxylase

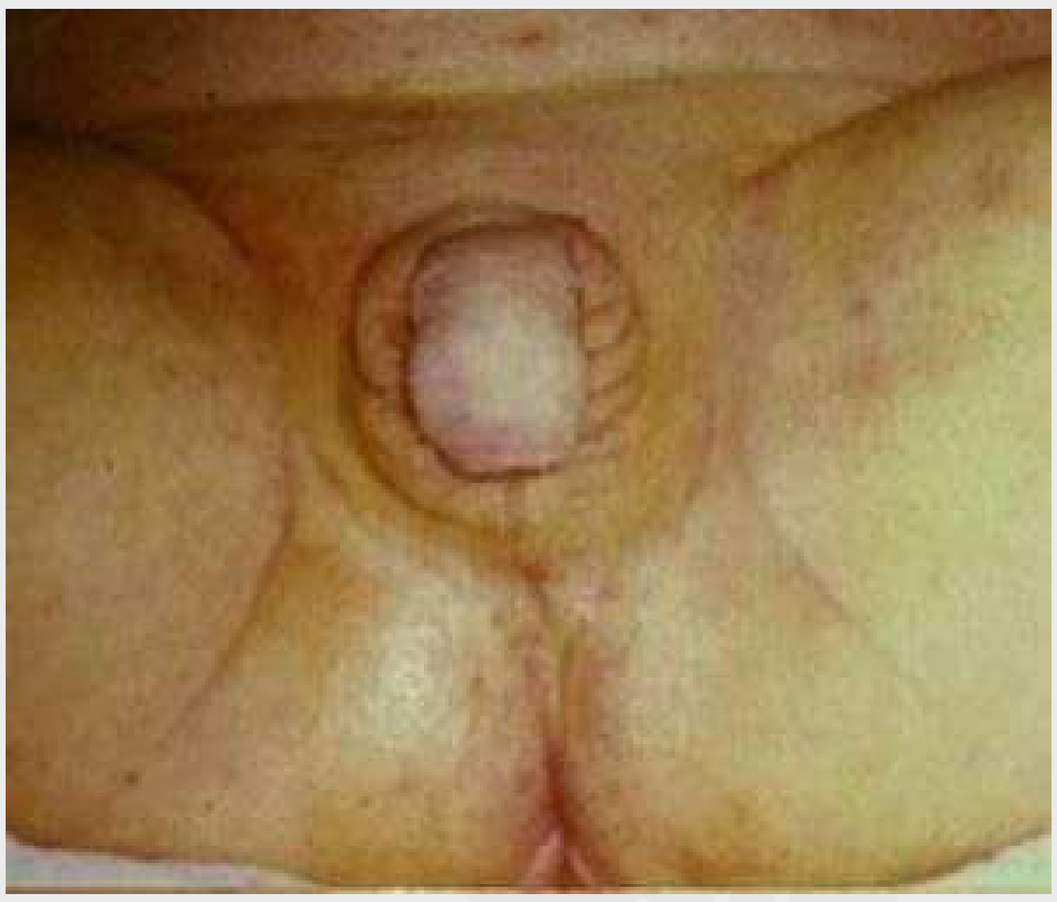
What causes of his seizure?

Hypo-natremia, Hypo-glycemia

Congenital Adrenal Hyperplasia

2 weeks old female (XX) comes to the ER, hypoactive ...

1- What is the enzyme that is deficient?



21-Alfa hydroxylase

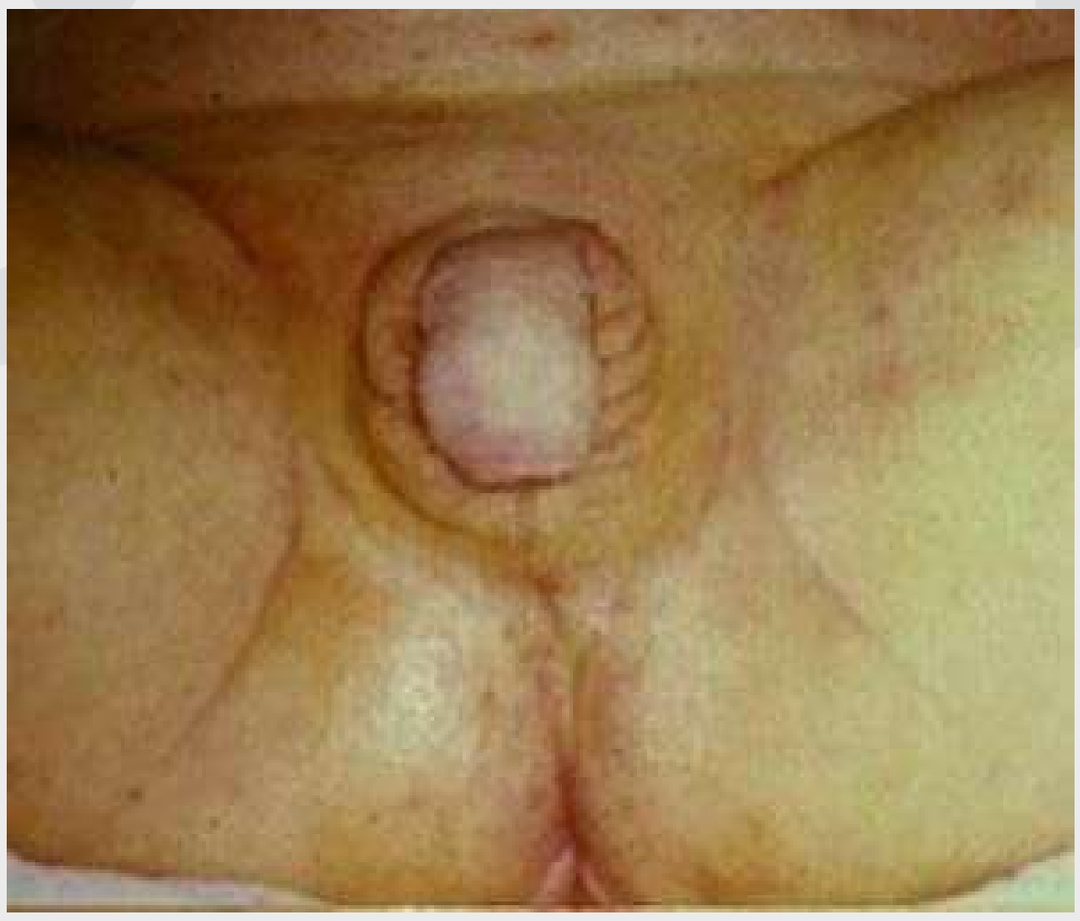
2- What are the abnormal electrolytes?

Hyperkalemia, hyponatremia

3- What is the mode of inheritance?

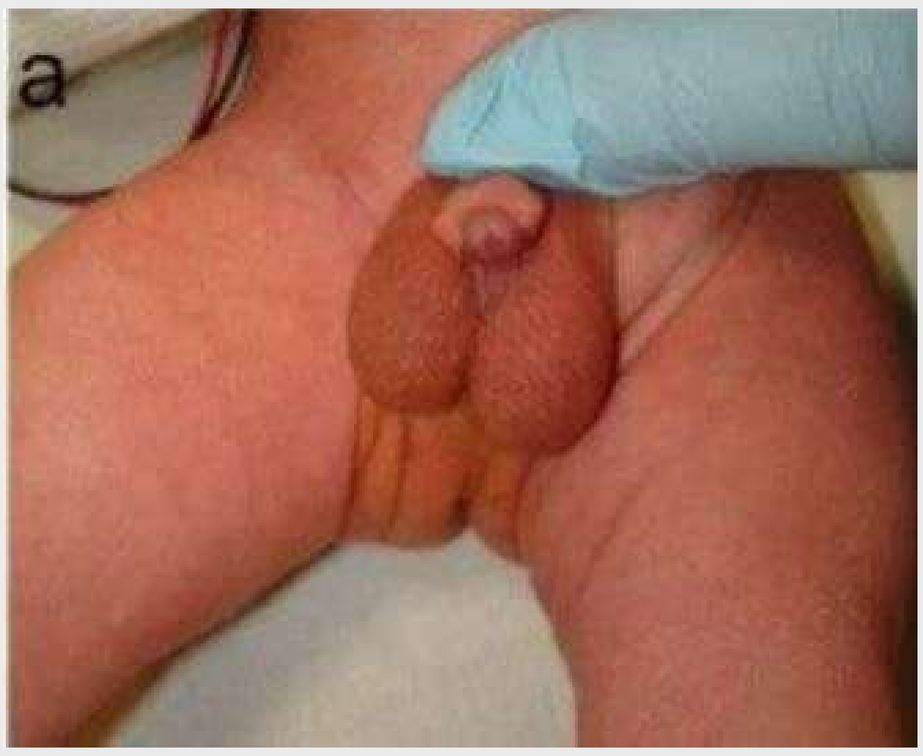
AR (Autosomal Recessive)

Female presented with high 17-hydroxyprogesterone, give two presentation:



Ambiguous genitalia; complete fusion of the labioscrotal folds and a phallic urethra

Which of the following is the best long-term treatment of hyperkalemia

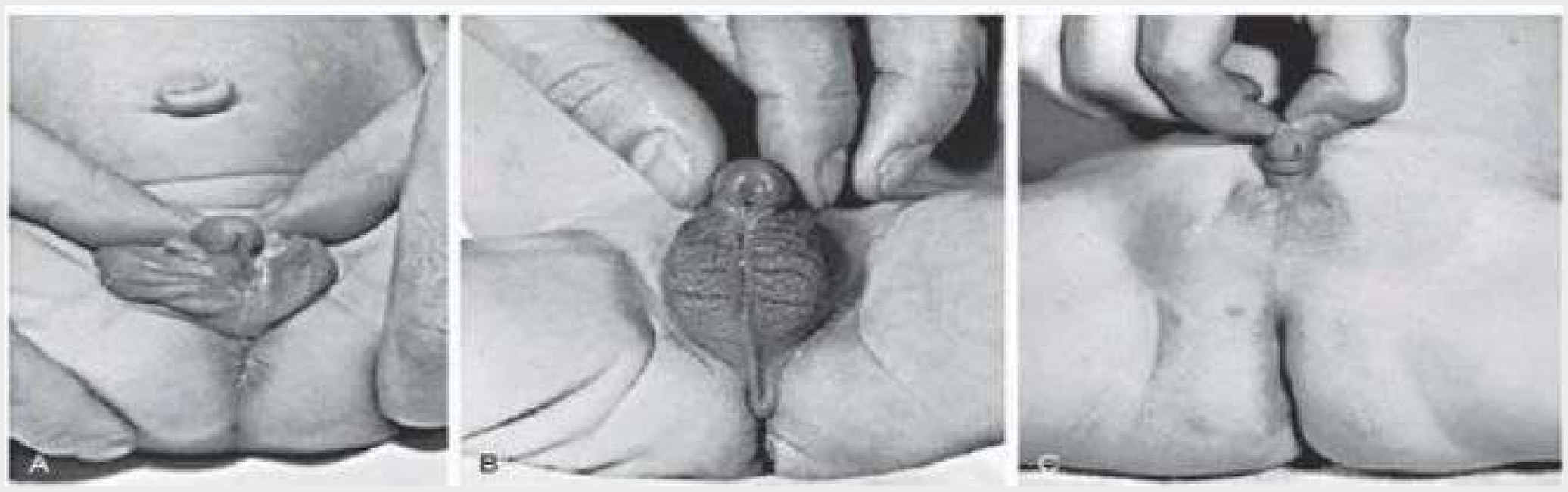


Fludrocortisone

17-Which of the following is the diagnostic test ?

17-hydroxyprogesterone

Congenital Adrenal Hyperplasia



What is the diagnosis ?

21-alfa hydroxylase deficiency

2-Investigation to confirm your diagnosis ?

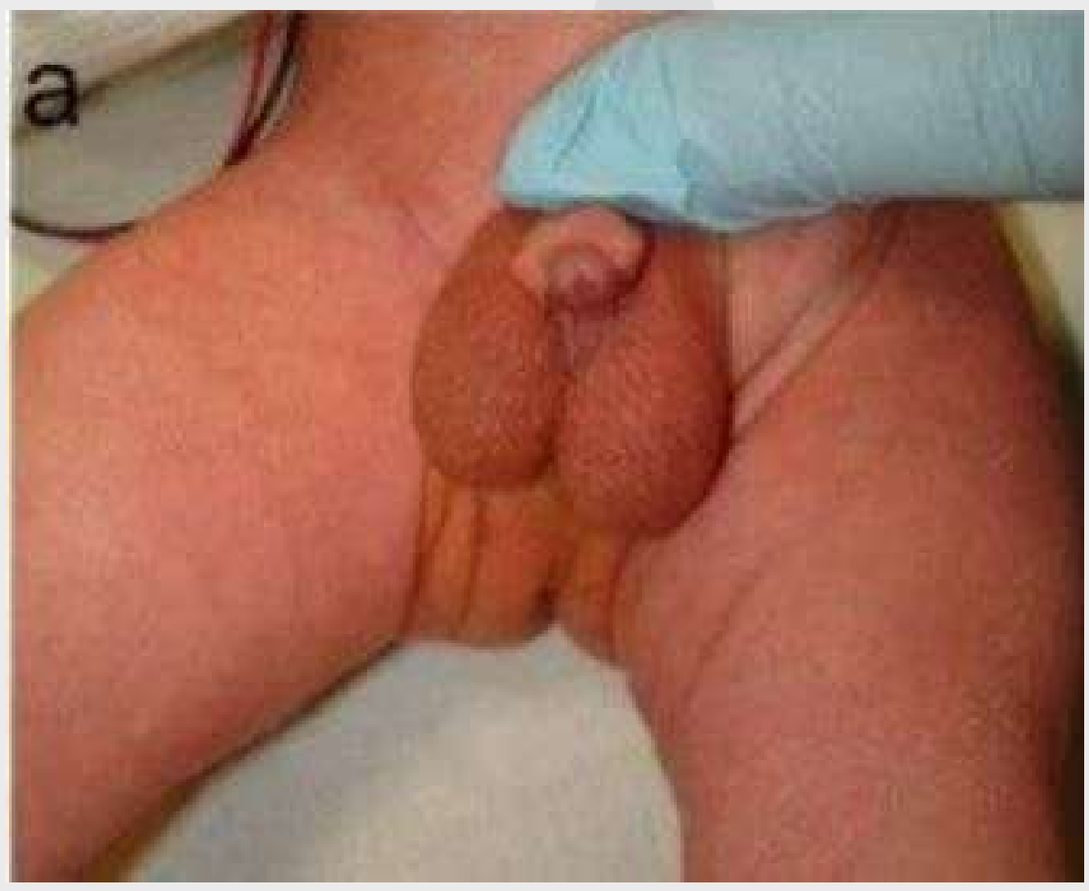
measure 17- OH progesterone

1- What is the deficient enzyme in this male patient?

Male / focus

17 hydroxylase or 3-beta-hydroxysteroid dehydrogenase deficiency

2- What is the classical presentation for congenital adrenal hyperplasia?



Salt wasting and ambaguas gentalia and hypoglycemia

Puberty

year old with breast budding

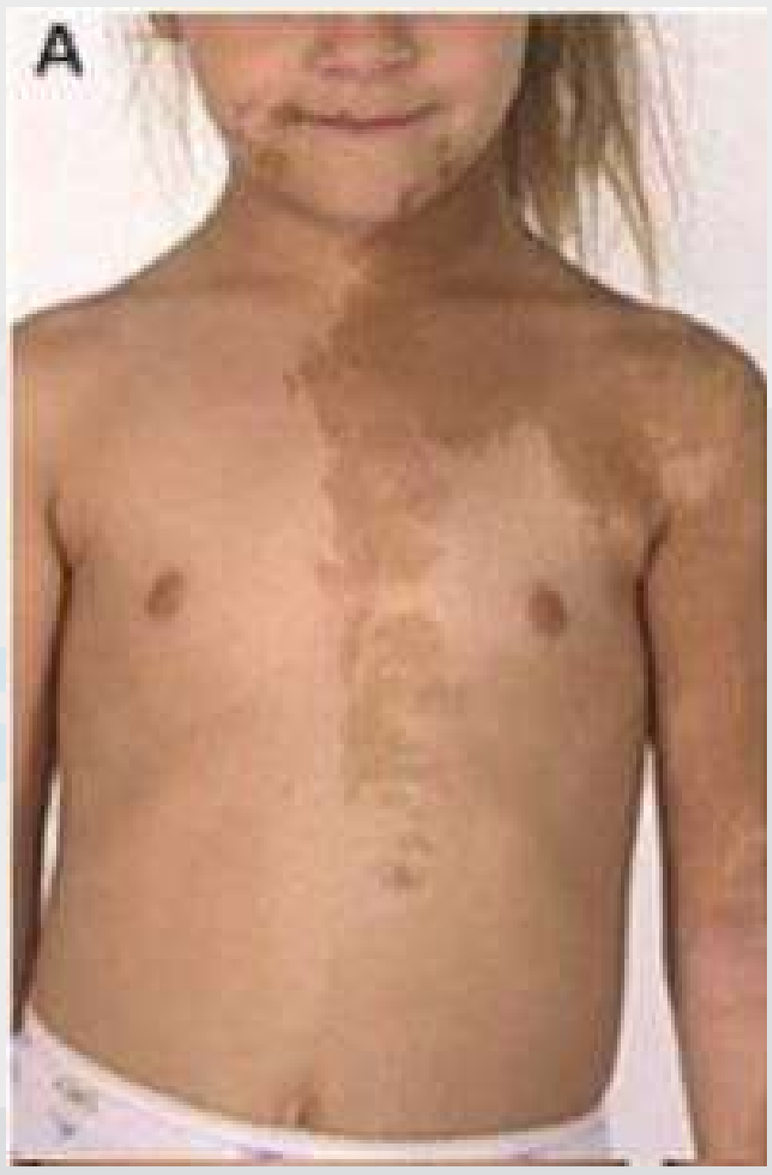
Diagnosis: Precocious puberty

Lab investigations:

17-OH progesterone

LH and FSH

3 years old female complaining from vaginal bleeding and bone pain:

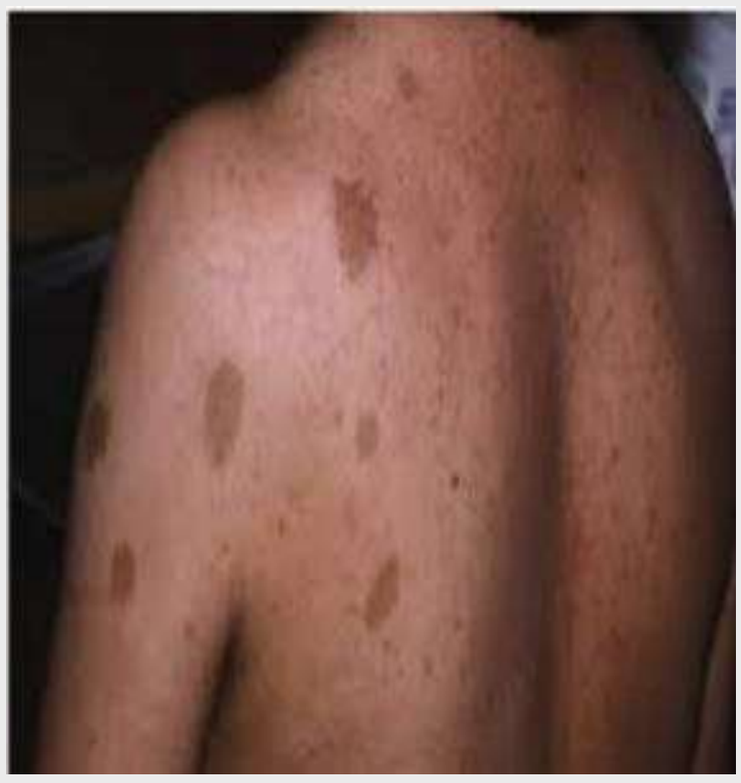


What is the name of this lesion: Coaso Maine / café au lait

What is the diagnosis: McCune-Albright syndrome

SYNDROME

1- What's the name of this finding?



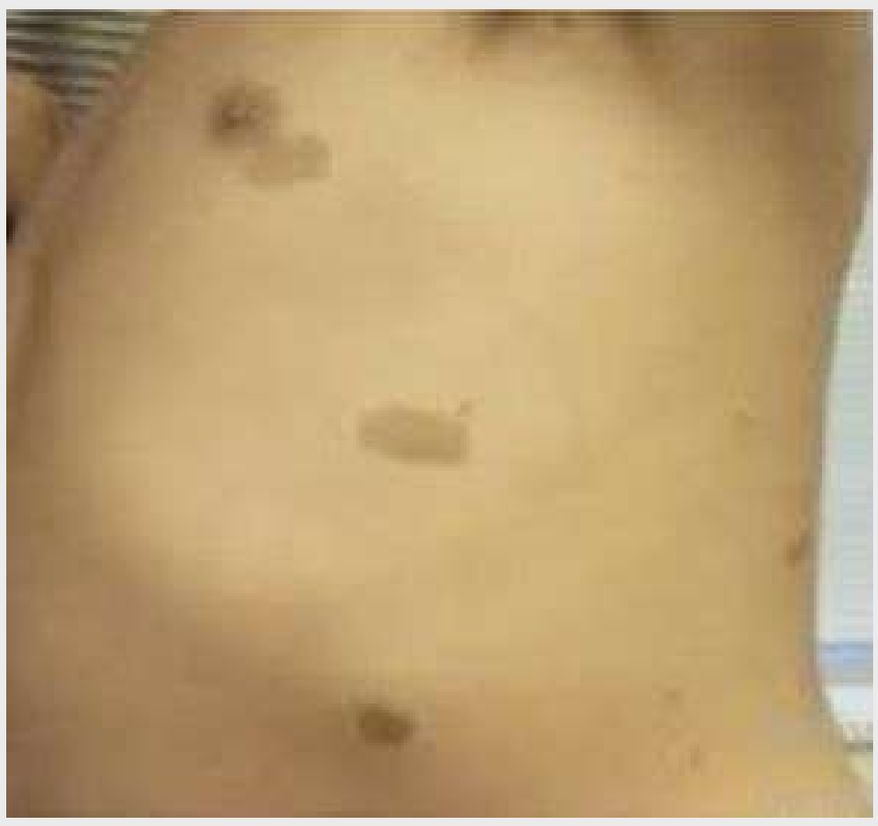
Café au lait spots

2- If it is associated with precocious puberty, what's the dx?

-Albright syndrome

Puberty

7 years old girl presented with developed breast and blindness , skin pigmentation :



Your Dx :

Precocious puberty + blindness + cafe au lait = NF1 > Optic Glioma

What is the cause of precious telarche :

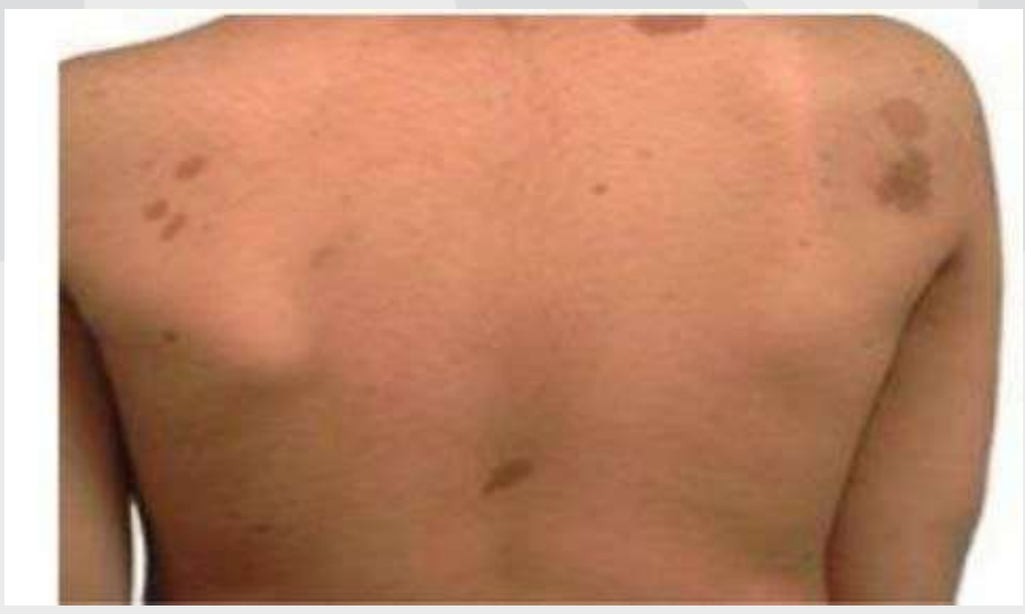
Organic/central brain lesion lead to Premature secretion of GnRh .. or hypothalamus-pituitary-adrenal axis activation ..

Describe the skin findings.

Café au lait spots

2- What's the mode of inheritance?

Autosomal Dominant (AD)

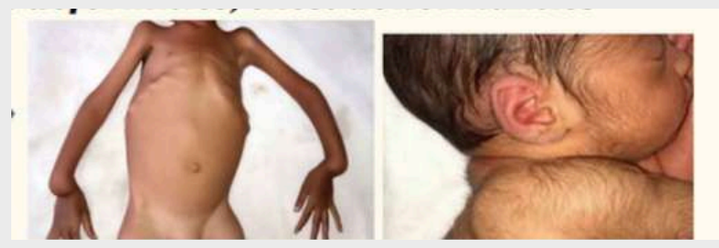


Rickets

Q1: Photos of a child showing wrist deformities, chest abnormalities and excess hair on the back

The images and question format aren't the same as the exam, but this is the closest thing.:

1. Give two differential diagnoses for this presentation:



Nutritional rickets (Vitamin D deficiency)

Hypophosphatemic rickets

Cystic fibrosis /

2. What would you expect for parathyroid hormone (PTH) levels in these patients?

Elevated

3. What would you expect for alkaline phosphatase (ALP) levels?

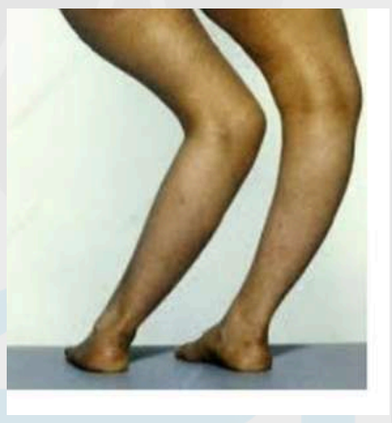
Elevate

Q2: Endocrine

patient with this sign and very low vit D, write 4 findings you can see on Physical exam

1)craniotabes 2) genu(valgus or varus)

3)wide wrist & ankle . 4) rachitic rosary



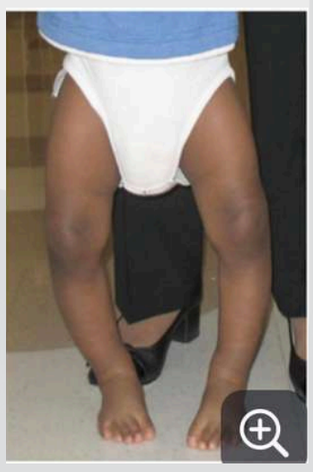
Case of Rickets:

*what is 2 abnormality labs (other than vit d):

High PTH, low Ca, P04, high ALP

*what is your management:

Vitamin D with Ca+ supplement

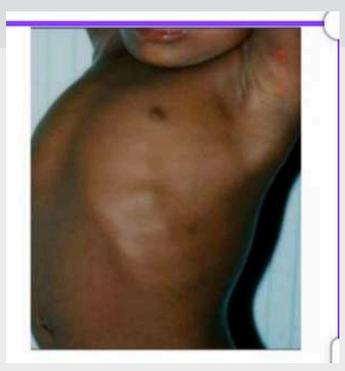


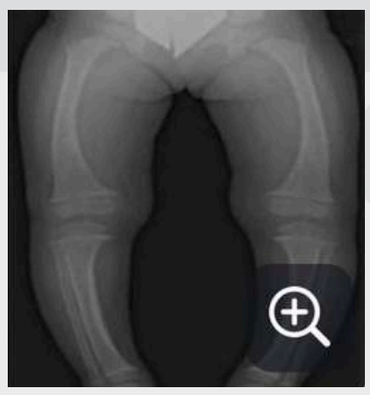
Q3: Suspect changes in

1-ALP : High

2-Calcium :low

3-Parathyroid hormones: High

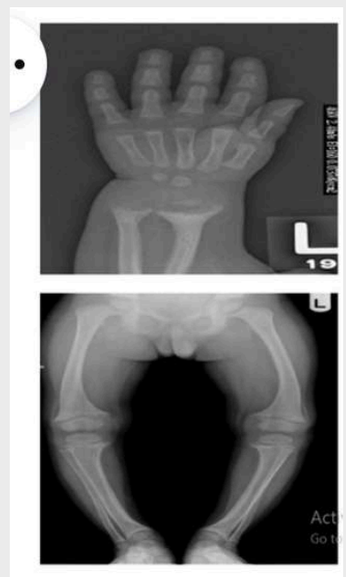




Q4: 1- What is the signs seen...

Splaying, Fraying, & Cupping

Knee varus / osteopenia



2- Give two lab investigations you would like to order?

Vitamin D serum & calcium serum

3- What is the most likely diagnosis?

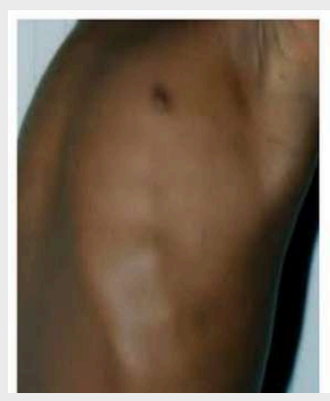
Rickets

Q5: Whats the name of this finding ?

rachitic rosary

2-if phosphate is high/ca is low /alp normal..whats the type of rickets?

Renal insufficiency



Rickets

Q6: 1. Dx?

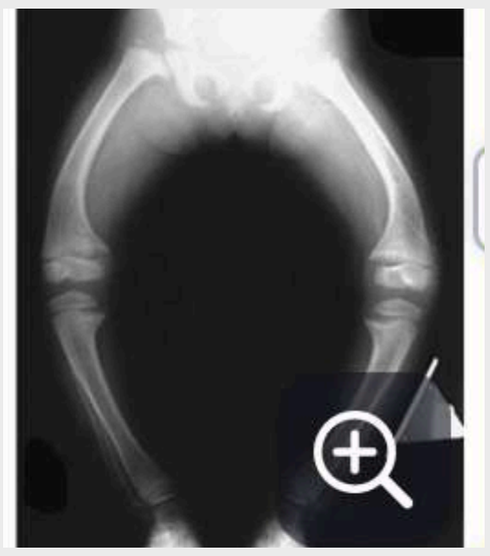
Rickets

2. Daily maintenance dose of vit D?

400-600 IU/day

3. If this patient has hypoP04, aminoaciduria, and glycosuria?

Fanconi syndrome

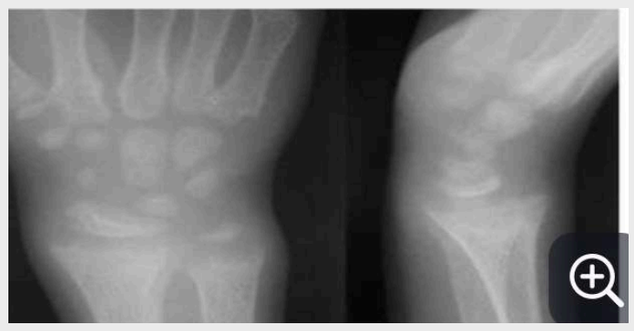


Q7: Describe the finding?

Cupping in the distal end

2- lab test?

Serum calcium, vit D, PTH



Q8: A- what is the marker that detect activity of this disease?

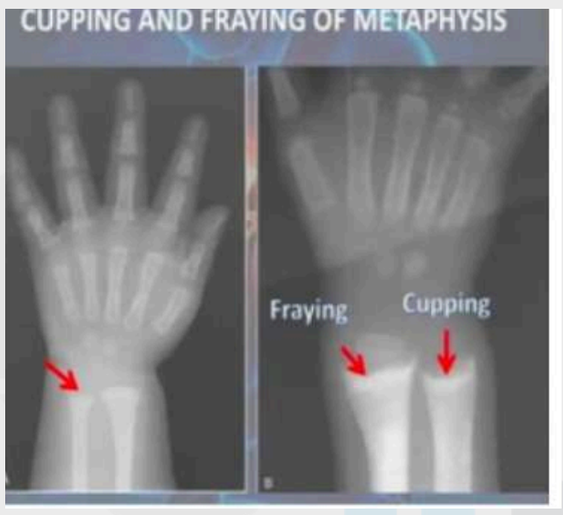
ALP

B- mention 2 complications of this disease ?

Spasmophilia

Rickets tetany

hypervitaminosis D



Q9: long case (Typical senario of CKD) Patient came with high creatinine and high phosphate and other lab findings, What is the diagnosis ?

Chronic kidney disease

Mention 2 complications?

Anemia, Renal Bone Mineral Metabolism

Mention importanat investigations that must be done in this patient ?

Blood pressure measurement, echocardiography

How to treat the bone problem?

phosphate binders

Restriction of phosphate intake

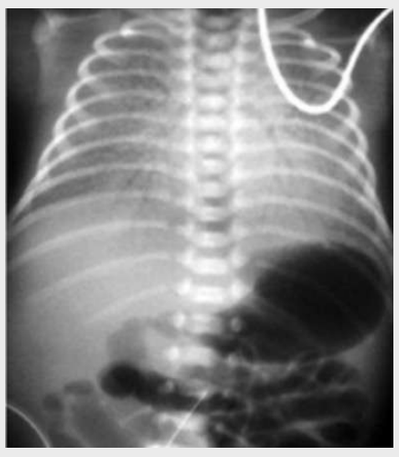
Give active Vit D

DR.Amjad :

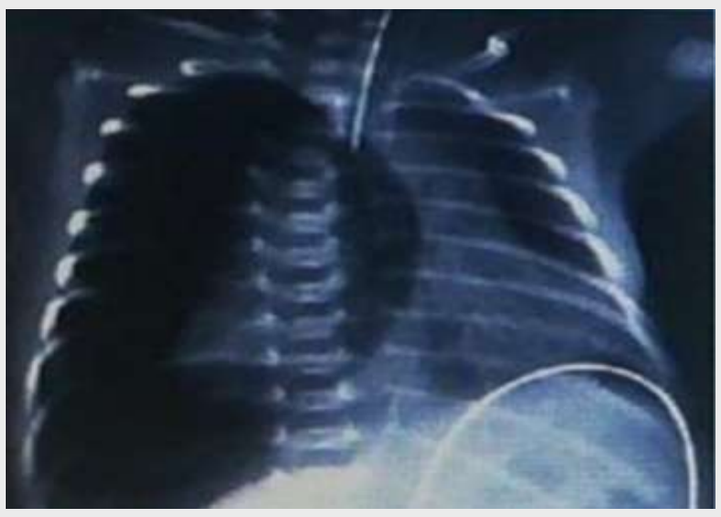
RDS

1) Showing these pictures,

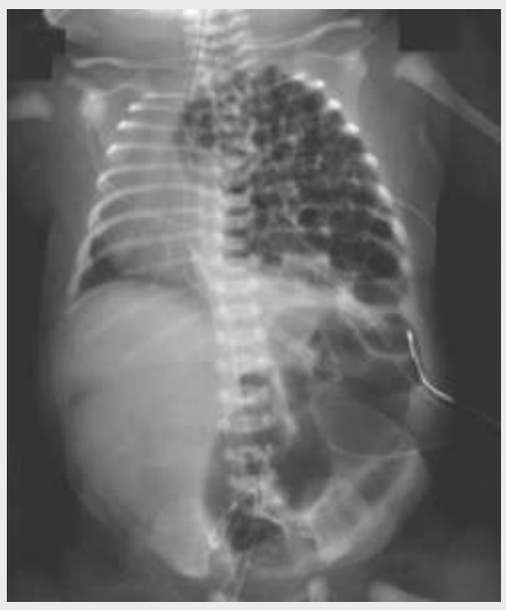
What does each x-ray show?



Respiratory distress syndrome



Pneumothorax



Diaphragmatic hernia

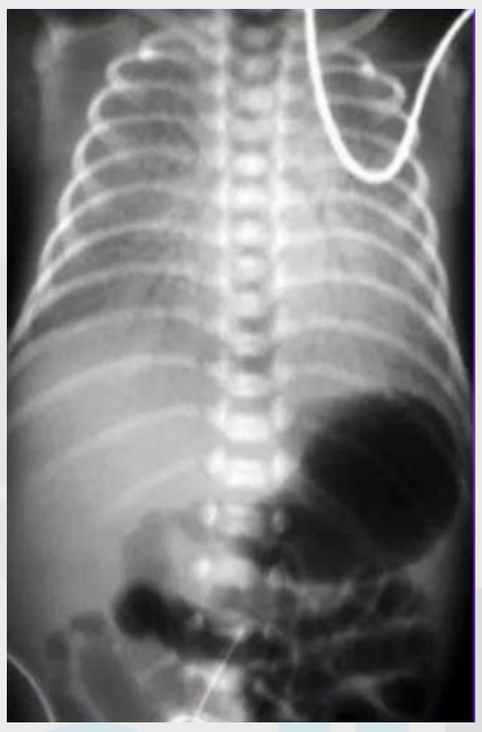
2) A 28 weeks child with flaring and retractions

Answer the following:

1. ABG readings?

Hypoxemia, hypercapnia, metabolic and respiratory acidosis

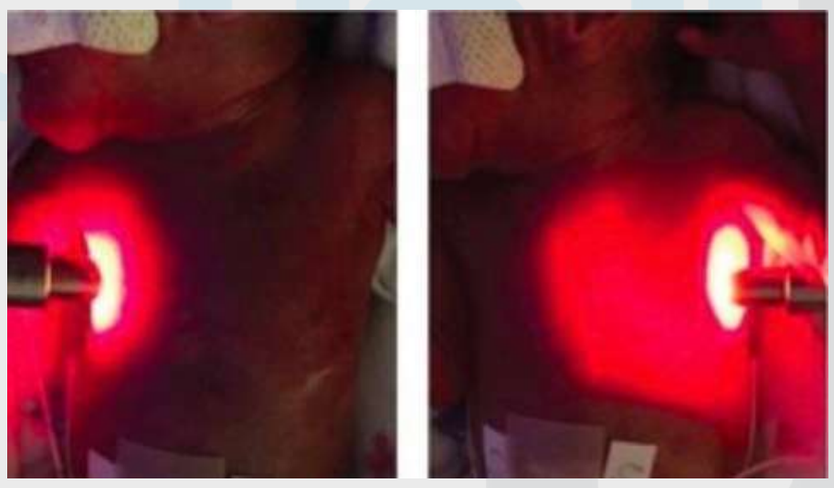
2. Functional residual capacity? Decreased
3. Lung compliance? Decreased
4. Best treatment? Oxygen (intubation), Surfactant, Infection control



3) Newborn in the NICU with severe respiratory distress;

What is the name of this test?

Trans-illumination test



What is the probable diagnosis?

Left-sided pneumothorax

What are 2 clinical signs seen in a newborn that would make you perform this test?

Tachypnea, retractions, grunting, nasal flaring, cyanosis, decreased breath sounds on the affected side

What is your management?

Chest tube insertion/ needle decompression

4) A baby is born at 32 weeks gestational age via emergent CS due to preterm labor weighing 1.5 kg, soon after birth, the baby developed respiratory distress, and the following values are the ABGs collected at 30 minutes of life; pH= 7.1, pCO2= 62. pO2= 32 mmHg, HCO3= 18, base deficit= -12, lactate= 4, X-ray for the chest is shown

What are 3 radiological findings in the x-ray?

Ground glass opacification

Air bronchogram

Reduced lung volume

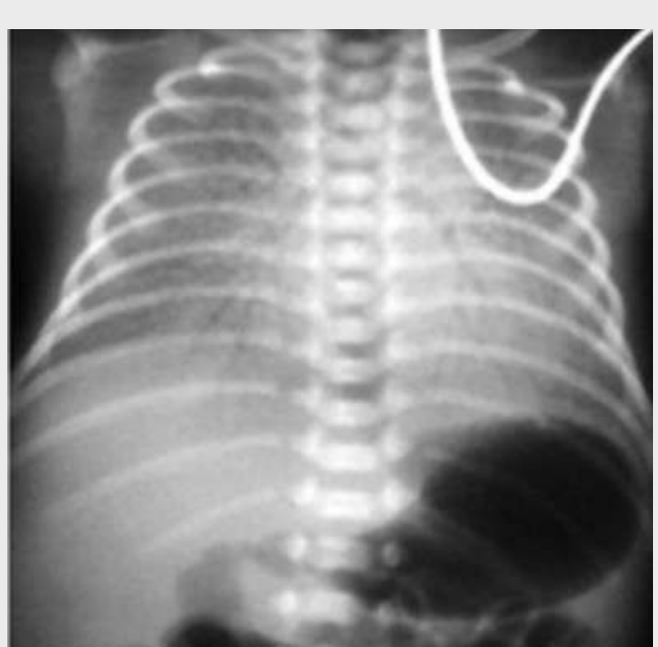
What is the most likely diagnosis?

RDS

What are two differential diagnosis?

Meconium aspiration

Transient tachypnea of newborn



RDS

What is the interpretation of the ABGs?

Respiratory acidosis

Mixed with metabolic acidosis

Hypoxemia

What is your initial management?

ABC: ensure patent airway, suction of mouth and nose.

02 administration via nasal cannula, if failed, CPAP, if failed mechanical ventilation.

Surfactant administration if failed CPAP.

Septic workup and antibiotics

What are two acute complications of this condition?

Alveolar rupture, infection, intracranial hemorrhage, peri-ventricular leukomalacia, PDA, NEC, GI perforation, apnea of prematurity, pulmonary hemorrhage

5) A 30-week preterm neonate, 1.3 kg, on day 8 of life develops abdominal distention, feeding intolerance, and bilious vomiting. There is blood in stool and increasing gastric aspirates after recent advancement of formula feeds

The baby becomes lethargic with apnea and temperature instability.

What's your diagnosis?

NEC

Mention one risk factor for this condition?

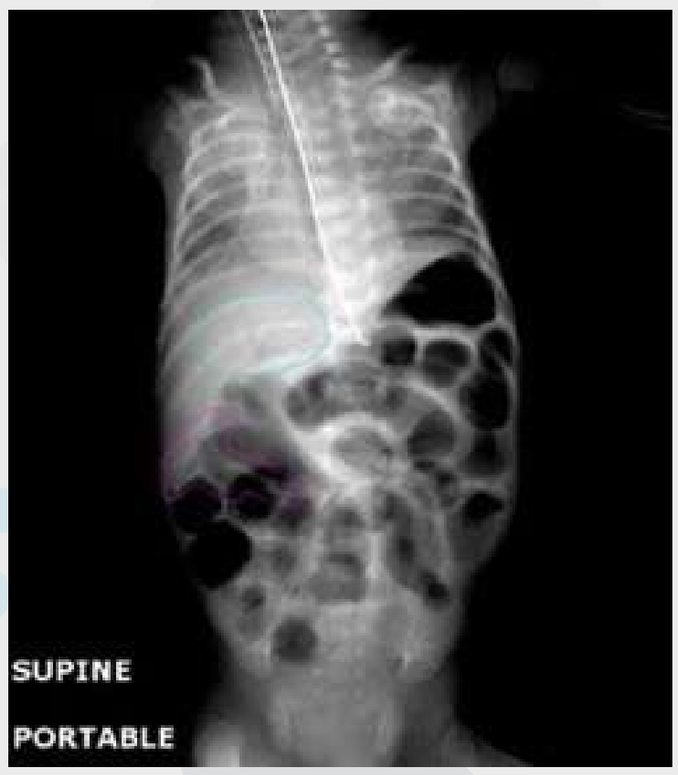
Prematurity

Mention one conservative management?

NPO, gastric decompression, antibiotic

Indication for surgical management?

Pneumoperitoneum



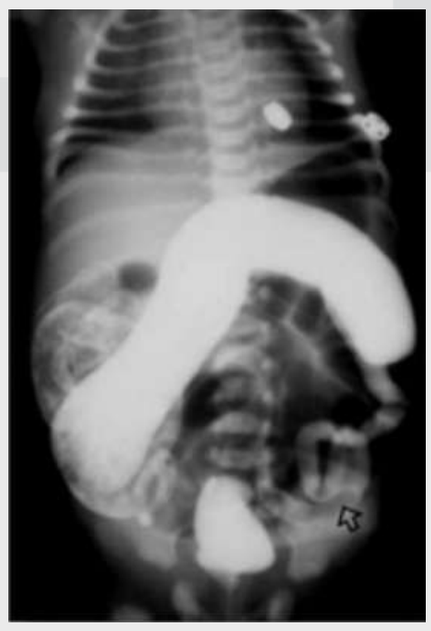
6) C/S baby, his birth weight is 4 kg, lethargic and delay passage of meconium associated with abnormal movement (jitteriness)

What's the condition present in this image?

Short left colon syndrome

What is the cause of jitteriness?

Hypoglycemia, hypocalcemia



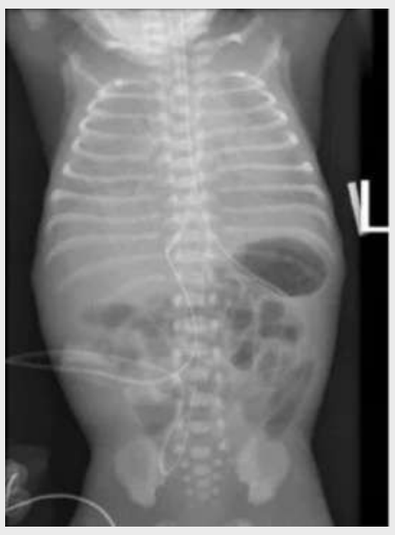
7) remature 34 weeks

What's the name of this sign?

football sign

What's the most likely Dx.

NEC leads to pneumoperitonium



8)What is the Initial management if the baby defined as depressed respiratory effort, poor muscle tone, and/or heart rate <100 bpm: immediate resuscitation (Start positive pressure ventilation by bag and mask)

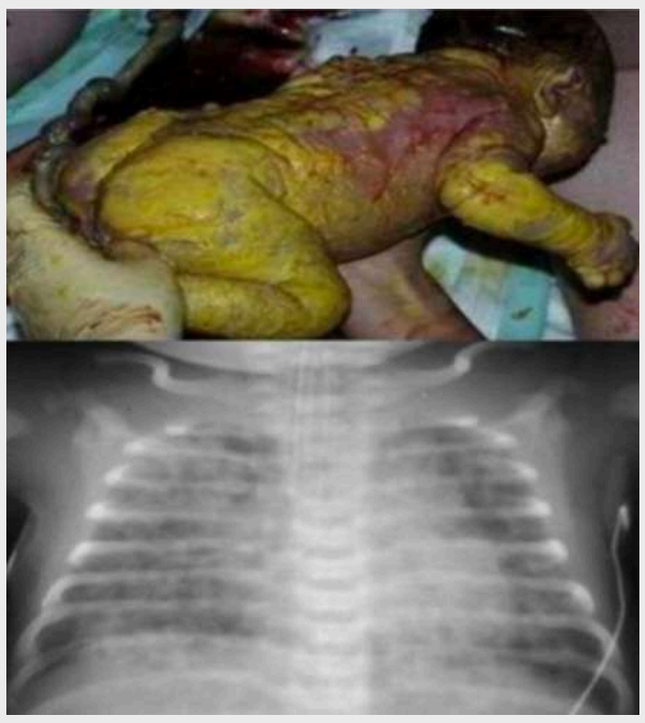
Mention 2 complications:

ARDS

Persistent pulmonary HTN

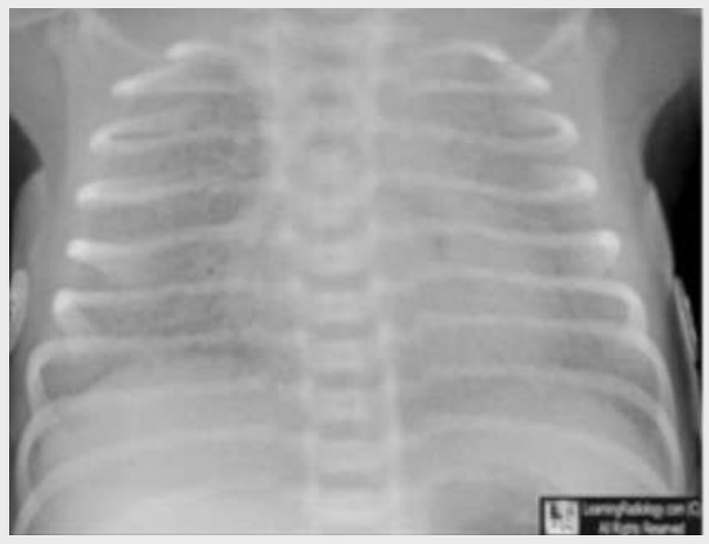
Pneumothorax

Pneumomediastinum



RDS

8) Premature baby 28 week with low birth weight:



What's the name of this sign?

Ground glass appearance

Air bronchogram

What's your management?

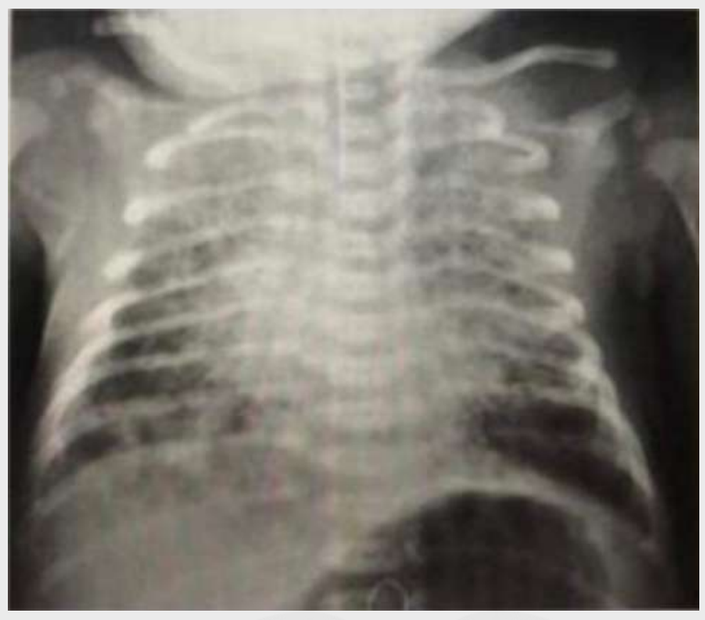
Mechanical ventilation with surfactant therapy (Indications to give surfactants: Gestational age <30 weeks)

9) A post term neonate

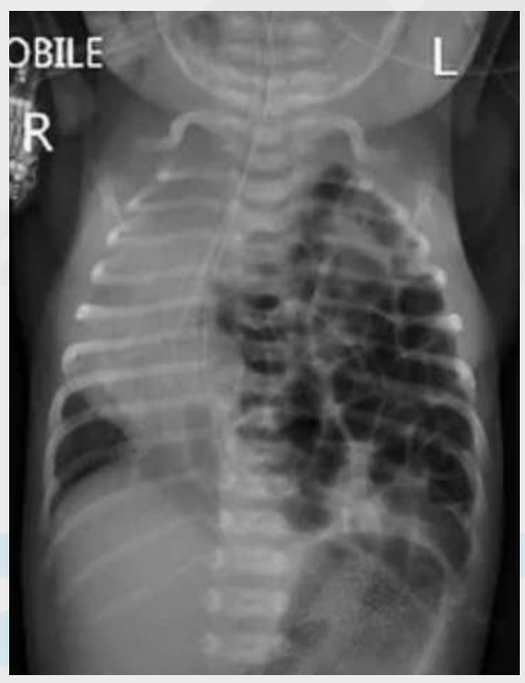
Diagnosis? Meconium aspiration syndrome

What's your management? Oxygen, suction, respiratory support (cpap/ventilation)

Complications? Persistent pulmonary hypertension of the newborn (pphn), pneumothorax, respiratory failure, hypoxia lead to brain injury, death is severe cases)



10) What's the management in this case?



This is diaphragmatic hernia

Intubation & Oxygen

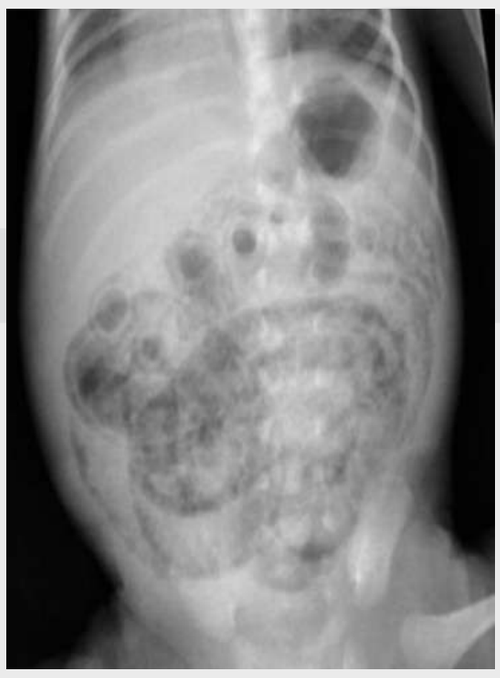
11) Baby present with hematochezia, abdominal distension and vomiting

What's the diagnosis?

Necrotizing enterocolitis

What's the finding of this image?

Pneumatosis intestinalis



12) Diagnosis for each one?

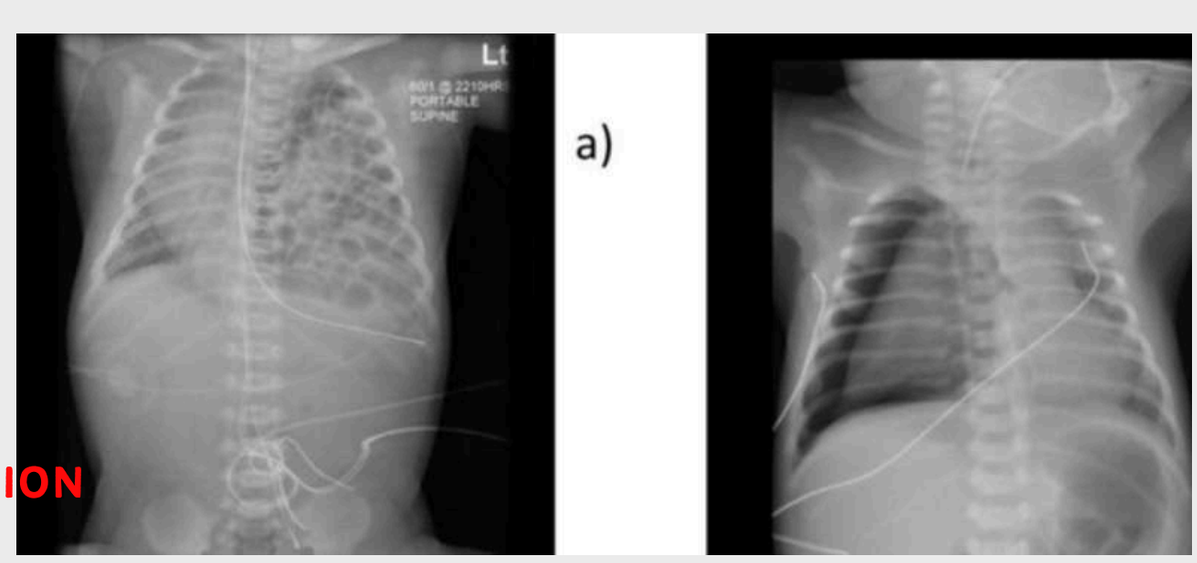
congenital diaphragmatic hernia,

2nd picture: tension pneumothorax

What is the immediate management for each?

cdh: endotracheal Intubation + NG tube

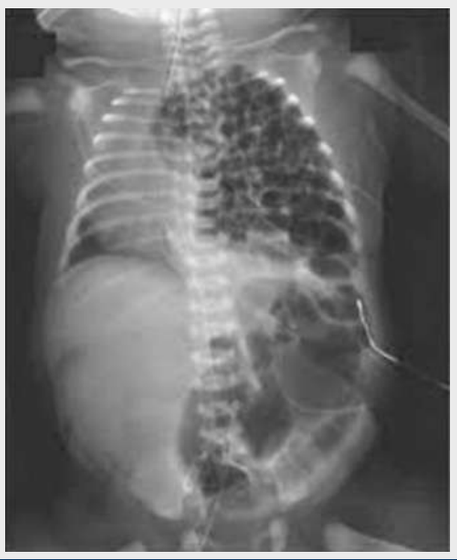
tension pneumothorax: needle decompression And chest tube insertion



13) What's the Dx and management?

diaphragmatic hernia

intubation and oxygen



Jaundice

7 days neonate with jaundice, TSB 15, Direct= 7

What is the type of jaundice?

Post hepatic / obstructive / conjugated type

2 DDx?

Biliary atresia

Choledochal cyst

2 investigations?

US

HIDA scan

Mother O- baby O+ jaundice

Lab investigations:

CBC

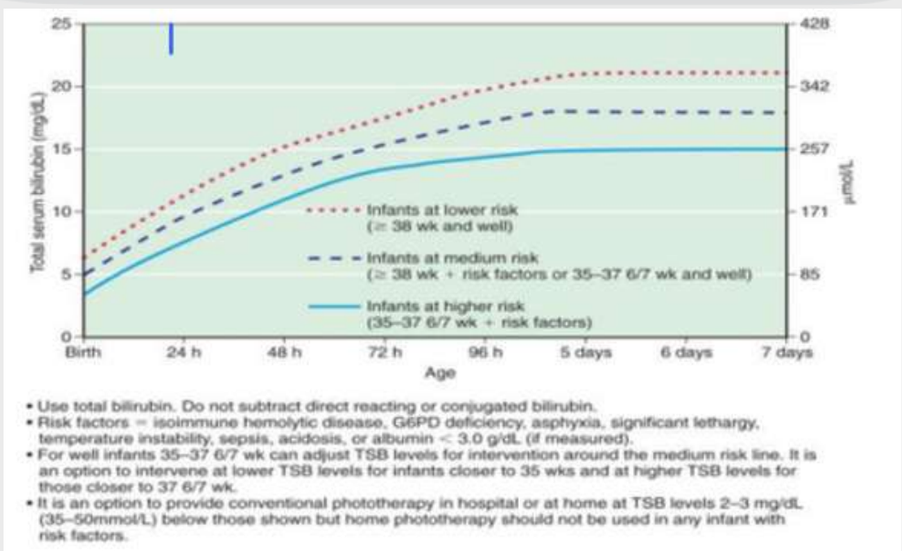
Coombs test

Two lines of management:

Phototherapy

Exchange transfusion

38 weeks born infant admitted to NICU due to sepsis, and neonatal jaundice at 24hr according to this graph answer the following questions:



A- what is the risk? Intermediate risk

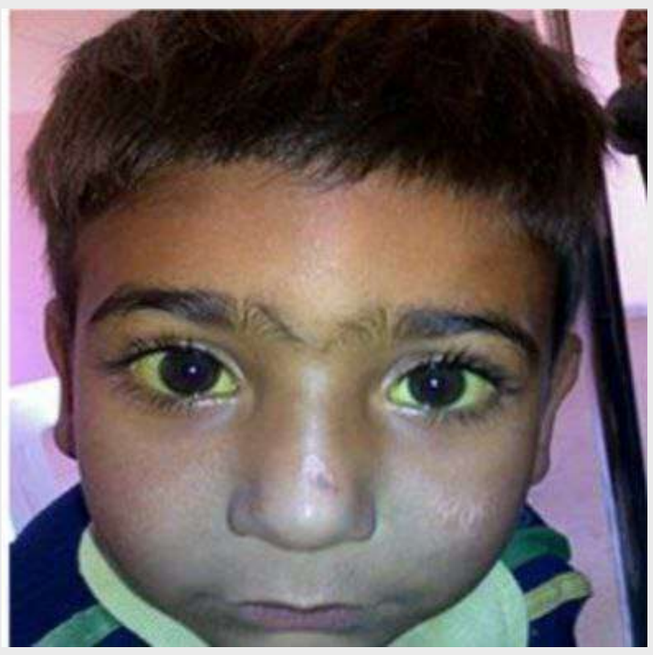
B- when to start phototherapy? Above 10 mg/dl

Give 3 non infectious causes of jaundice:

galactosemia, tyrosinemia, a1-antitrypsin def

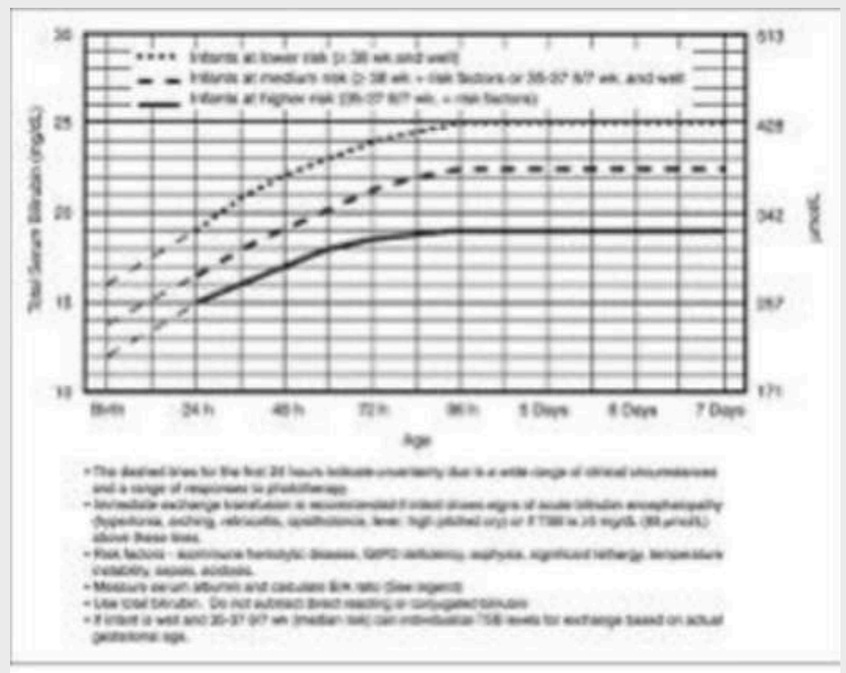
2- Give one drug that cause jaundice:

acetaminophen



Jaundice

Neonate: 35 week gestational age infant admitted for sepsis and jaundice his mother blood group be negative and he is B positive, coombs test is positive.



a) According to the criteria of exchange transfusion at which level of bilirubin should we exchange? Answer: 15 mg/dL (based on high-risk curve for 35 weeks and sepsis).

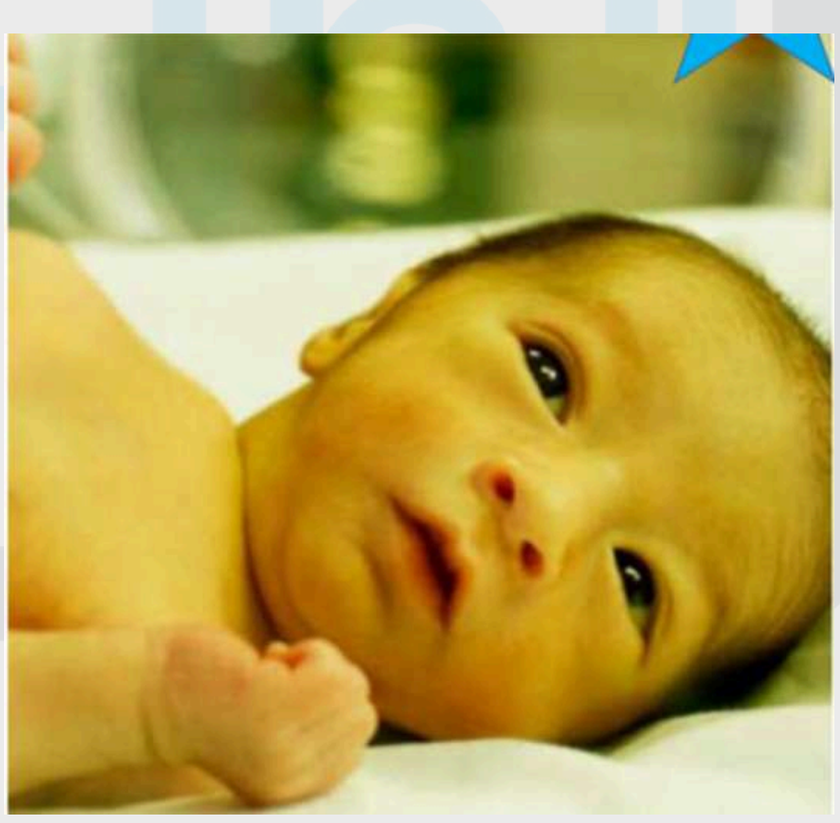
b) Mention a serious neurological complication? Answer: Acute Bilirubin Encephalopathy.

c) Mention two long term complication?

Answer: 1- Choreoathetoid cerebral palsy,

2- Sensorineural hearing loss.

At second day of life of this child he presented with seizure, poor sucking, hypotonia.



1- What are the tests you should perform?

Random blood sugar

Serum bilirubin level

CBC

2- What is the cause of seizure?

Kernicterus

Mention 2 causes for this condition seen in 2 months old baby who has elevated indirect bilirubin levels.

hemolytic causes: (hemolytic blood diseases..G6PD, hereditary spherocytosis, sickle cell)

Conjugation disorders: (crigler-najjar syndrome type 1)

Hematoma

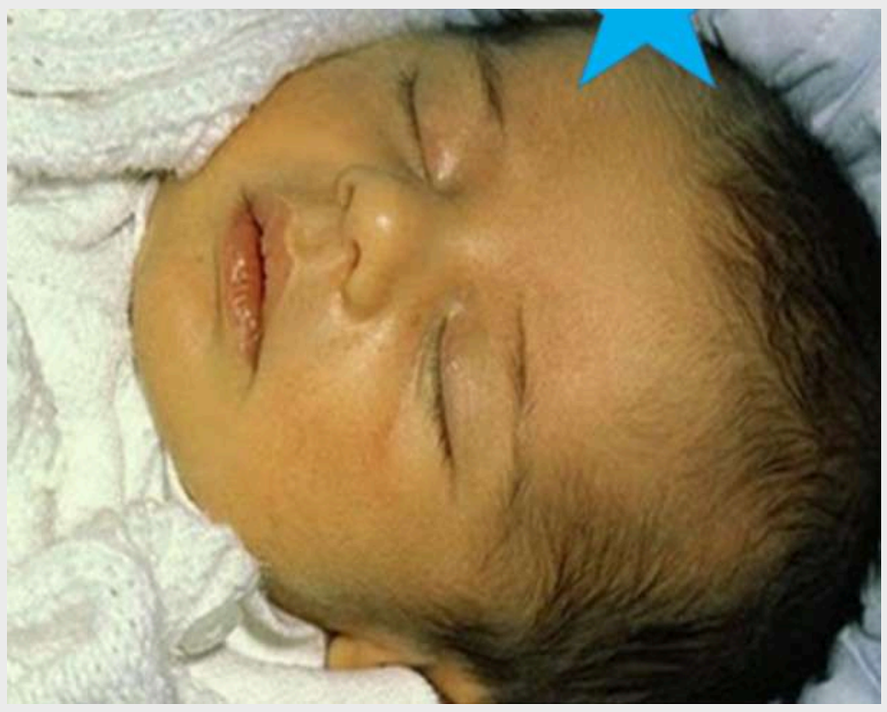
Jaundice

What's the Dx.?

Neonatal jaundice

2-When it's seen?

When Bilirubin levels > 5 mg/dL



mention two diseases requires such a treatment?

Cephalohematoma, Crigler najjar type 1 "conjugation disorder", G6PD "hemolytic disease"...

A baby on phototherapy, mention 4 causes for jaundice.

G6PD Deficiency

Hereditary Spherocytosis

Hematoma

Crigglar- Najjar Syndrome

What's this type of tt?

Phototherapy

2-What's the mechanism of action in the body?

Transform unconjugated bilirubin to water soluble form to excrete it out of the body in Urine

Jaundice

A 3 days old patient is put under phototherapy for his jaundice and otherwise he is normal.

Mention 2 causes for this condition.

Any cause of indirect hyperbilirubinemia

Sepsis

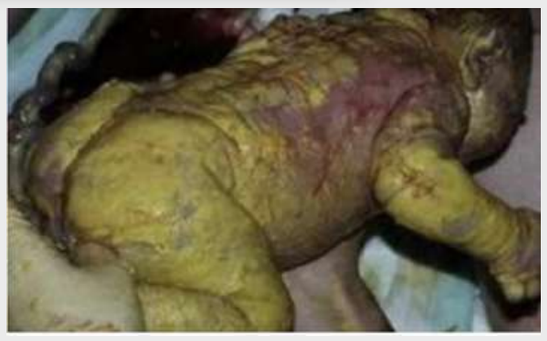
Hemolysis

Criggler Najjar

Etc

Common problems in neonate

A post-term neonate is born through thick meconium-stained amniotic fluid. The infant is non-vigorous, appearing limp with depressed .respiratory effort and a heart rate <100 beats per minute

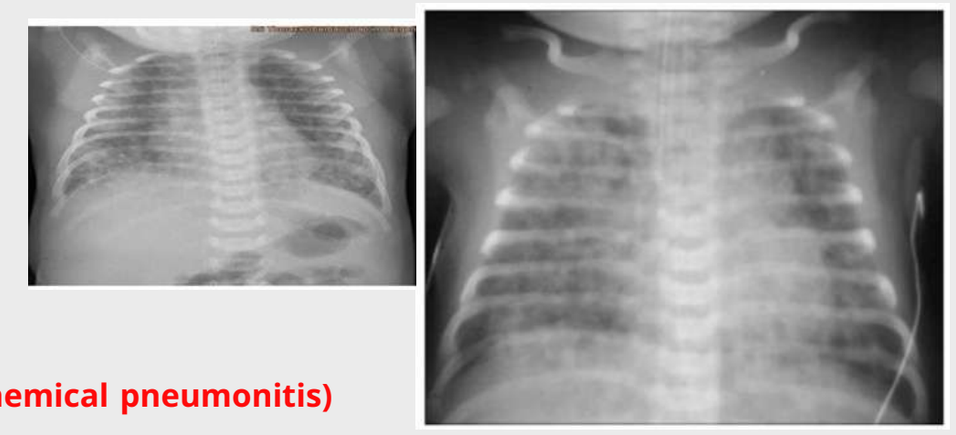


What is the diagnosis?

Meconium Aspiration Syndrome

What is the immediate action?

Direct laryngoscopy, endotracheal intubation, and suctioning of the trachea to clear meconium before the infant takes his first breath.



A post-term infant is born through thick meconium-stained amniotic fluid and develops severe respiratory distress, cyanosis, and a barrel-shaped chest immediately after birth.

.Mention two complications of this condition (Meconium Aspiration Syndrome)

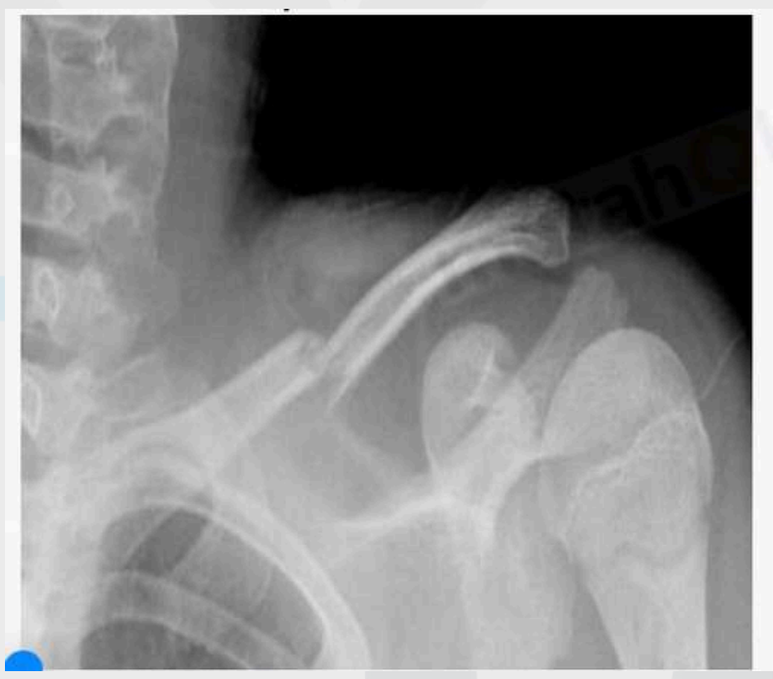
Persistent Pulmonary Hypertension of the Newborn (PPHN)

Acute Respiratory Distress Syndrome (ARDS) (due to surfactant inactivation and chemical pneumonitis)

Air leak syndromes (e.g., Pneumothorax, Pneumomediastinum)

Secondary bacterial pneumonia

A newborn delivered via a difficult labor involving shoulder dystocia is noted to have decreased spontaneous movement of the right arm. Physical examination reveals localized swelling .and crepitus over the shoulder girdle



What is the finding in the x-ray?

-Clavicular fracture (typically a mid shaft fracture with or without .(displacement

Write two clinical manifestations in this infant?

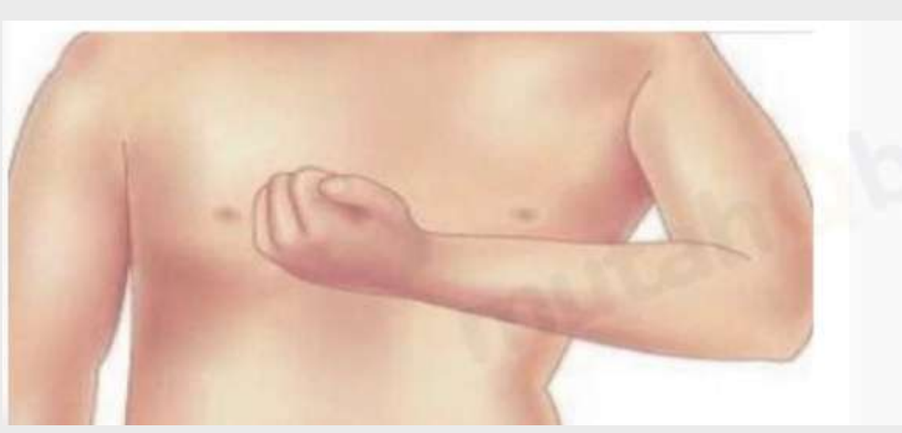
.Asymmetrical Moro reflex (absent or decreased on the affected side)

.Brachial plexus injury (e.g., Erb's palsy, manifested by the "waiter's tip" hand position)

.Crepitus or bony irregularity upon palpation of the clavicle

.Pseudo-paralysis (lack of voluntary movement due to pain)

A newborn delivered via difficult vaginal extraction presents with a weak hand grip and drooping of the eyelid (ptosis) on the same side. The Moro reflex is present in the shoulder .but the grasp reflex is absent



What is the name of injury?

Klumpke Palsy

Mention two risk factors.

Shoulder dystocia

Macrosomia (Large for gestational age, often associated with maternal diabetes)

Breech delivery

Instrumental delivery (Forceps or vacuum extraction)

A patient presents with sudden onset of facial weakness. On examination, the patient is unable to wrinkle the left side of their forehead, has incomplete closure of the left eye, and the angle of the mouth is deviated to .the right side

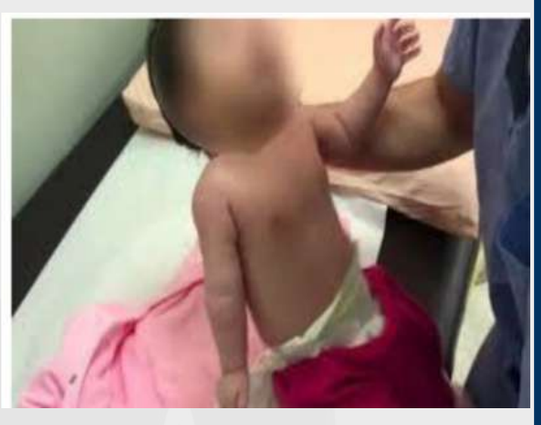
What is the diagnosis?

Left Lower Motor Neuron (LMN) lesion of the facial nerve (e.g., Bell's Palsy).

What are the findings?

Incomplete left eye closure (lagophthalmos)
Mouth angle deviation to the right (opposite) side
Loss of forehead wrinkling on the left side
Loss of nasolabial fold on the left side

A newborn delivered via a difficult labor involving shoulder dystocia is noted to have decreased movement of the right arm. On examination, the clinician performs the Moro maneuver.

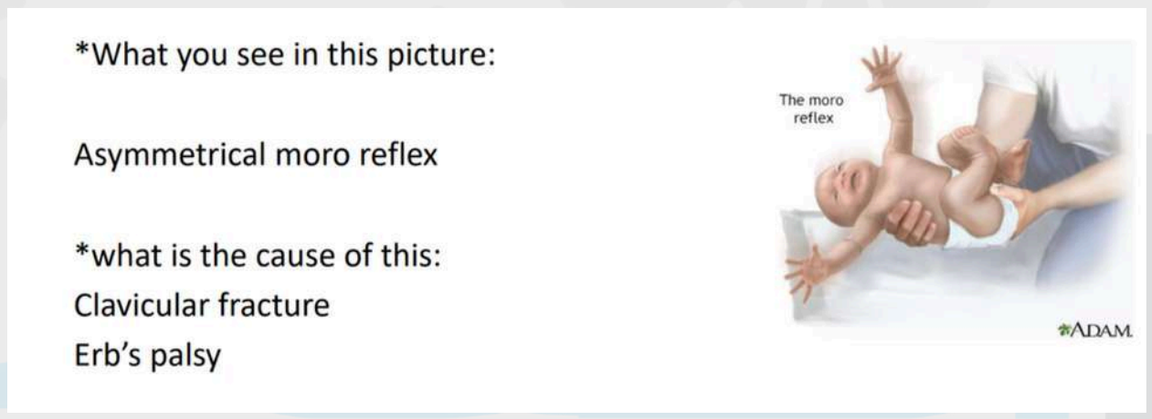


What you see in this picture?

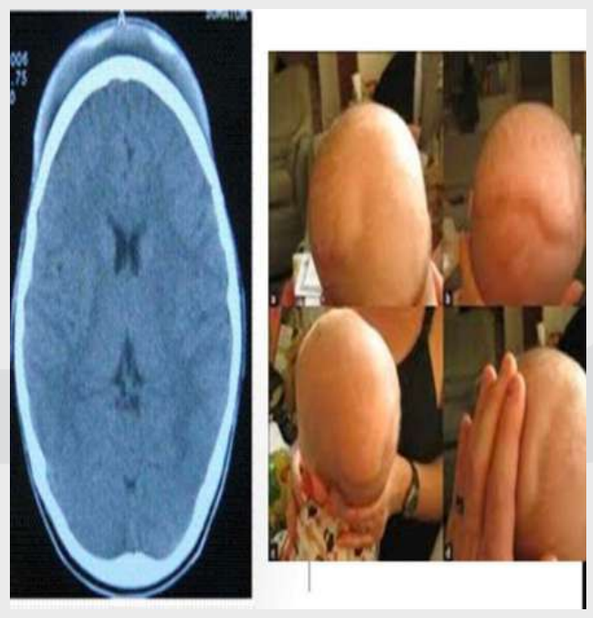
Asymmetrical Moro reflex (absent or decreased abduction and extension of the right arm).

Two causes for this condition?

Erbs palsy
humerus fracture



A newborn delivered via difficult vacuum extraction presents with a diffuse, fluctuant scalp swelling that crosses the suture lines. The swelling is noted to shift with head movement and is associated with signs of hypovolemic shock.



What is the diagnosis?

Subgaleal Hematoma

Complications?

anemia , jaundice,seizures

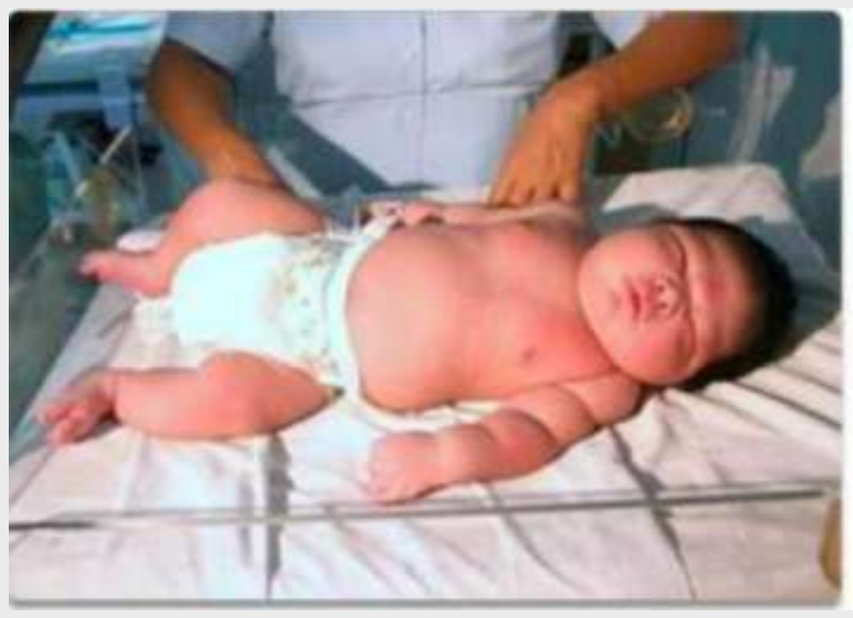
What are 2 lines of management?

Volume Resuscitation: Immediate administration of intravenous fluids (Normal Saline boluses) or blood products to manage hypovolemic shock.
Management of Jaundice: Monitoring of serum bilirubin levels and initiation of Phototherapy as the hematoma resolves and releases bilirubin.
Observation: Serial measurements of head circumference and monitoring of hematocrit

Infant of Diabetic mothers

Newborn baby, birth weight 4.5 kg

what's the name of the pathology leading to this picture ?



Diabetic mother , familial , Twin to Twin transfusion,

Mention 2 complications of this pathology

Shoulder dystocia , prolonged jaundice , RDS,

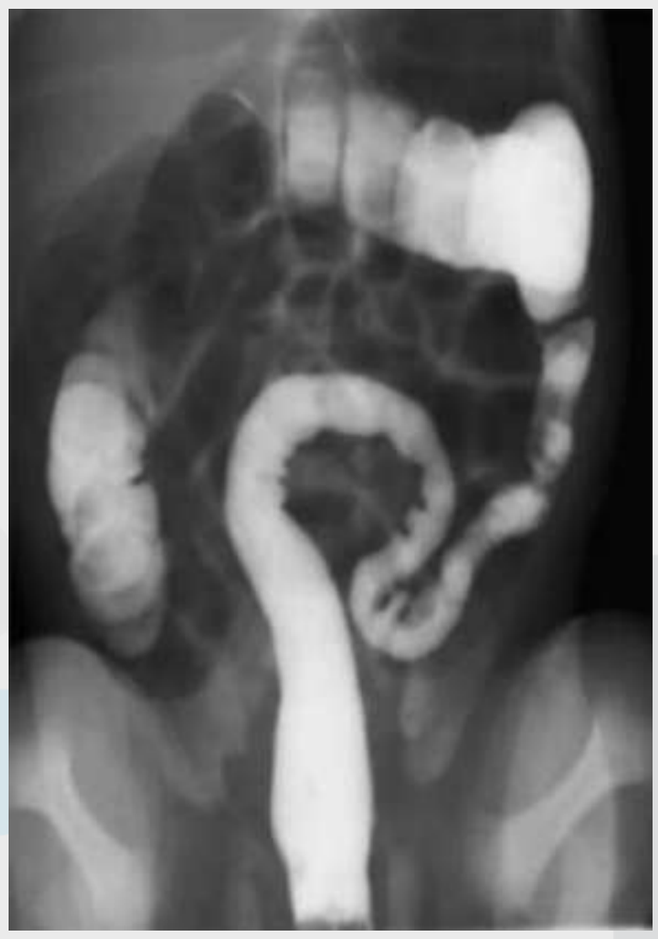
Infant of diabetic mother „Gestational weight is 4.5kg pr

what is the diagnosis ?

Small left bowel syndrome

Mention 2 causes of seizure in this infant

1-Hypocalcemia 2-Hypoglycemia



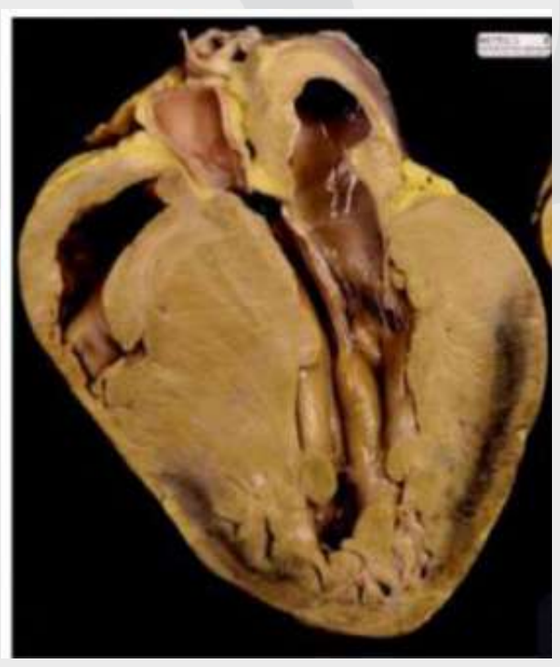
Marosomia (above 4.2kg)infant of diabetic mother

What is the most common cause of the infant symptoms ?

Obstructive cardiomyopathy

Write 2 GI malformation in this condition?

Duodenal atresia + small left colon syndrome



What is the diagnosis?

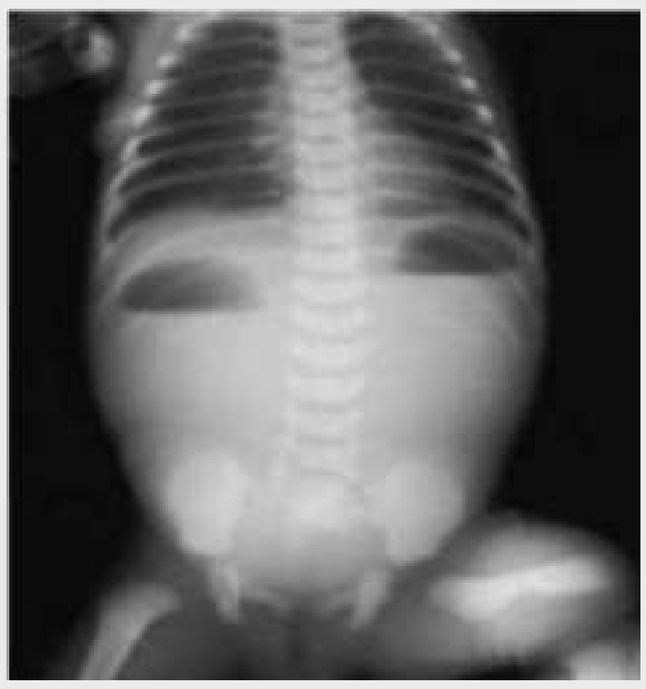
Duodenal atresia

Describe the findings on xray?

Double bubble sign

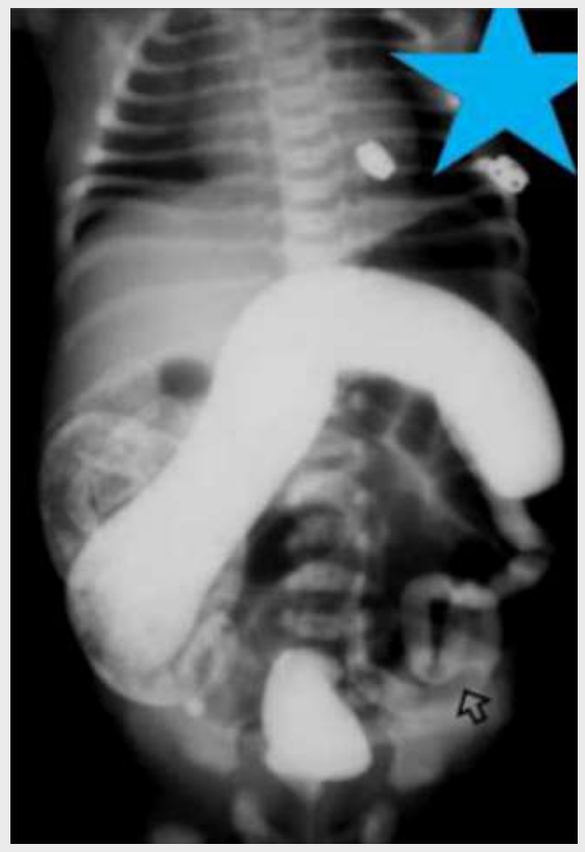
mention one risk factor?

Infant of diabetic mother/down syndrome



Infant of Diabetic mothers

4.3 kg neonate presented with hypoglycemia and failure to pass meconium, barium enema was performed.



What is the diagnosis ?

Left small bowel syndrome

What is the underlying pathology ?

Infant of diabetic mother

infant of diabetic mother history birth weight 4000 g

3 pictures for IODM:

-caudal dysplasia (caudal regression syndrome)

-Myelomeningiocele

-transient HCM

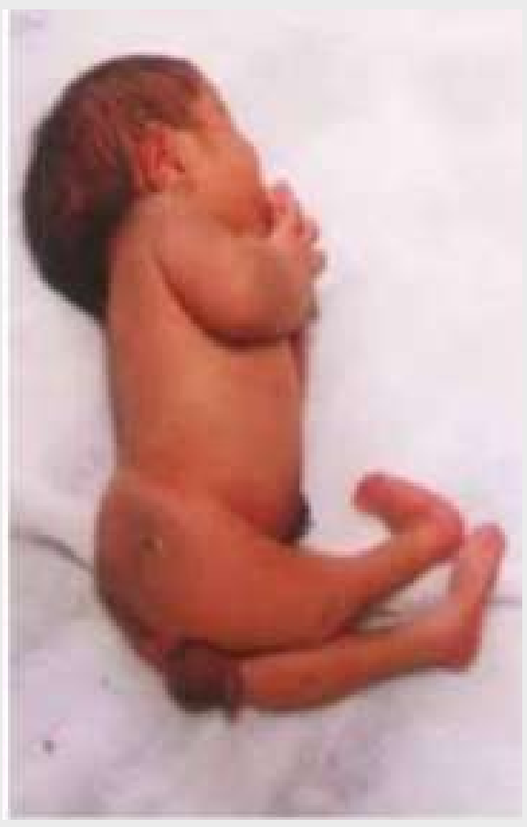
cause of these defects? IODM

If this patient came with seizures and his blood sugar was 25 What's is your first two urgent step of management? 1- ABC 2- IV ACCESS

What other two drugs you can use for him?

1-Glucagon 2-Somatostatin 3-Cortisol

term baby to a mother complained of ployhydrominos , preeclampsia, and previous two macrosomic baby:



what is this congenital anomaly?

Cauda equina regression syndrome

what is the cause provided by the history?

Infant of diabetic mother

Infant of Diabetic mothers

INFANT OF DIABETIC MOTHER , SEIZURES

MACOSOMIA

MANAGMENT OF THE SEIZURES?

DEXTROSE

CORRECT ELECTROLYTES

WHAT ELECTROLYTES ABNORMALITIES / BLOOD

HYPOGLYCEMIA

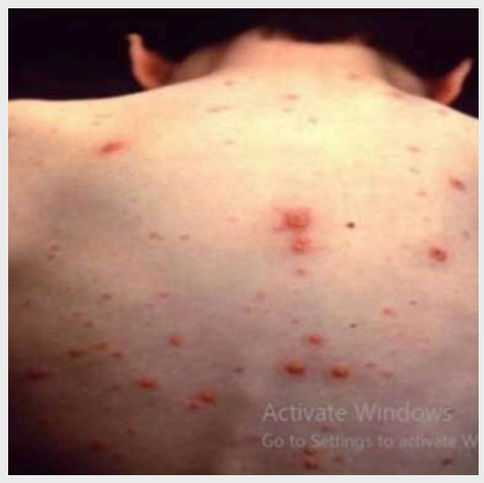
HYPOMAGNESEMIA

هانت هانت قربت

DR.Shawawrh :

Ethexematous disease & infection

Station 1



1)pt come with coryza and fever

2) pt come with this itchy rash sparing palms and soles

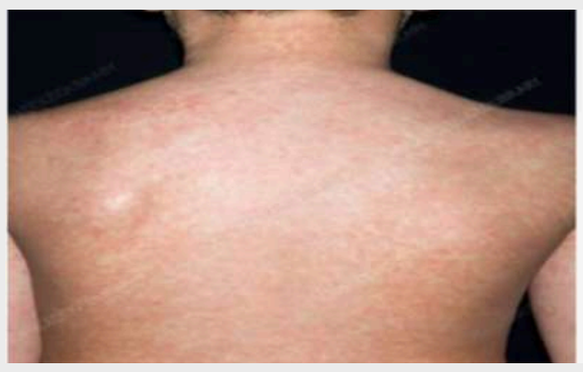
_what's the diagnosis for each ?

1-measles. 2-chicken pox

_vaccine time for each?

1-12and 15 months

2-12months, 4 years



Station 2

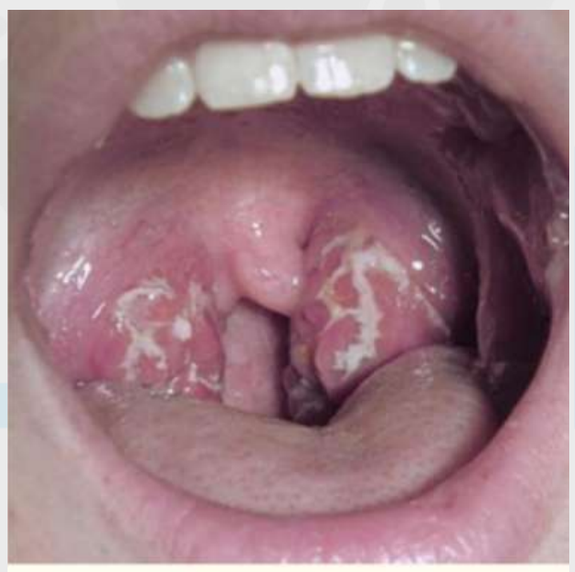
Patient with tonsillar ulcers, pharyngitis, and splenomegaly.

1. What is the most likely diagnosis?

• Infectious Mononucleosis

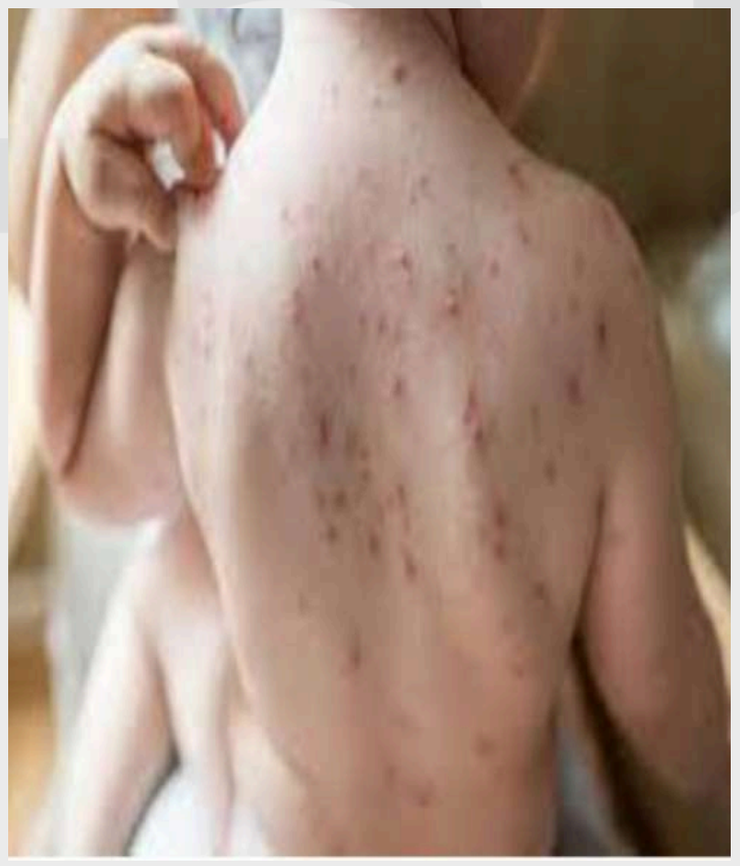
2. What would you expect to see on the peripheral blood smear?

> Atypical (reactive) lymphocytes



Station 3

What is the microorganism causing this image?



Varicella zoster virus

2. what is the treatment?

Cool baths, Calamine, Topical antipyretic,

If immune compromised antiviral, Varicella zoster immunoglobulins

3. Describe the rash?

Polymorphous rash with lesions at different stages of healing and newly formed

Station 4

A child with fever and these are the pictures

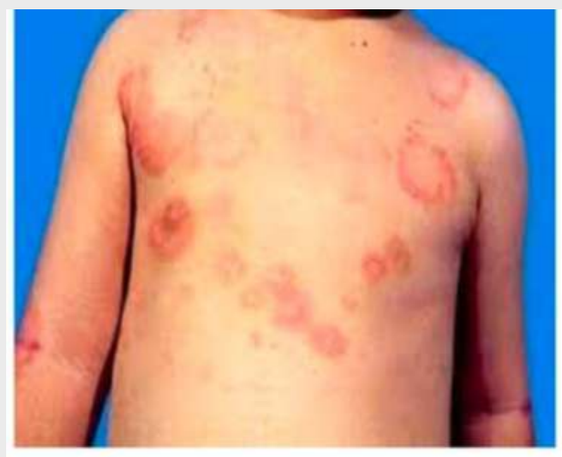
1. What are these signs shown?

Erythema marginatum

Subcutaneous nodules

2. What is the dx?

Rheumatic fever



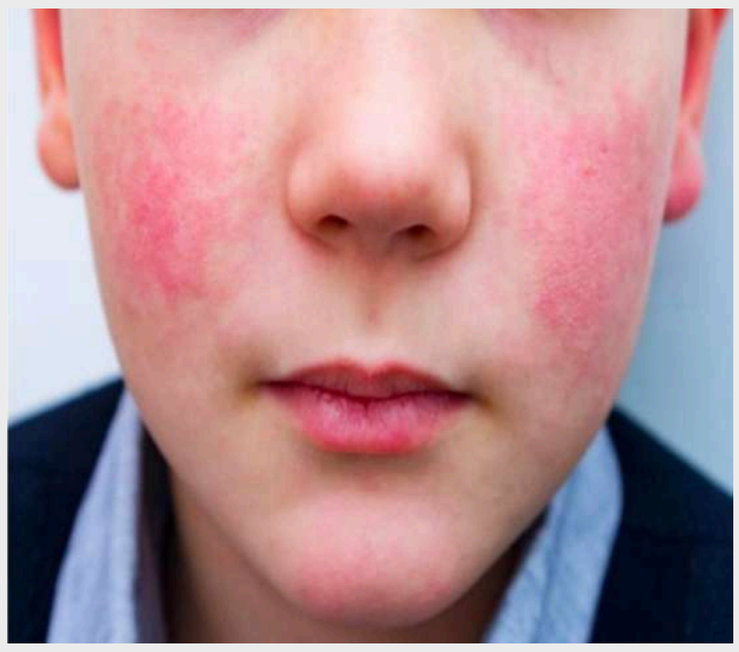
Ethexematous disease & Infection

Station 5

Disease is Biphasic And has triphasic rash

1-What is the medical name of this disease ?

Erythema infectiousum



2- What is the causative organism?

Parvovirus B19

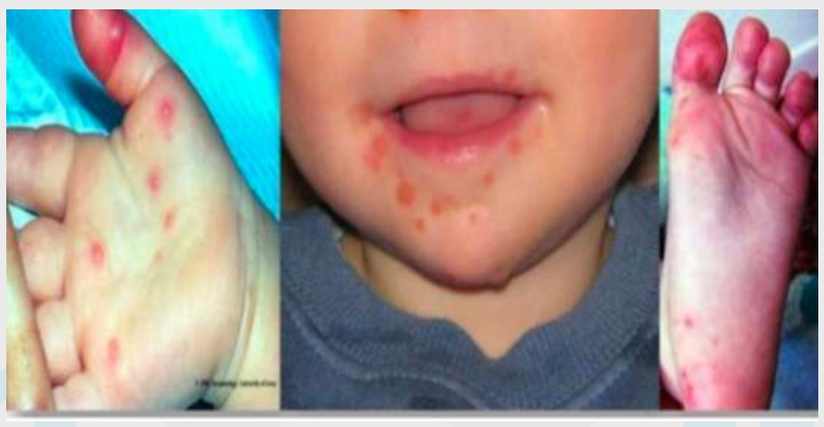
3- Mention 2 complications of this disease

1. Aplastic crisis
2. Hydrops fetalis

Station 6

What is the type of rash?

Vesciels



What is the diagnosis?

Foot hand mouth disease

What is the organism caused ?

CoxsacKie virus A

Station 7

1)Your differential diagnosis?

Chicken pox

2)Describe the lesion ?

Vesicles with different age and crust

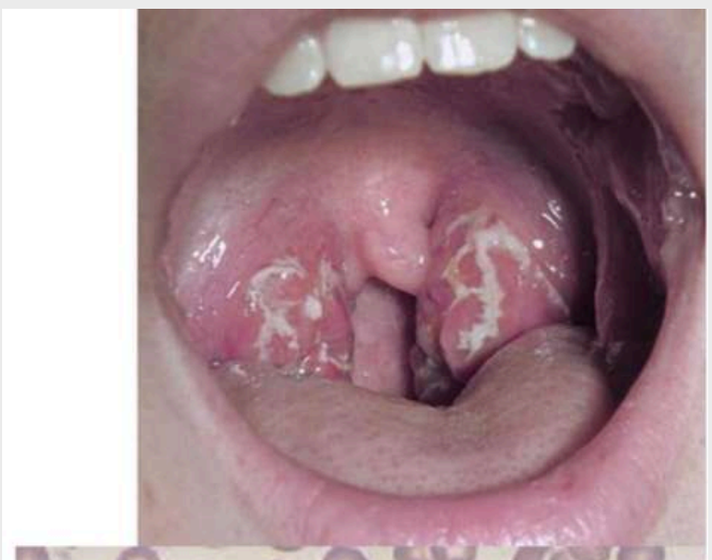
3)Your treatment?

supportive

Station 7

1)Your differential diagnosis?

Infectious mononucleosis



2)Describe what you see in this blood film?

Atypical lymphocytes

3)Most common organism ?

Ebv

4)If this pateint develop rash after give him antibiotics.

5)What type of this antibiotics?

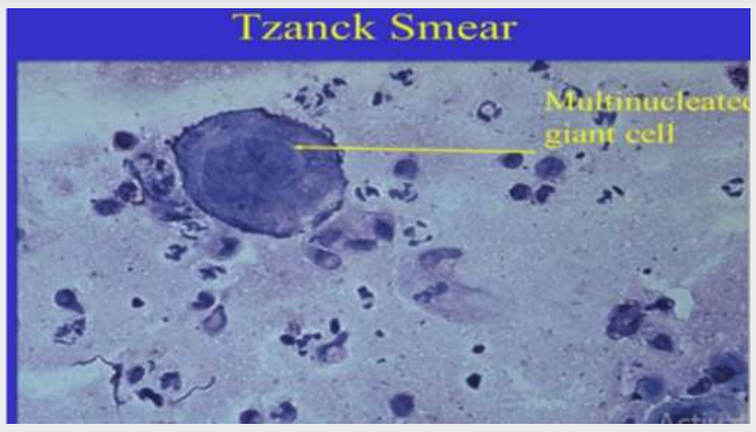
amoxicilin

Ethexematous disease & Infection

Station 8

Case of HSV lesions :

1)Name of the test and name of the finding ?



2)Your management and the duration of treatment ? (depend on the type of HSV in the scenario)

3)Most affected lobe?

Temporal lobe

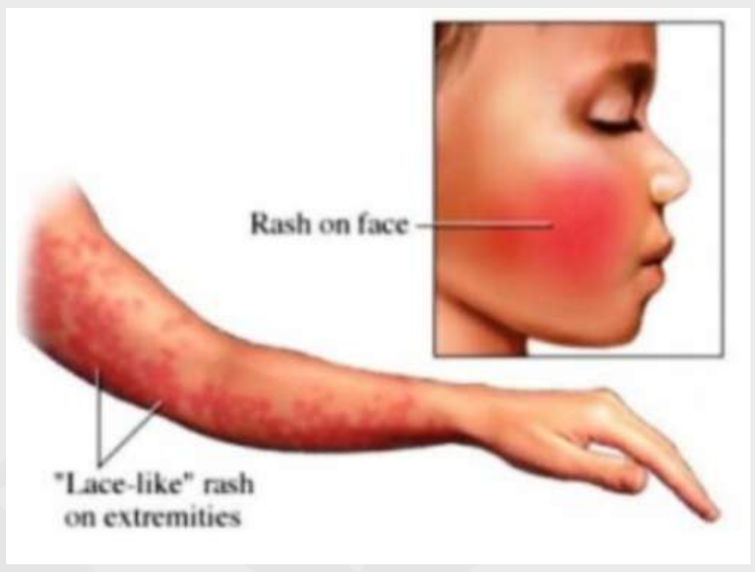
Station 9

the disease is biphasic and the rash is triphasic.

Write down three complications of this disease :

Aplastic anemia

Arthralgia / arthritis



Station 10

1)What is the microbe causes of this condition??

varicella-zoster virus

2)What is the treatment if the patient is immunocompromised ??

Intravenous acyclovir

Station 11

what's the Name of this finding

Erythema marginatum

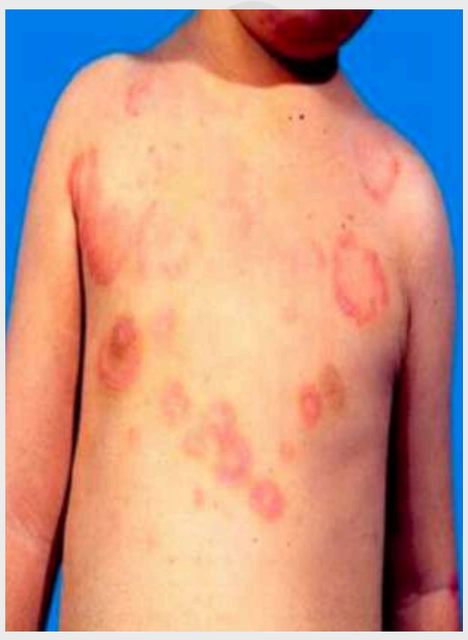
2) Name other 2 findings

Subcutaneous nodules

polyarthritis

3) mention 2 investigation to reach the diagnosis

Also titer , DNAes

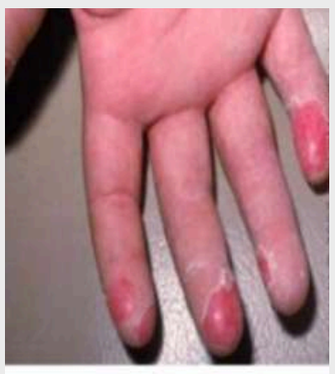


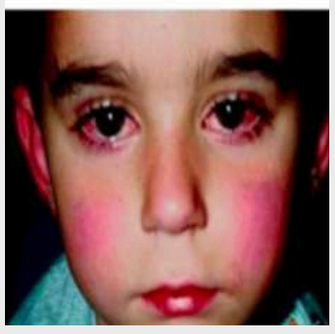
Station 12

2) Two ddx with treatment for each one:

Kawasaki disease - IV IG , aspirin

scarlet fever - penicillin





Ethexematous disease & Infection

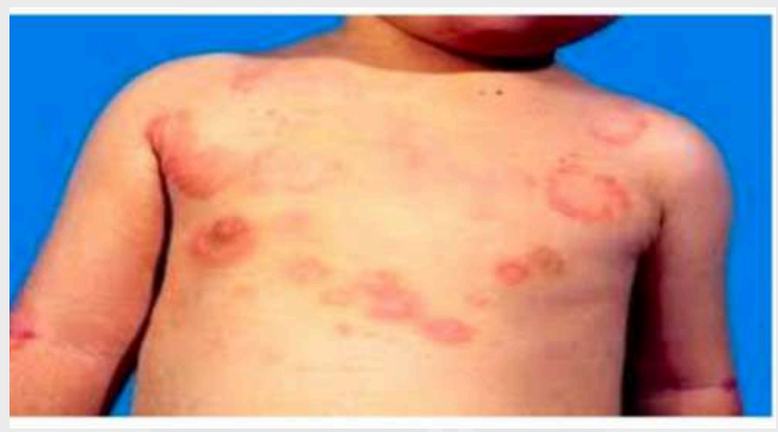
Station 12

all of the following are true except ?

Rash not itching

Station 13

21- 6 year old male patient presented with limping and the following skin lesion, what are the investigation you need to confirm your diagnosis



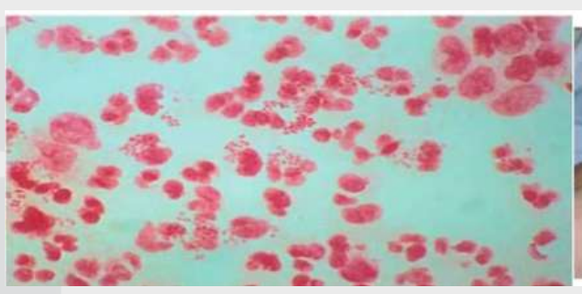
- ECG

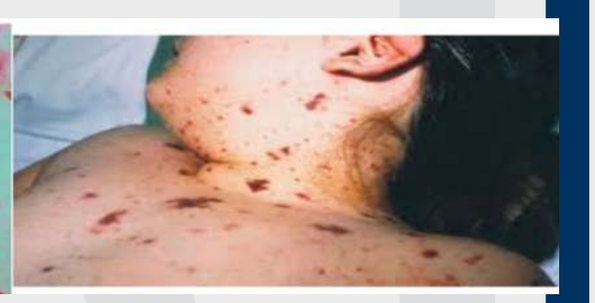
WHAT IS THE DIAGNOSIS?

Erythema magrinatum

Station 14

Protein 90 WBC 5000 neutrophil 90% glucose 40





- Diagnosis : bacterial meningitis
- Name of test: gram stain
- Organism: N. Meningitides
- Hypotension we give normal saline not respond why ?

Waterhouse fridrechson syndrome---› adrenal hemorrhage >> no cortisol

- Management: iv fluid cortisol dopamine
- Antibiotics of choice

3rd generation cephalosporin and vancomycin

- Seizure not responding to antiepileptic:

SIADH as a complication

Station 15

When the vaccine is given for this rash?

10 - 12 -18 months(measles)

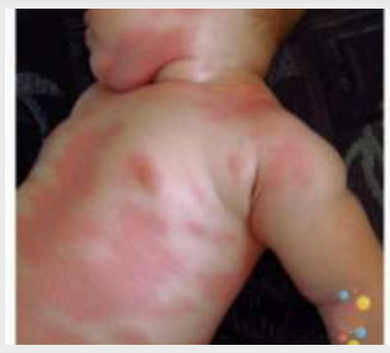
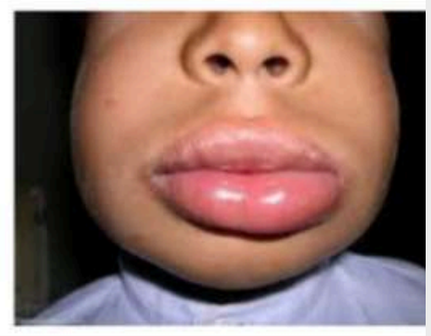
Station 16

mention tow Differential diagnosis of this condition

1. Scarlet fever
2. kawasaki

Ethexematous disease & Infection

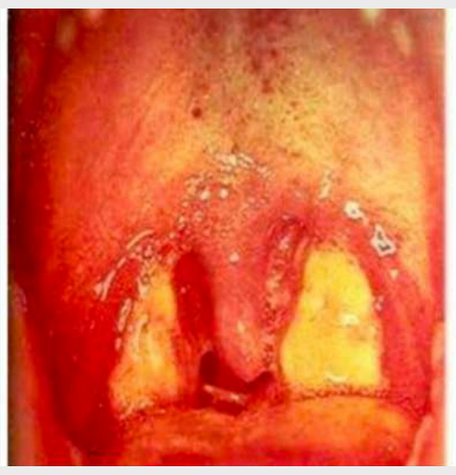
Station 17

- write what you see in each photo ?
- 1-urticaria
- 2-angioedem

Station 18

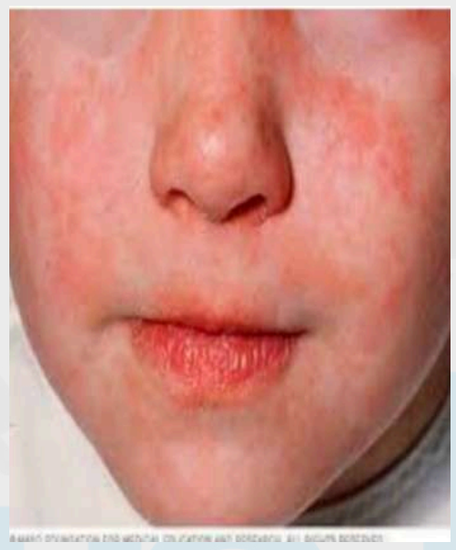
3 years old male presented to ED with fever /cough on examination hepatoseplenmegaly is found with cervical LAP



- Whats causative organism? Ebv
- Whats the complication? Spleen rupture
- Invx for confirmation of yous dx?

Station 19

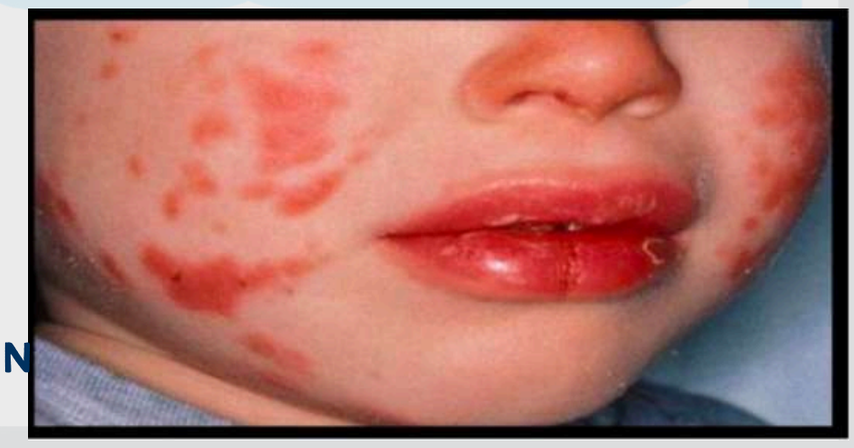
1 year old child comes with fever 3 days duration ,coryza, skin rash and conjunctivitis



- 1-give 3 questions you would ask in hx
- Not sure-vaccine hx, distribution of rash,
- the duration bet fever and rash
- 2-Tx
- Supportive: fluids /antipyretics
- Vitamin A

Station 20

Fever for 2 days with throat pain and lymphadenopathy without rhinorrhea



1- What is the diagnosis?

Tonsillitis

2-what is the causative organism?

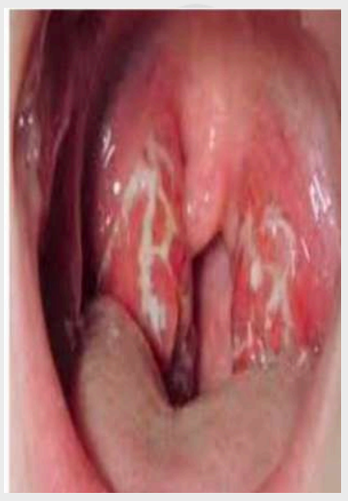
Group A beta hemolytic strep pneumonia

3- Mention 2 systemic complication for this condition

rheumatic fever

post strep glomerulonephritis

Station 21



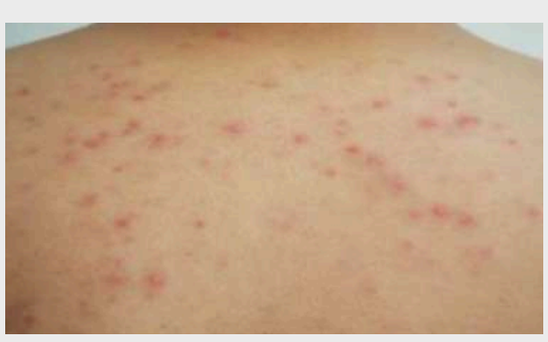
He has fever since 1 week, and conjunctivitis.

-write down 2 modalities of treatment of this patients?

supporative

vitamin A

Station 22



Mention 2 complications

Pneumonia, Encephalitis

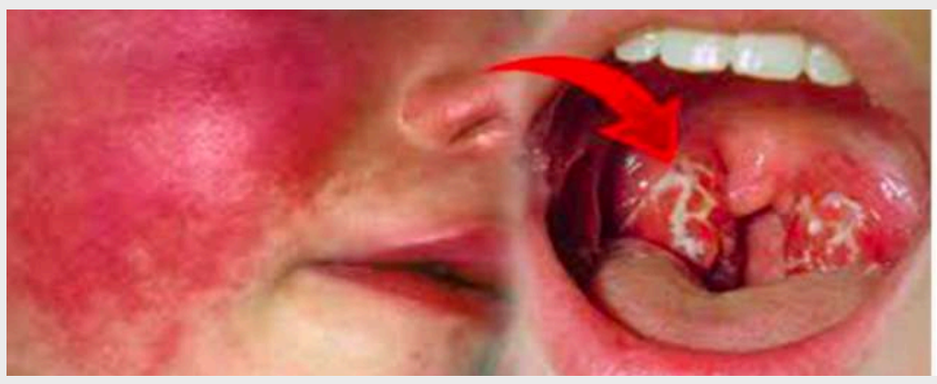
Station 23

At which age should receive the vaccine

9 months

What is the diagnosis?

Measles

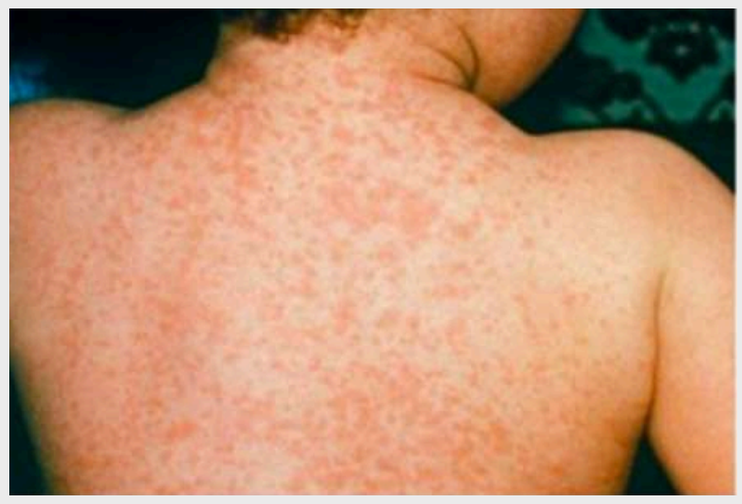


write Down 2 immunological complications ?

ITP „bacterial super infection

Ethexematous disease & Infection

Station 24



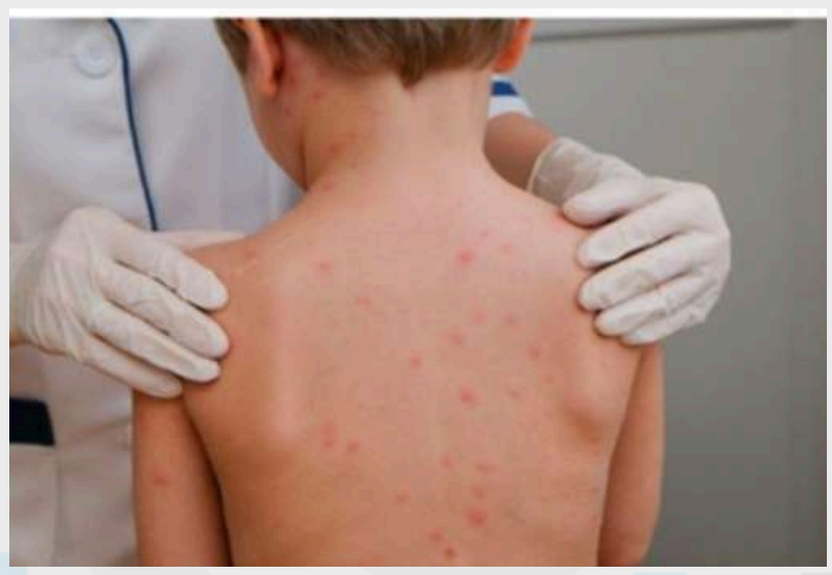
18 month child with rash, runny nose and conjunctivitis.

1. two ddx: measles and Kawasaki
2. distribution of rash: cephalocaudal
3. vaccines in Jordan at what age?
   - 9, 12,18 months

Station 25

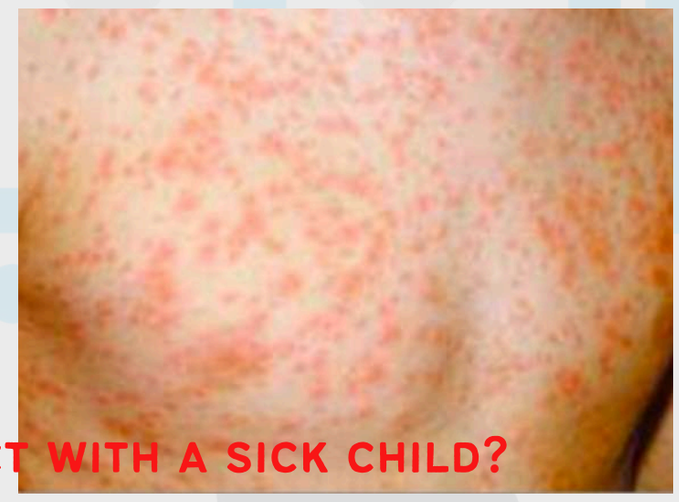
Q18 : Low grade fever ..

- Type of vaccine : varicella > live attenuated
- Time of vaccination: 12 month up to 4 years
- 2 complication: Encephalitis, cellulites, ..
- Tx if severe : IV acyclovir



Station 26

fever and vomiting with white spots in his mouth



1)out Fe guestions you would like to ask

- Is there cough?
- Is there runny nose (coryza)?
- Is there red eyes or photophobia?
- Did the child receive the MMR vaccine or have contact with a sick child?

2)ask edut Miesions you would like

- Eye lesions: conjunctivitis, photophobia
- Skin rash: when did it start and where did it begin? (usually face → spreads down)

3) mention 2 findings in this patient

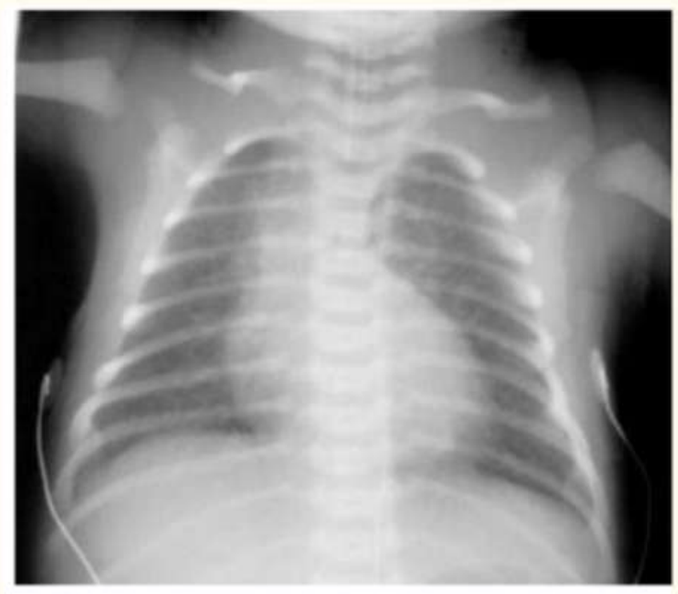
- Koplik spots inside the mouth
- Maculopapular rash starting from the face and spreading to the body

4)diseasen to give vaccine against this

- Measles vaccine (part of MMR vaccine)

DR.Mohammed :

Congenital Heart disease



1. Full term newborn with central cyanosis not response to 100% 02.

• What's the most likely diagnosis?

Transposition of great artery

• Mention blood test to deferentiate btw cardiac ans respiratory causes?

ABGs or deoxyhemoglobin (I'm not sure which one is right)

• Mention the result of that's test If cardiac cause?

At least 5\text{g/dl}

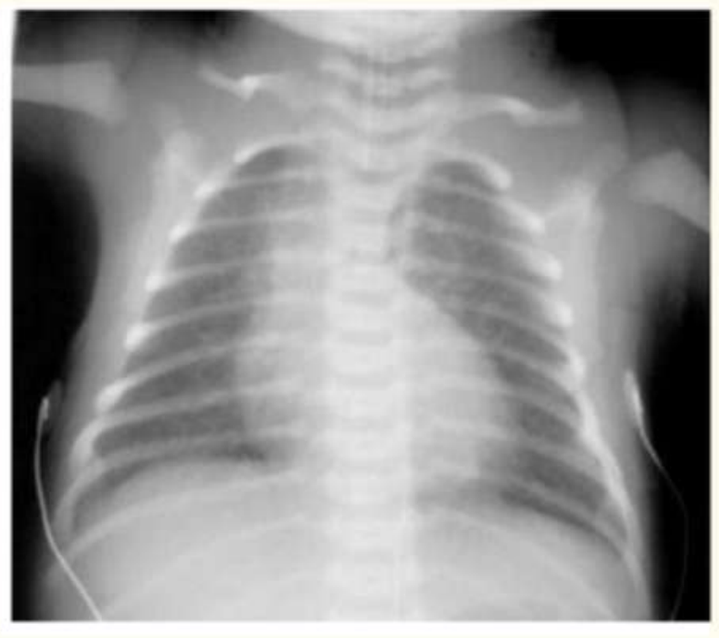
• Immediate drug in this case?

Prostaglandin

• Mention two complications if this anomaly lifted without surgical correction?

RVH

Arrhythmia



Showing this picture:

Chest X-ray of an infant.

Questions:

1. What is the most likely diagnosis?

➤ Transposition of the Great Arteries (TGA)

2. What is the main treatment for this condition?

➤ Prostaglandin (Alprostadil)

[3] CXR, gallop, cyanotic

TAPVR

investigation

echocardiogram

A 3 days old child with this clinical picture

1. Give 2 possible causes?

sepsis, cyanotic heart disease (truncus arteriosus, tricuspid atresia, etc)

(((RDS is not a cause because RDS presents immediately after birth not after 3 days)))

2. What 2 investigations are possible?

ABGs, Hyperoxia test, Chest x-ray, echocardiogram

Diagnosis ?

Tetratology of Fallot

How to manage

Knee-chest position

Supplemental 02

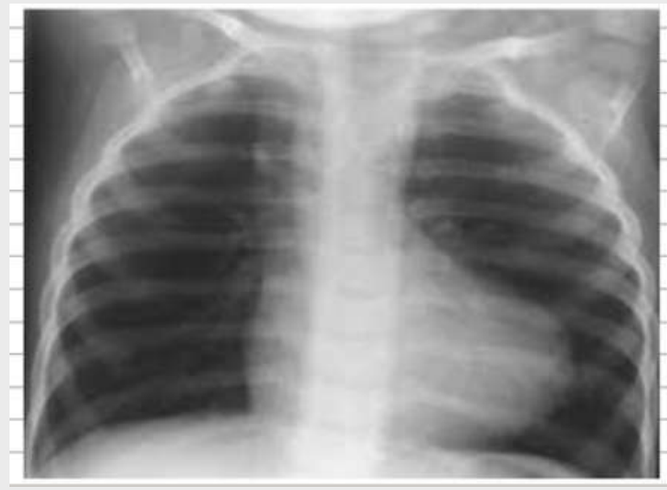
Fluid bolus i.v.

Morphine i.v.

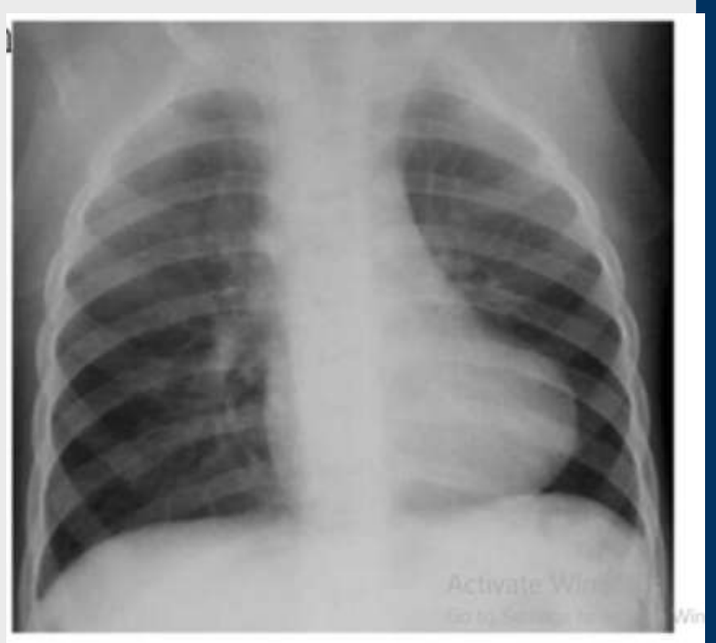
NaHC03 to correct metabolic acidosis (

Phenylephrin

b-blocker



Congenital Heart diseases



A 2-year-old male patient presented with his mother complaining that he needs to squat down after walking a certain distance and he becomes breathless and cyanosed. X-ray of the chest is shown in the image

? What is the diagnosis

Tetralogy of Fallot

* Give 2 cardiac anomalies that are present in this disease?

* (any 2 of these)

* Pulmonary stenosis

* Overriding aorta

* Right ventricular hypertrophy

* VSD

6) murmurs

A) Machine like murmur, bounding pulse?

PDA

B) Ejection systolic murmur heard in the upper left sternal border ?

Asd/Hocm

C) Regarding DiGeorge syndrome What congenital heart disease would you find?

TOF

ECG for hyperkalemia:

* A) ECG findings?

1- peaked T wave

2- prolonged PR

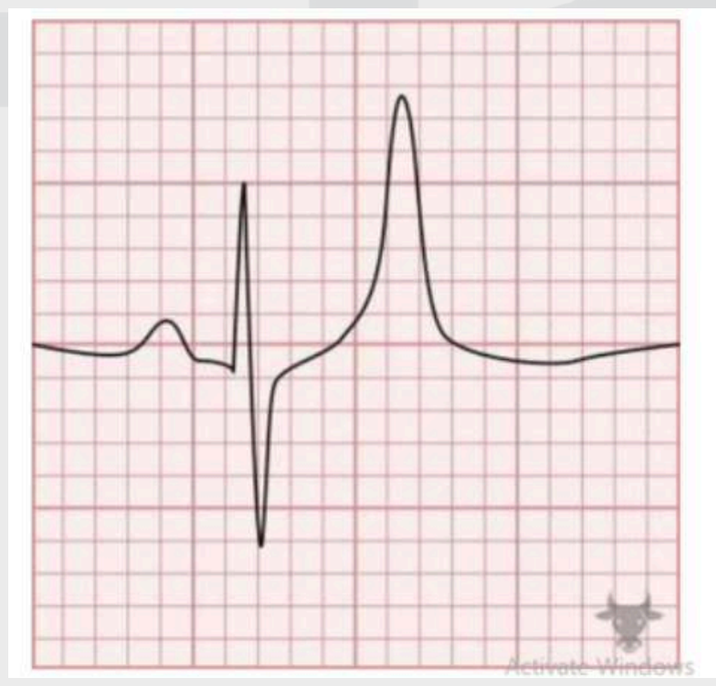
* B) what's the electrolytes disturbance can cause this case?

Hyperkalemia

* C) name 2 drug for treatment?

1- calcium gluconate

2- insulin & glucose



What is the disease ?

TETRALOGY OF FALLOT

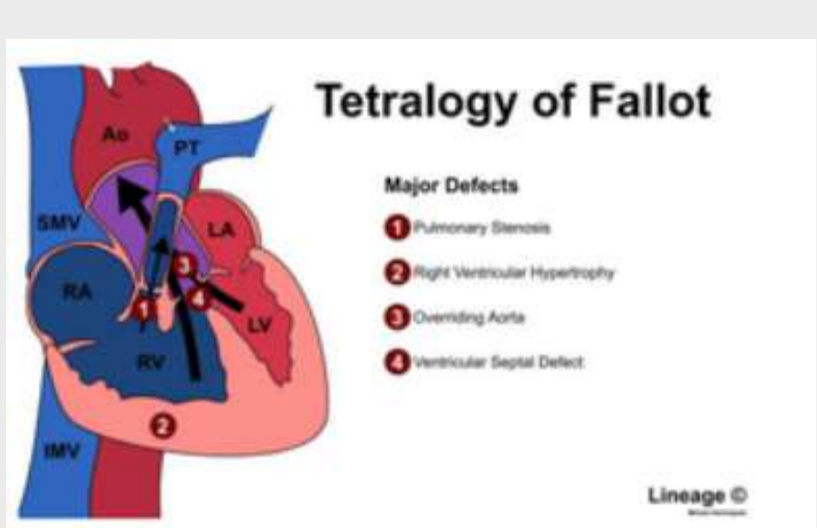
What is abnormalities seen in this disease?

OVER-RIDING AORTA

PULMONARY STENOSIS

BENTRICULAR SEPTAL DEFECT

RIGHT VENTRICULAR HYPERTROPHY



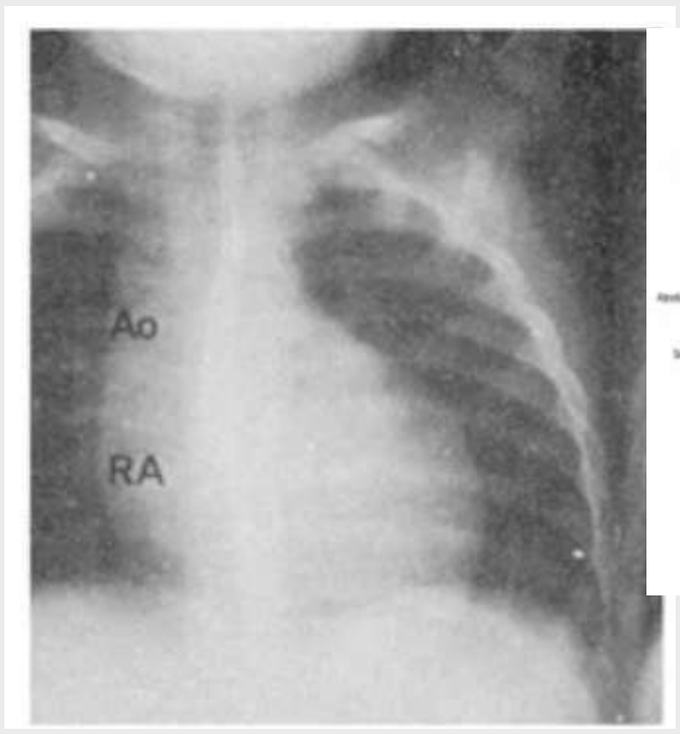
Congenital Heart diseases

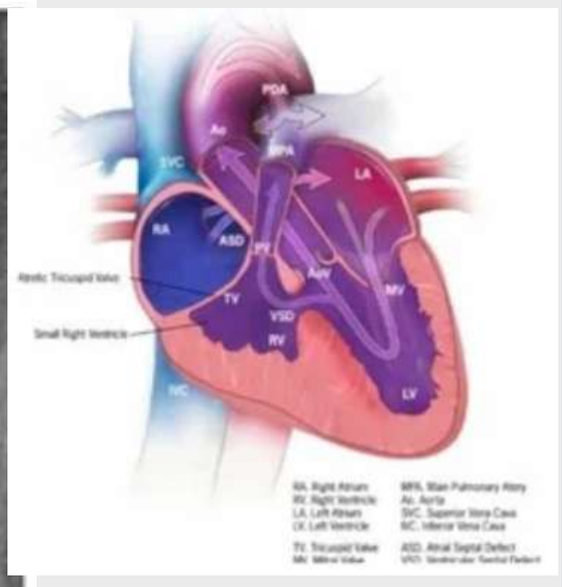
Findings on X- Ray:

Cardiomegaly

1st drug to give is?

PGE1





Mention 2 components of this?

Pulmonary stenosis,

ventricular hypertrophy

If the pt came to ER with hypercynatioc pills, what do you do for resuscitation ?

Knee-chest position

Supplemental 02

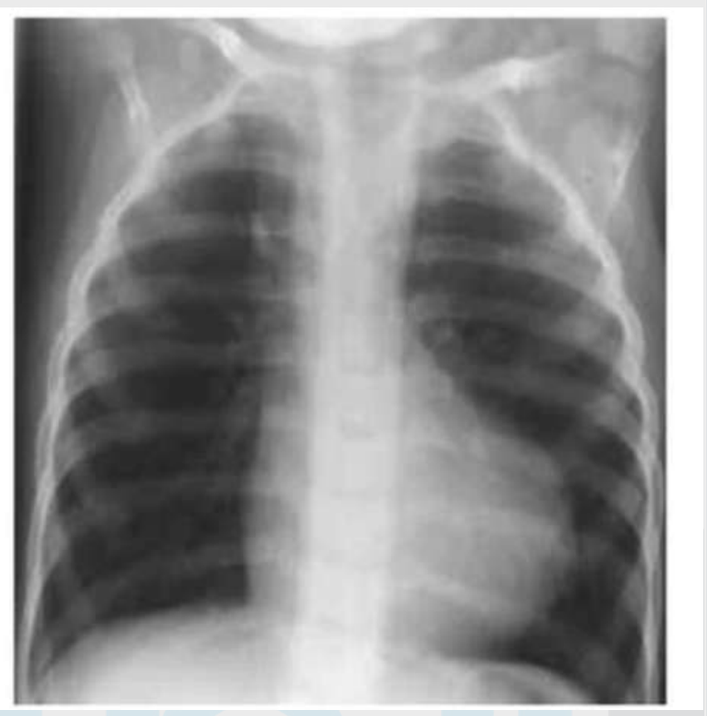
Fluid bolus i.v.

Morphine i.v.

NaHC03 to correct metabolic acidosis

Phenylephrin

b-blocker



What is the cause for each site:

1- ejection systolic murmur:

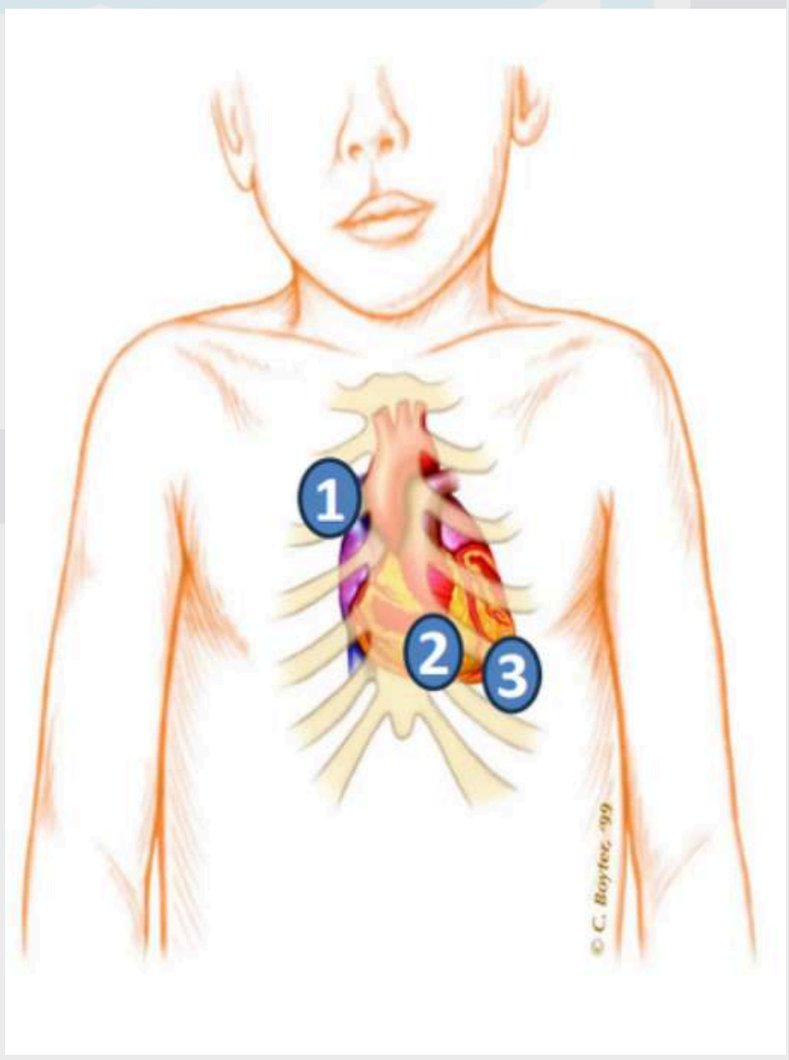
Aortic stenosis

2) Pansystolic murmur:

VSD

3) Ejection systolic murmur:

MVP



holosystolic murmur

A. What is the most common cardiac defect cause this condition?

VSD

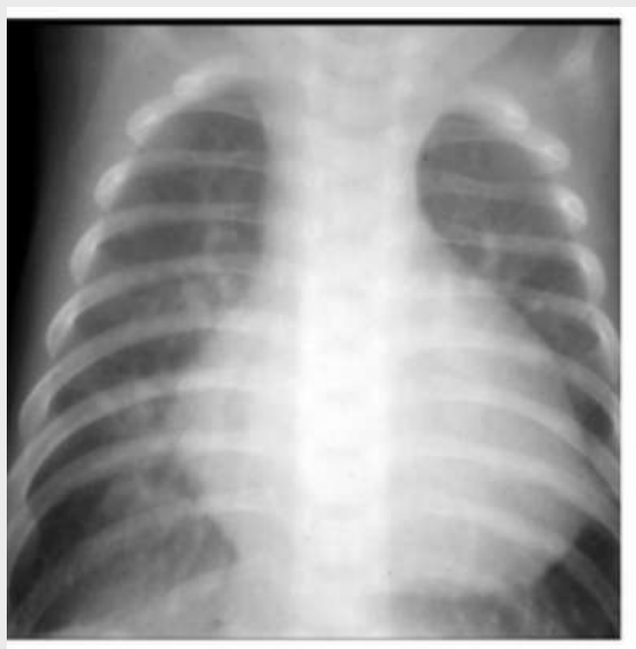
B. If the patient is trisomy 21 what is your Dx?

AVSD

c. Write one indication for surgery

Failure of medication

if the size of the defect is larger than 10 mm



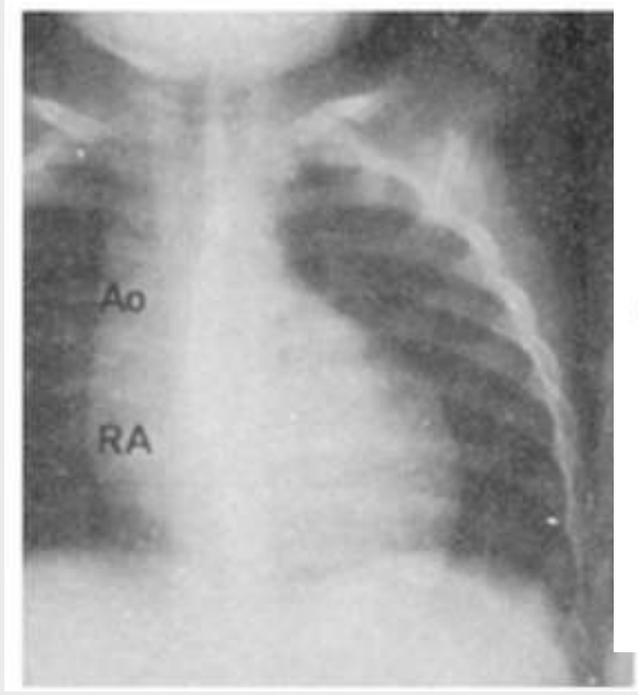
Congenital Heart diseases

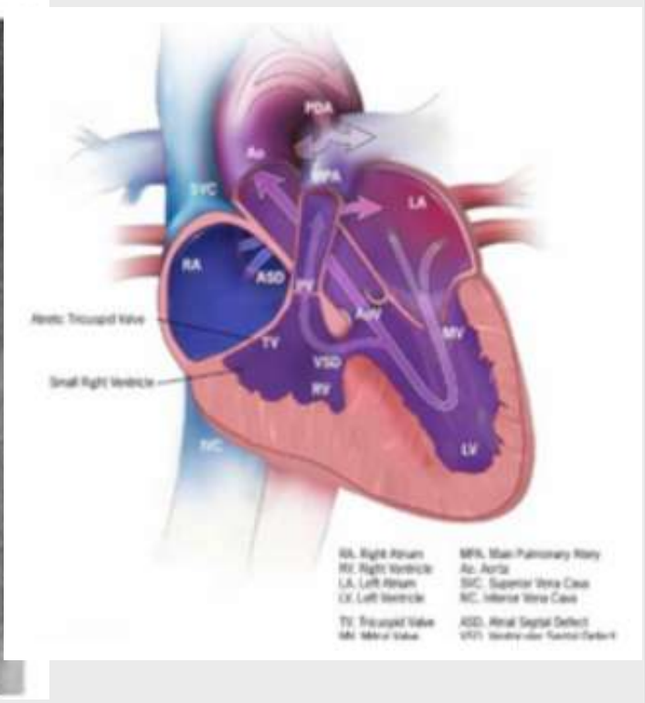
Q11:

A. Ventricular septal defect (VSD)

B. Endocardial cushion (AVSD)

C. Eisenmerg syndrome (reverse of the shunt to be right to left shunt) / congestive heart failure





Findings on X- Ray:

Cardiomegaly

1st drug to give is?

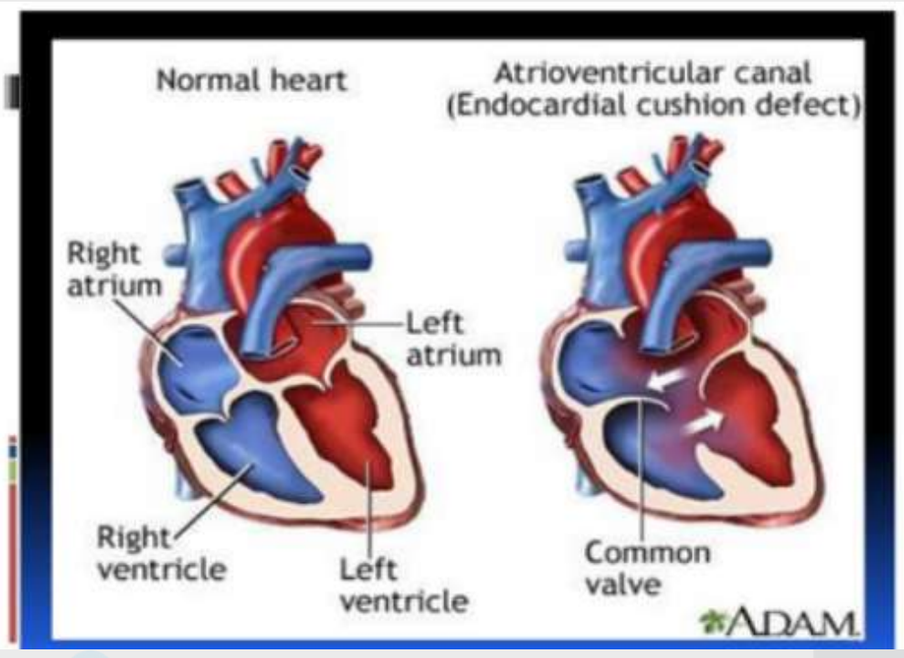
PGE1

1-What is the hematological disorder in this patient ?

ALL, AML

2- name the heart defect you see:

Endocardial cushion defect

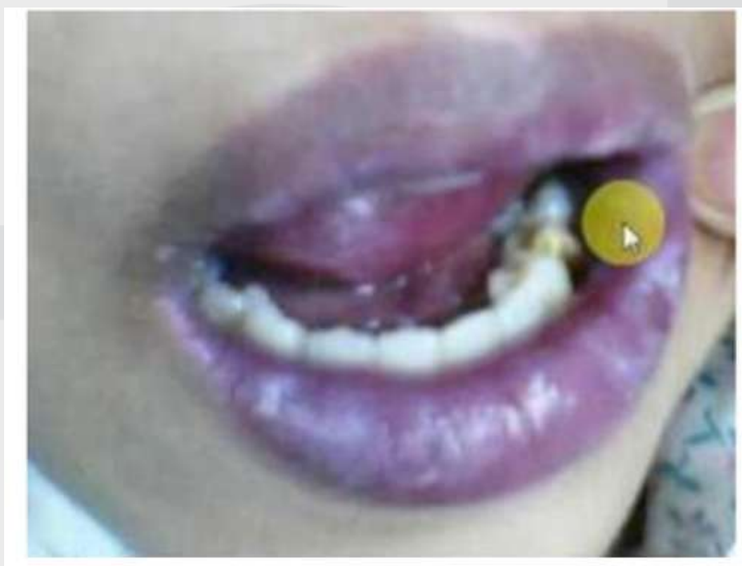


1-Mention two cardiac abnormalities that cause early cyanosis:

Tricuspid atresia, tof

2-How do differentiate between respiratory And cardiac hypoxia:

Hyperoxic test



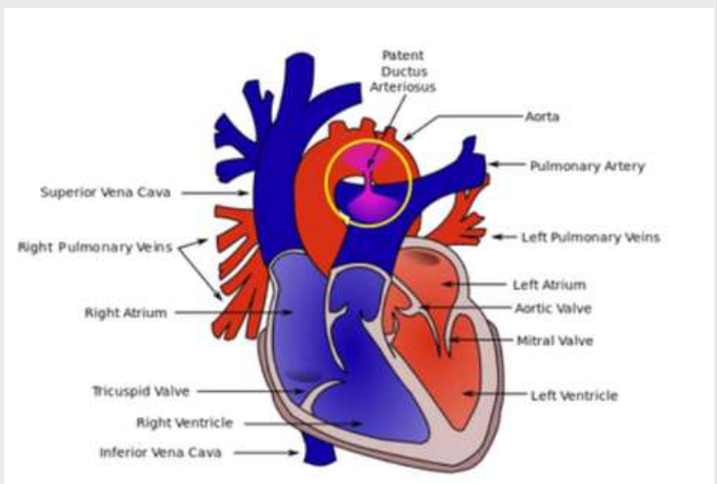
1-What is the cardiac anomaly?

PDA

2-give one therapeutic intervention?

indomethacin

Surgical ligation of pda



Imagine:

A close view of the lips and mouth of a girl aged approximately 3 years. She has bluish discoloration of her lips.

This image represent a case of untreated VSD. Now, she has developed this complication.

1-This complication is:

"cnetral cyanosis due to eisenmenger syndrome

N.B. Answering: "Central cyanosis" alone is not enough.

2-Mention two signs that you will see in the hands of this child?

Peripheral cyanosis

Finger clubbing

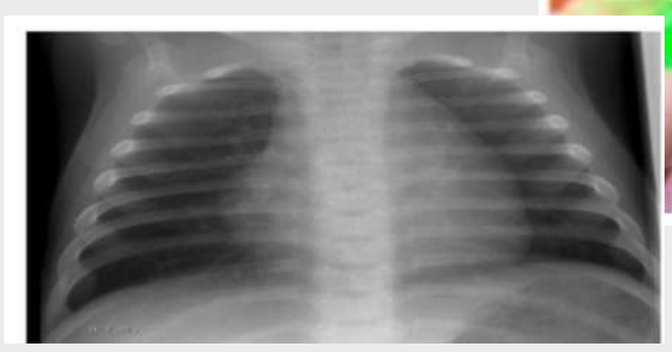
Congenital Heart diseases

1-What is your interpretation for this x-ray?

cardiomegaly

2-What is the most common cause for it in this child?

Endocardial cushion defect



A 4 months old boy, has recurrent cyanotic spells with crying at early morning, according to his x-ray

• The most common lesion to cause this presentation

tetralogy of fallot

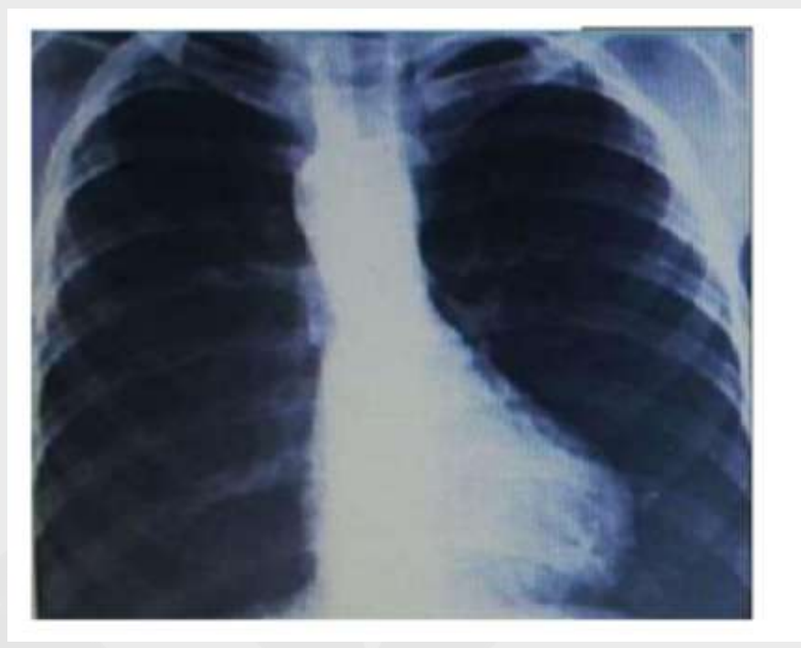
2- management of cyanotic spells?

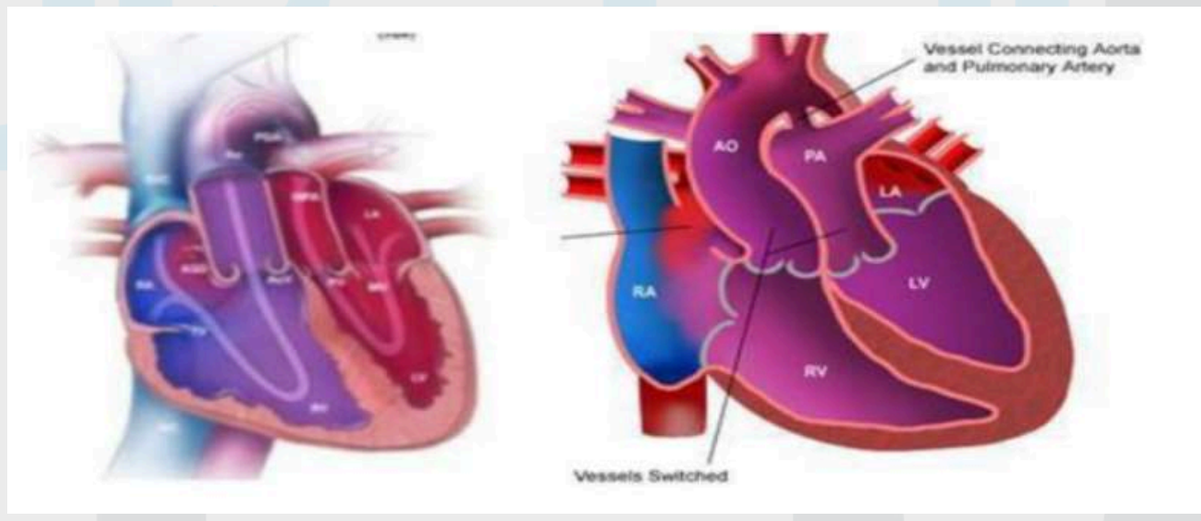
Knee chest position

02

Beta blockers

morphine





1-What's your Dx.?

transposition of great vessels

2-What's the most common presentation in neonates?

Cyanosis.

3-What do you give immediately after birth?

Prostaglandin (PG E1).

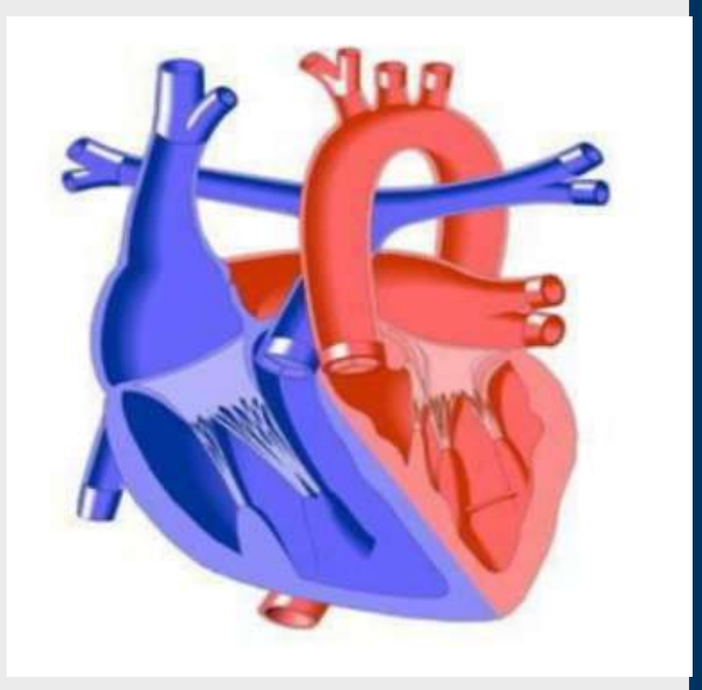
1 day old neonate he was cyanosed with o2 sat of 75% and pao2 = 85 mmhg

1-What's the CXR finding?

Egg-on-string.

2-What's the cause of his cyanosis?

TGA (Two parallel circuits)



1-What's your Dx?

PDA.

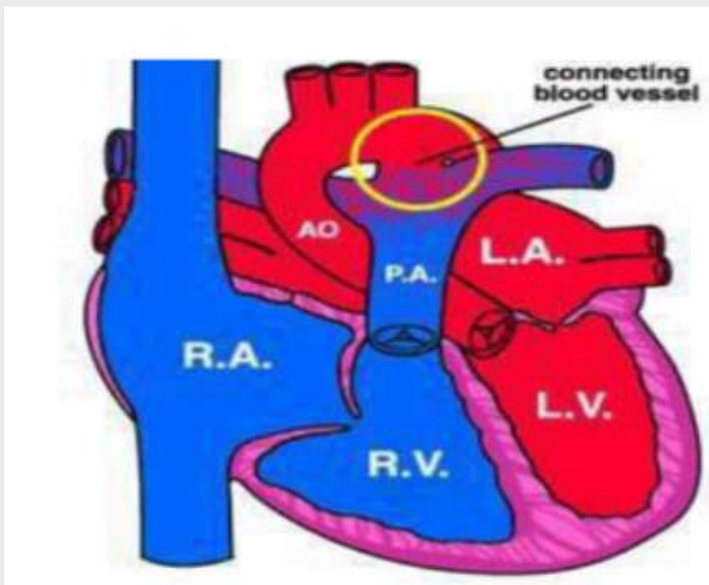
2-Mention 2 signs on physical exam.

Hypertension.

Radio-femoral delay.

Machinery murmur at infra-clavicular area.

Bounding pulse.



Congenital Heart diseases

4 years healthy boy

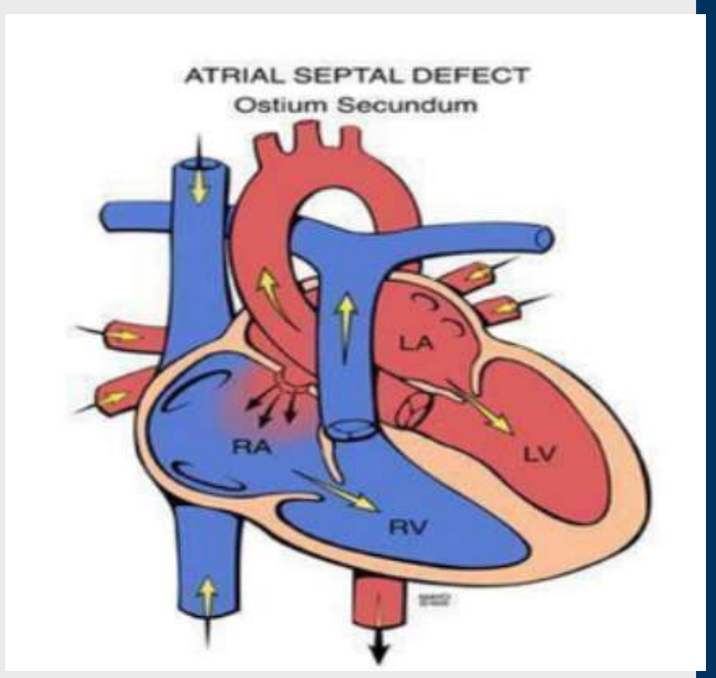
1-What's this?

ASD

2-Give 2 findings upon examination?

Ejection Systolic murmur.

Fixed splitted S2.



1-What is the disease?

TOF.

2-Give 3 findings of CVS physical exam.

ejection systolic murmur.

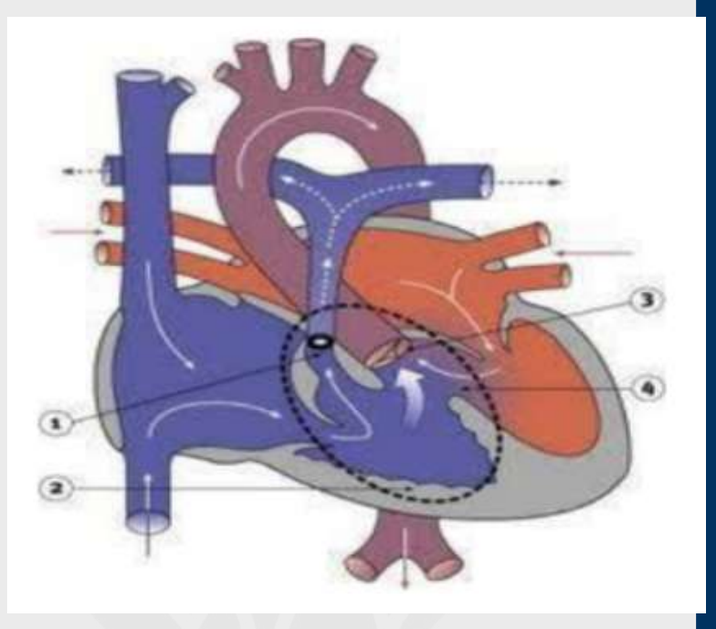
Thrills.

Single S2.

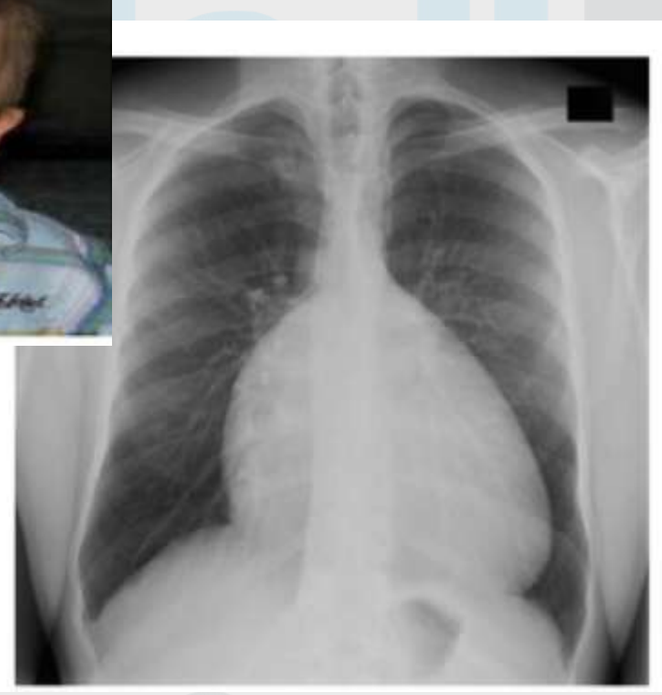
Cyanosis.

3-Give 2 complications.

Clubbing, FTT.



1-A child with down syndrome has this CXR, on examination there a systolic murmur with no S3. What is the radiological diagnosis?



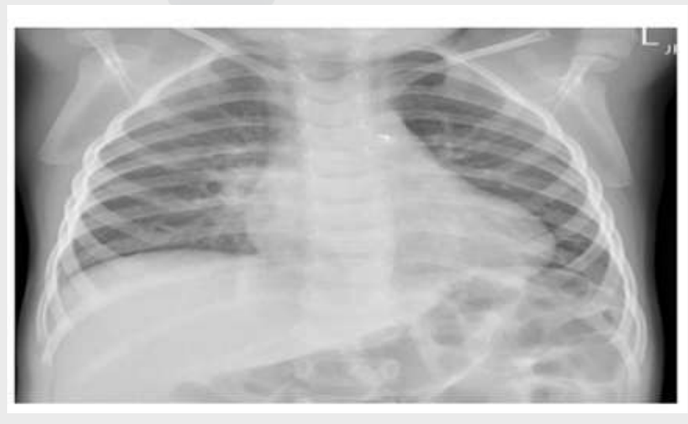
Cardiomegaly

2-What is the most likely cause?

Endocardial cushion defect (AV canal, VSD, ASD)

A 3 months old baby presented with tachypnea , and failure to gain weight. A continuous murmur is heard , what is the most likely diagnosis ?

PDA



A 16 year old girl came to you r clinic with primary amenorrhea & delayed puberty

1-What is this syndrome, what is the chromosomal pattern?

turner syndrome, 45 xo

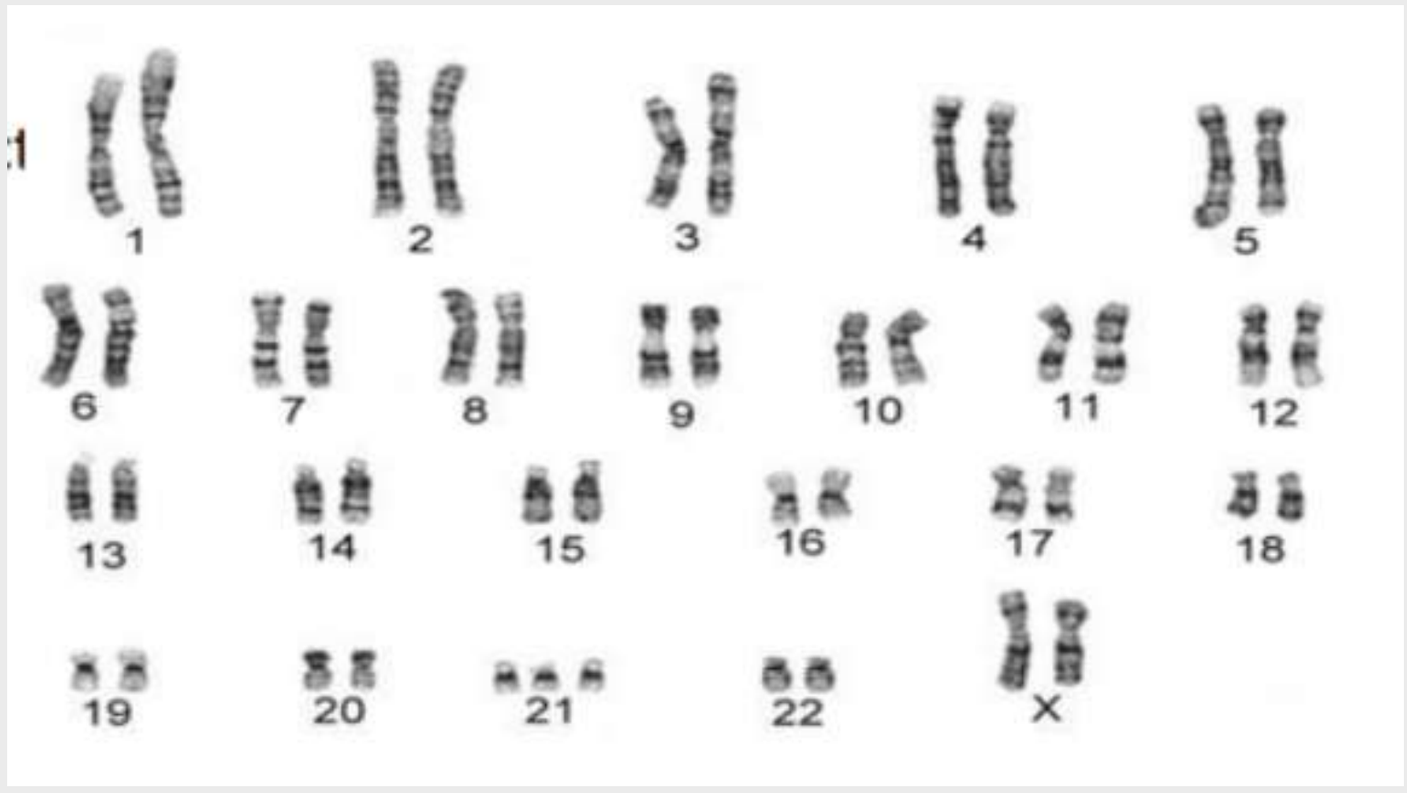
2-Which cardiac lesion do you want to rule out?

Coarctation of the Aorta

Congenital Heart diseases

A junior doctor examines the first child of a 28 year old woman as part of a routine "baby-check" prior to discharge from hospital. The baby is 20 hours old.

The doctor notices that the baby is hypotonic and also finds a systolic murmur on auscultation of the heart. After further examination by a senior pediatrician the baby's chromosomes are analysed



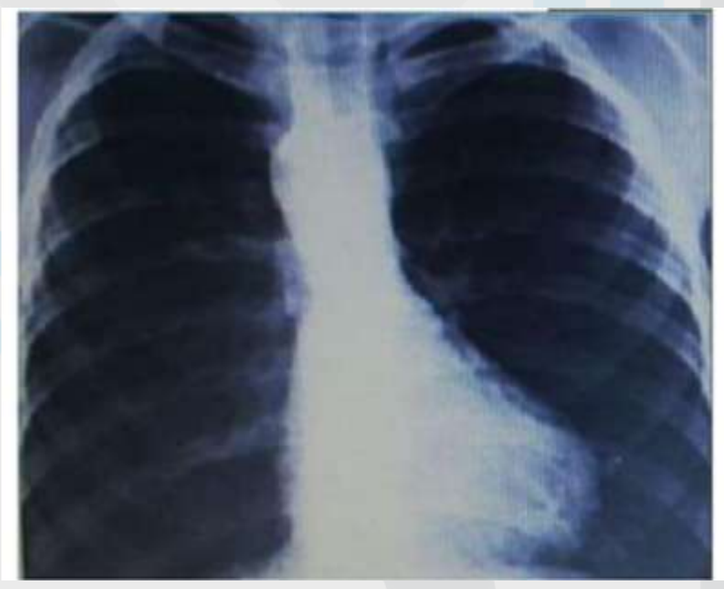
1- What is the diagnosis?

Trisomy 21 (Down syndrome)

2-What is the most likely cardiac defect?

Atrioventricular septal defect (AVSD)

A 4 months old boy, has recurrent cyanotic spells with crying at early morning, according to his x-ray:



1. The most common lesion to cause this presentation

Tetralogy of Fallot

2. Management of cyanotic spells?

Knee chest position

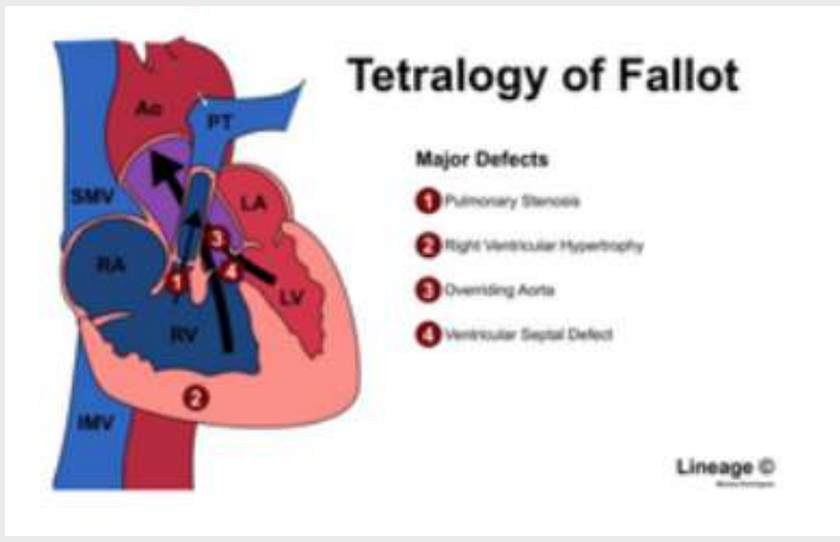
O_2 (Oxygen)

Beta blockers

Morphine

What is the disease?

Tetralogy of Fallot



What is abnormalities seen in this disease?

(The doctor wanted them in order according to the numbering in the diagram):

1- Pulmonary stenosis

2- Right ventricular hypertrophy

3- Overriding Aorta

4- VSD (Ventricular Septal Defect)

Congenital Heart diseases

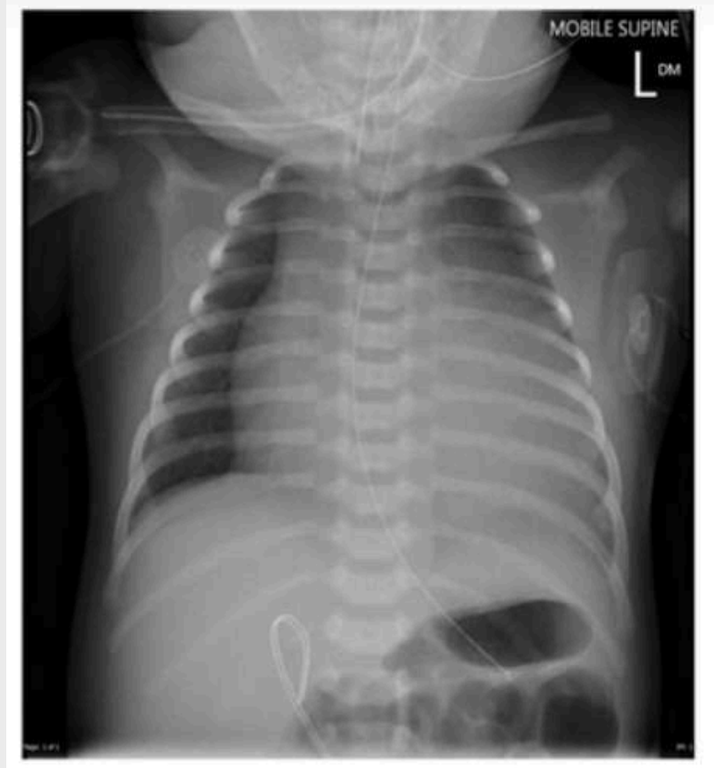
3 months old infant came to the ER with shortness of breath, tachypnea, and failure to thrive.

1- What is the finding in this chest x-ray?

Cardiomegaly

2- What is the most likely diagnosis?

Acyanotic congenital heart disease (VSD)



CXR showing cardiomegaly, with continuous machinery like murmur?

Cause : PDA

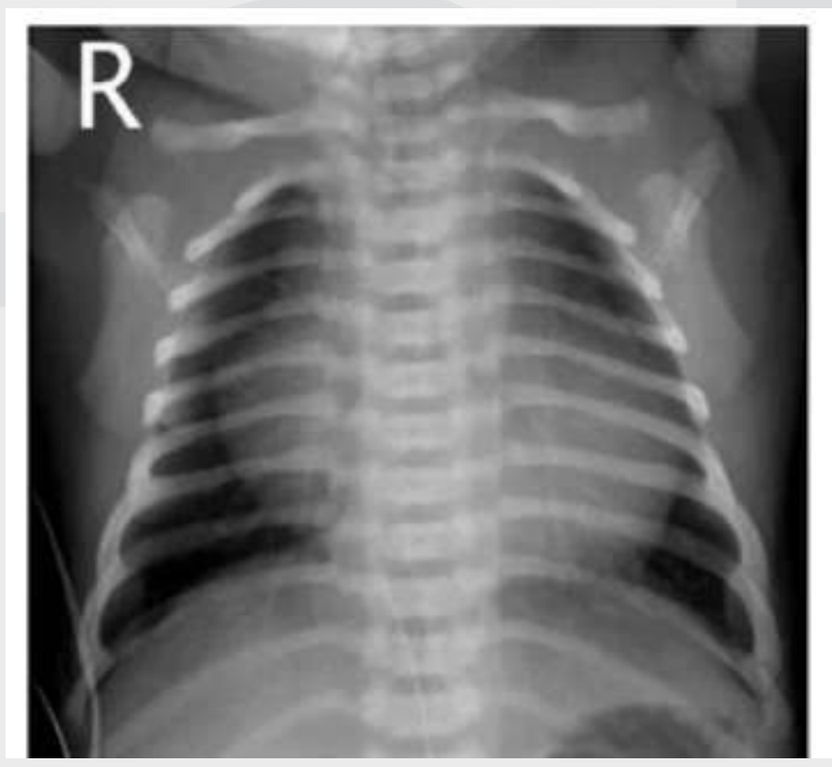
Medical choice : indomethacin or ibuprofen

Risk factor : preterm birth

Infant came to you with cyanosis

1) Mention 2 findings on the x ray: snowman in a snowstorm
(cardiomegally, pulmonary congestion)

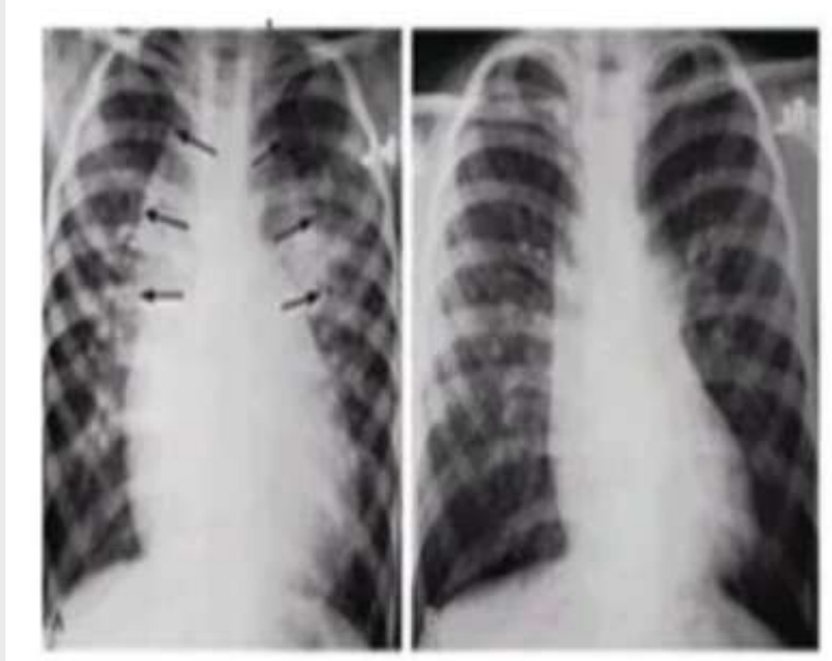
2) what's your diagnosis: Total Anomalous Pulmonary Venous Return



Long case scenario

1) Two Findings ;
snowman in a snowstorm
(cardiomegally, pulmonary congestion)

2) Diagnosis : Total Anomalous Pulmonary Venous Return



Congenital Heart diseases

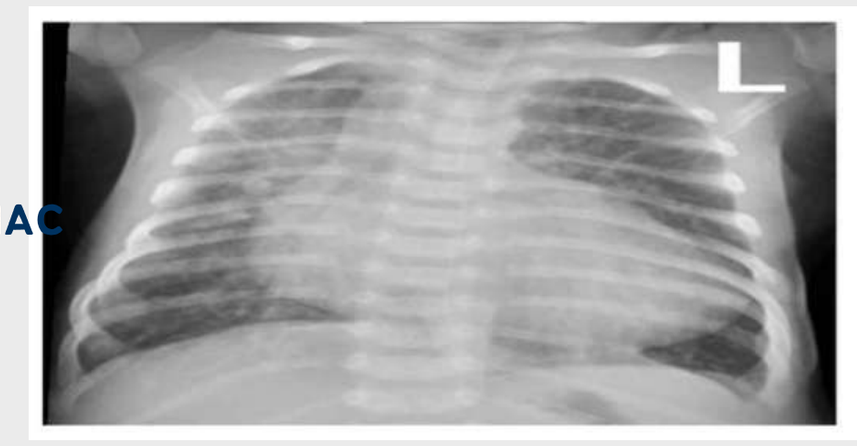
Mention two cardiac abnor

malities that cause early cyanosis:

TOF, Tricuspid atresia.

How do you differentiate between respiratory and cardiac hypoxia:

Hyperoxic test.

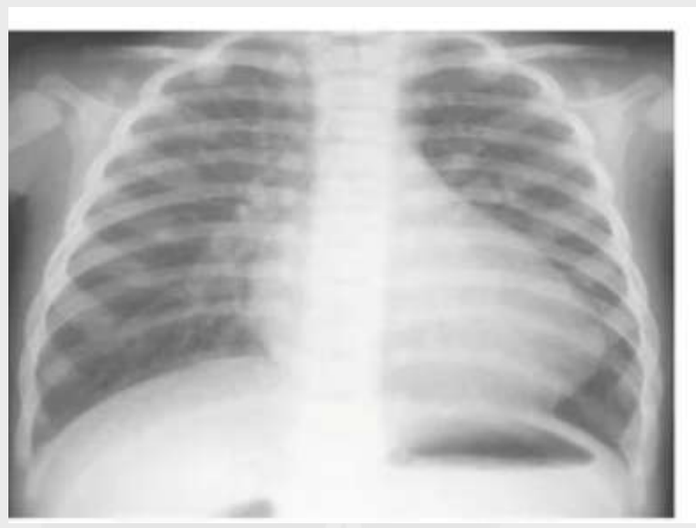


What's the CXR finding?

Egg-on-string.

2- What's the cause of his cyanosis?

TGA (Two parallel circuits).

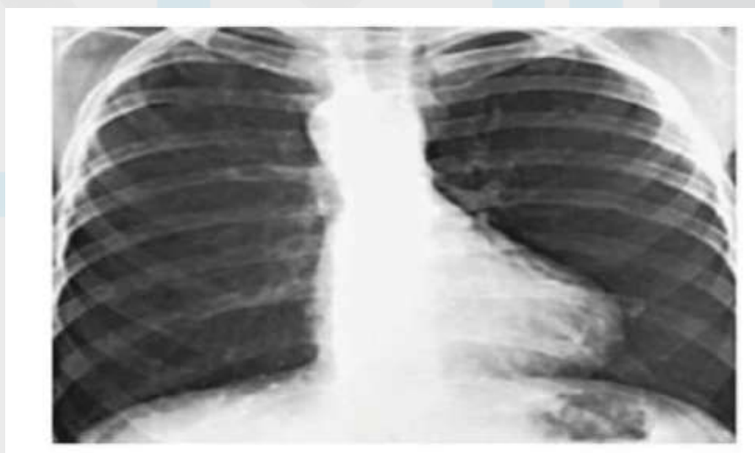


1- Your DDx

TOF (Tetralogy of Fallot).

2- Mention 2 lines of management

Knee-chest position (squatting), morphine, phenylephrine, Oxygen.



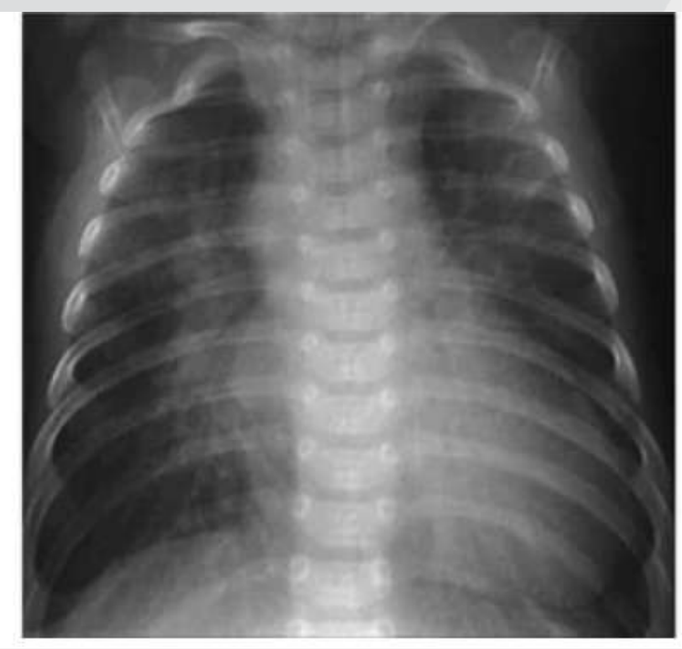
3 weeks old neonate patient presented with cyanosis

What is the finding in this CXR?

Cardiomegaly.

Mention 2 heart abnormalities?

TA(Truncus Arteriosus), TAPVR (Total Anomalous Pulmonary Venous Return).



Mention two cardiac abnor

malities that cause early cyanosis:

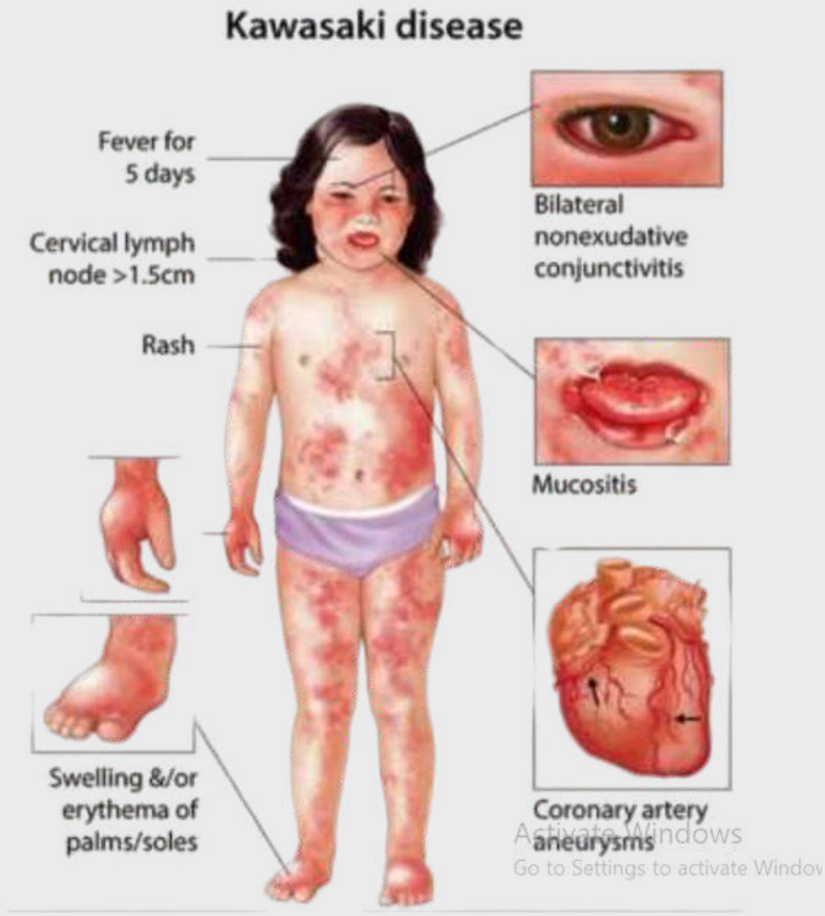
TOF, Tricuspid atresia.

How do you differentiate between respiratory and cardiac hypoxia:

Hyperoxic test.

Kawasaki

Q1)what is the sign associated with this disease in these 4 picture ?



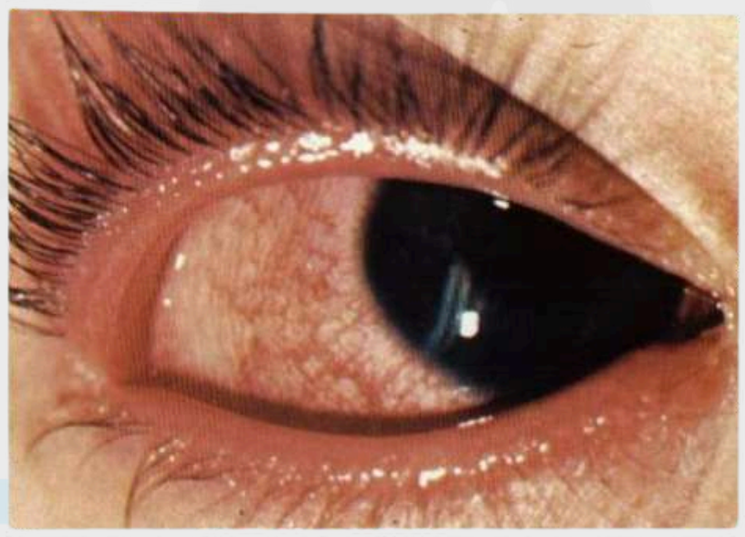
1-non-purulant conjunctivitis

2-hand-foot edema & erythema

3-Coronary artery aneurysms

4-skin Desquamating rash

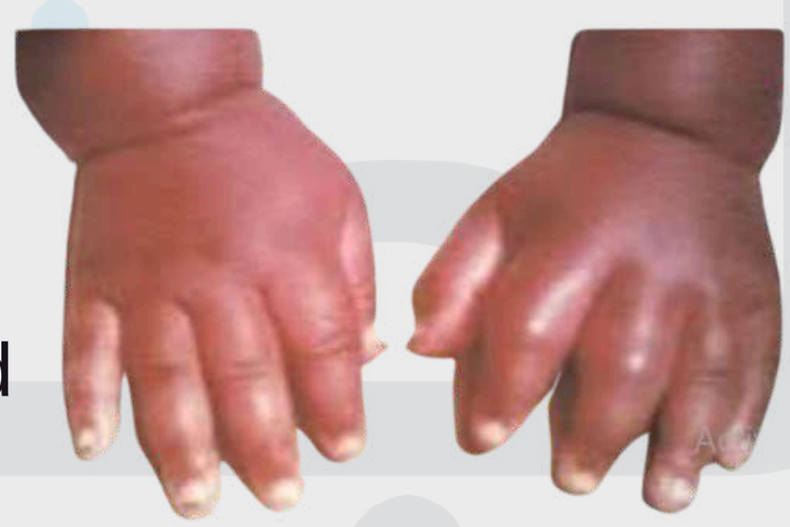
Q2)4-year-old patient has fever for 1 week duration with polymorphous rash.



1- What is the signs seen in the pictures?

Conjunctival non-suppurative injection

Indurated (edema) and erythema of the hands



2- What is the serious complication could occur in this patient?

Coronary artery aneurysm

Q3) pic of Kawasaki presentation

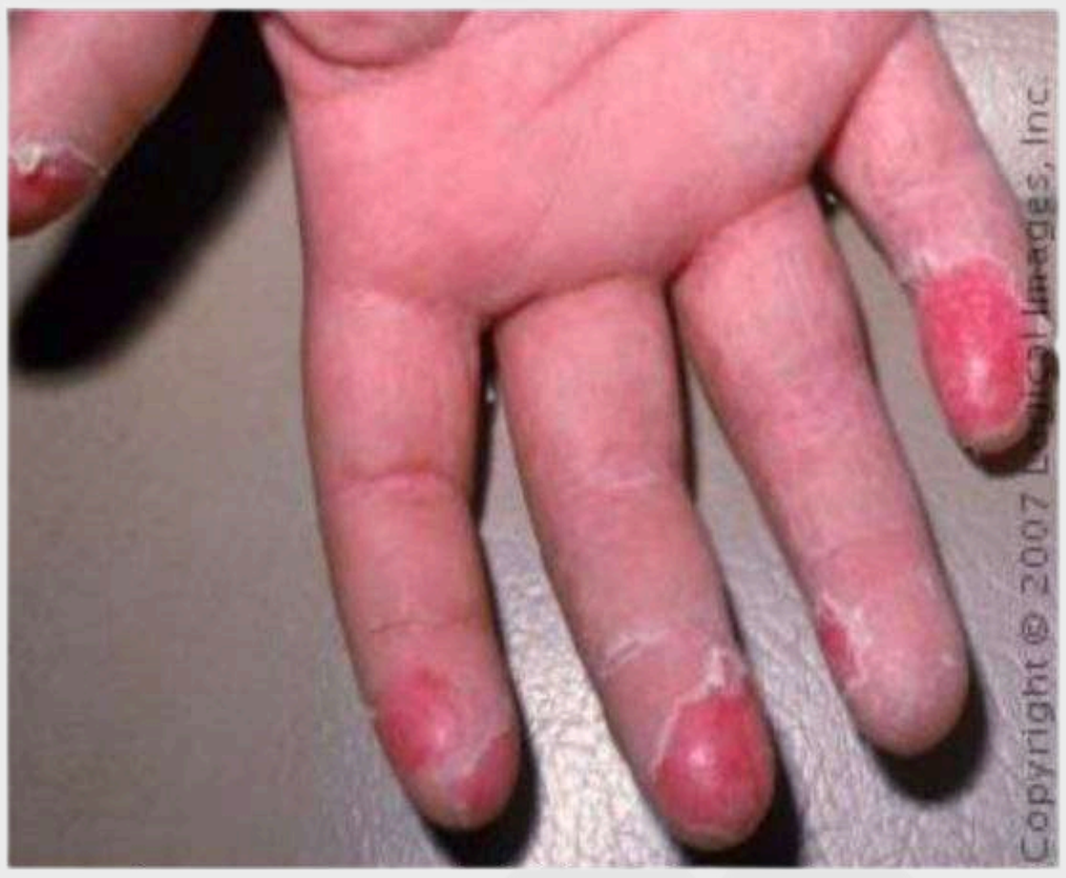
1-What's the name of each sign in the pictures ?

- desquamation
- Non exudative bilateral conjunctivitis
- Strawberry tongue

2- 2 line of Tx : aspirin, IV IG

Kawasaki

Q4)According to the image :



1-Which this stage ?

Subacute Stage (also known as the Second Phase)

2-What other things we can see in this stage?

- Thrombocytosis
- Development of Coronary Artery Aneurysms
- Resolution of fever

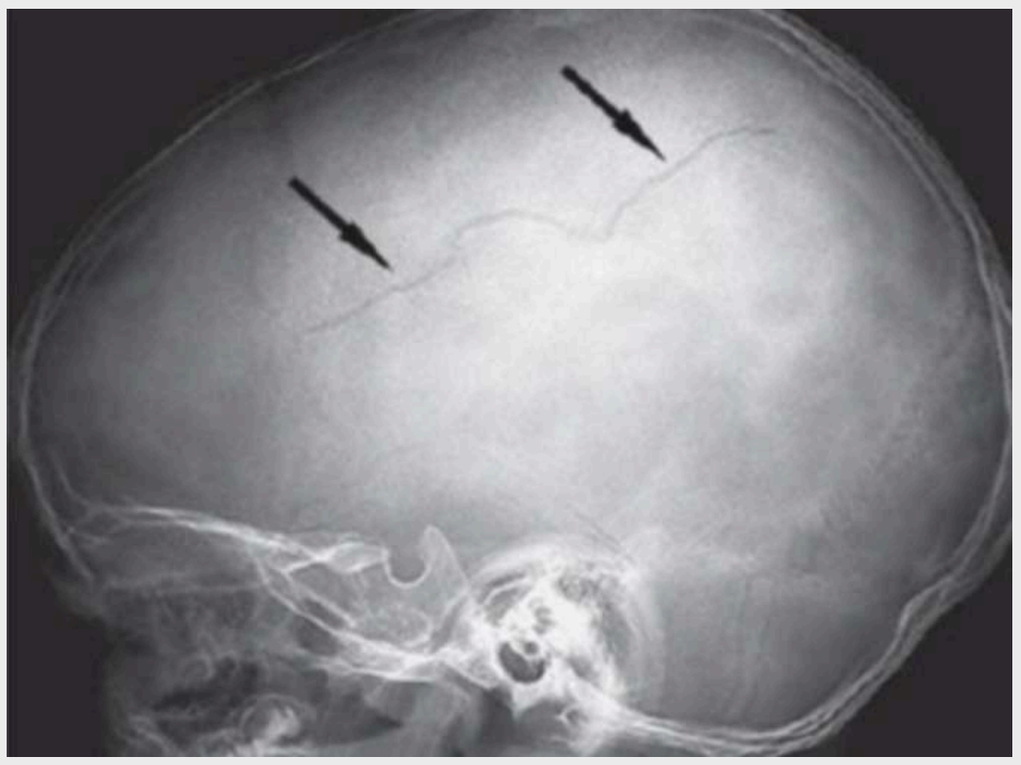
3-What is the Side effects for treatment?

- Infusion Reactions
- Hemolytic anemia
- GI upset

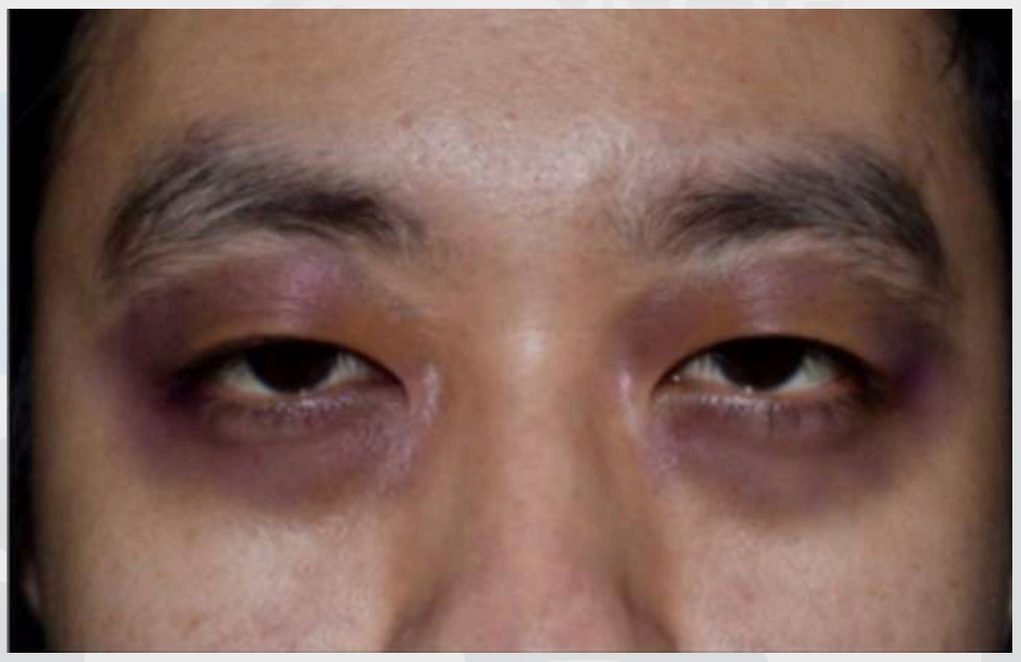
Others

Name this fractures ?

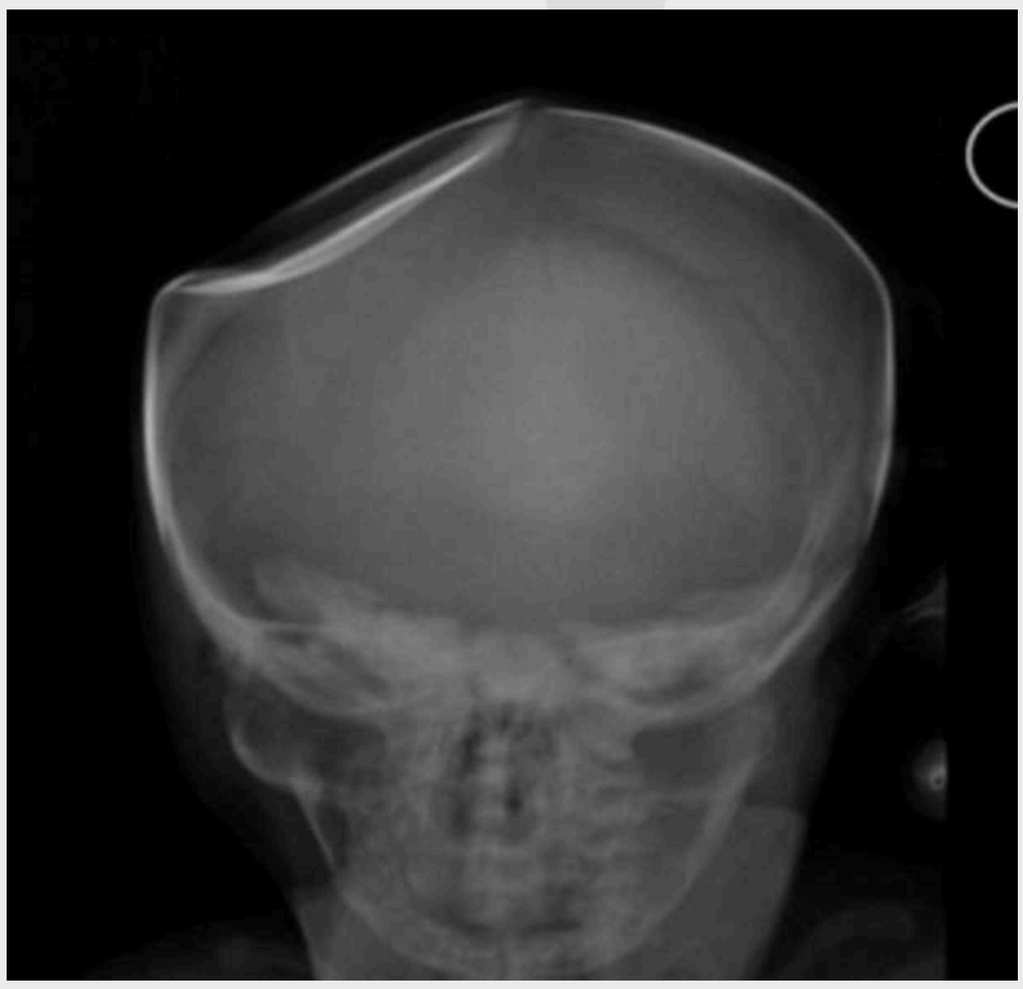
Linear fracture



Basilar skull fracture



Depressed fracture



If this photo came with intractable seizure what is your management ?

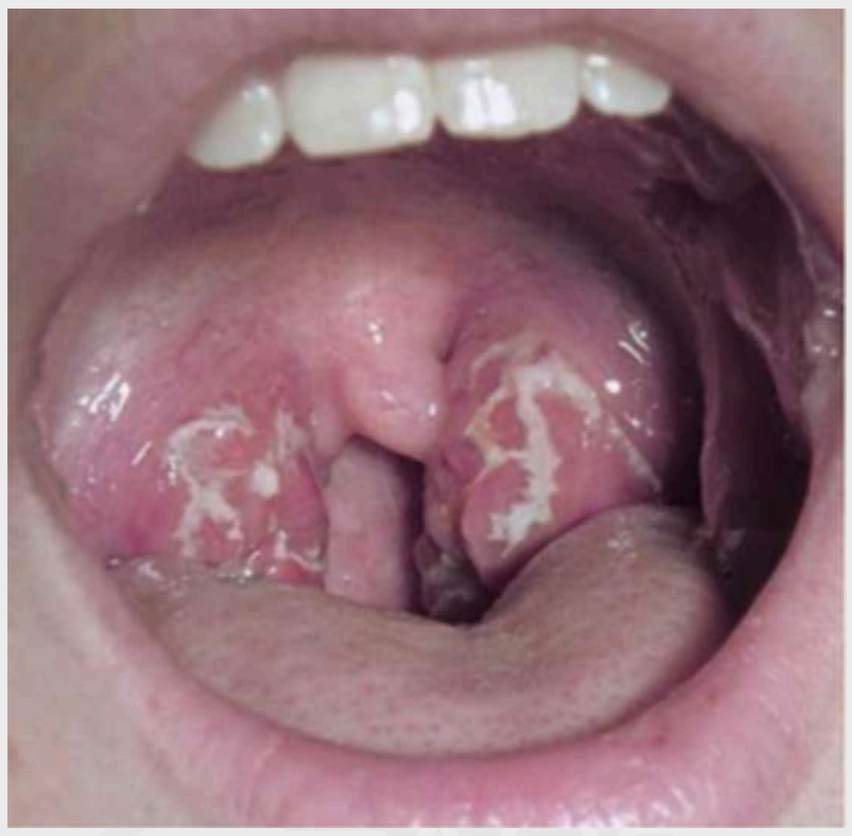
SURGICAL ELEVATION

Others

Station

Showing this picture:

Patient with tonsillar ulcers, pharyngitis, and splenomegaly.



Questions:

What is the most likely diagnosis?

Infectious Mononucleosis

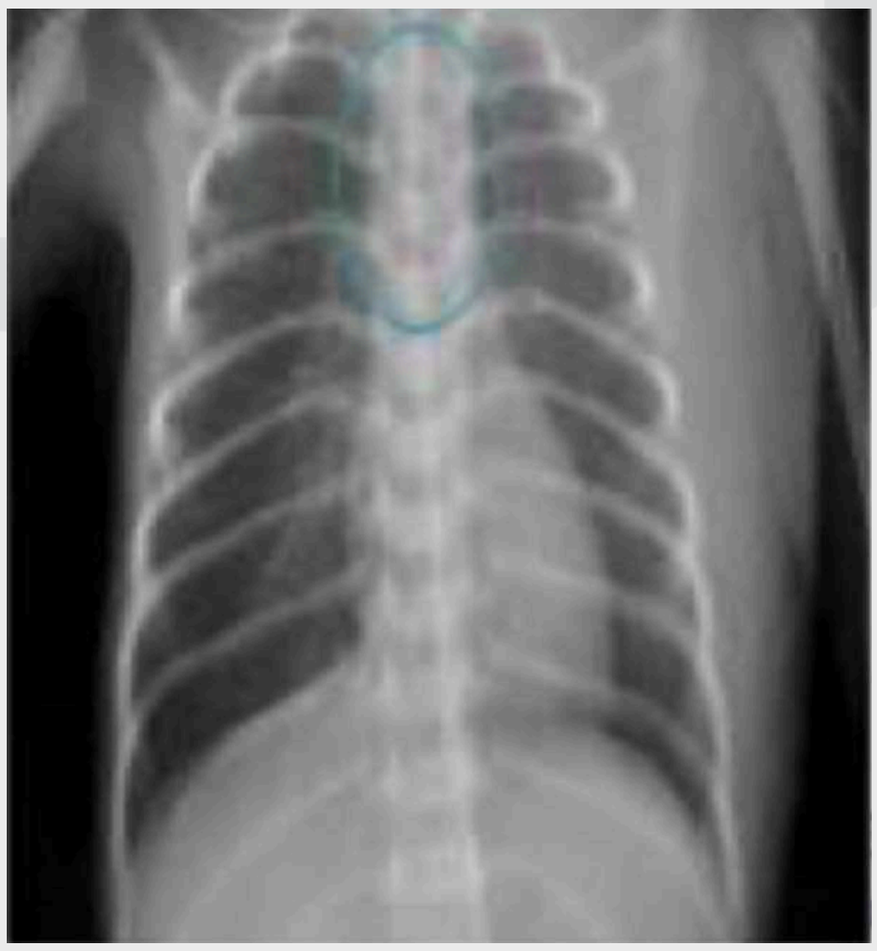
What would yo expect to see on the peripheral blood smear?

Atypical (reactive) lymphocyte

Station

baby with lymphopenia what's the diagnosis?

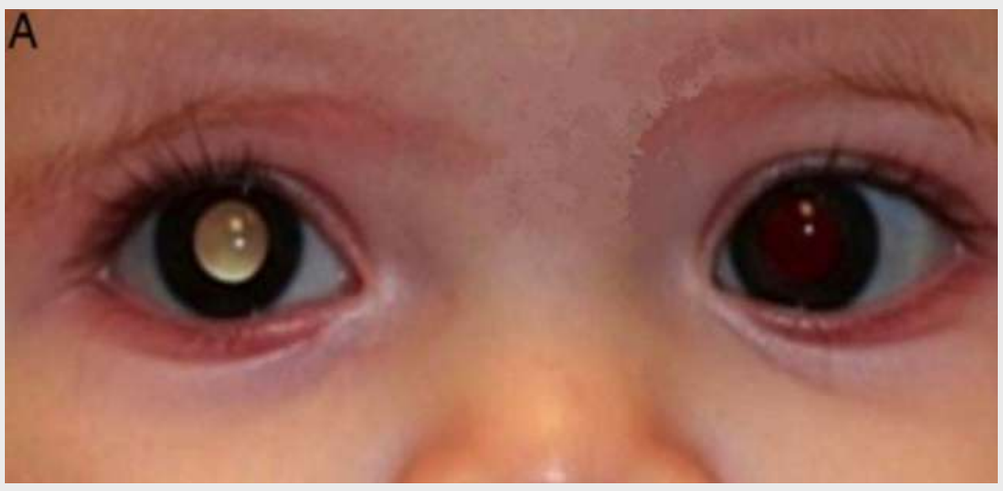
Digeorge disease



what's the contraindicated vaccine?

Live attenuated vaccine

Q: hepatomegal , FTT?



Diagnosi:

GALACTOSEMIA

TREATMENT :

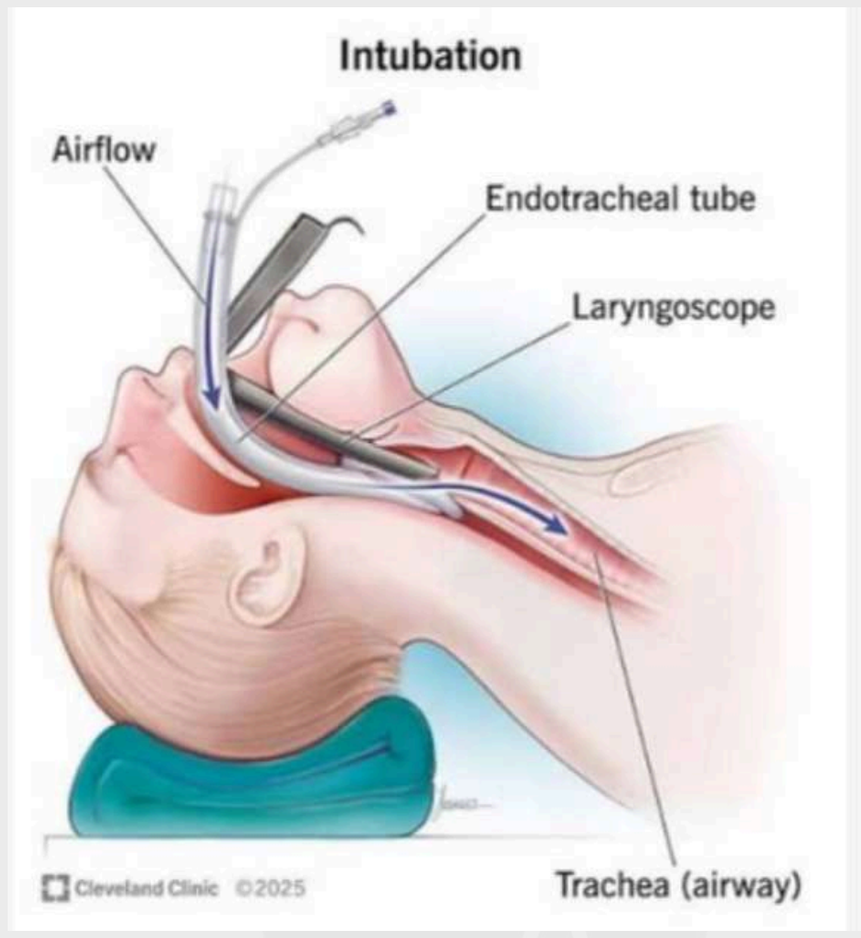
GALACTOSE FREE DIET

Others

Neonatology

what's the procedure in the pic?

Endotracheal intubation



2 indications?

Failed CPAP

Apgar <3

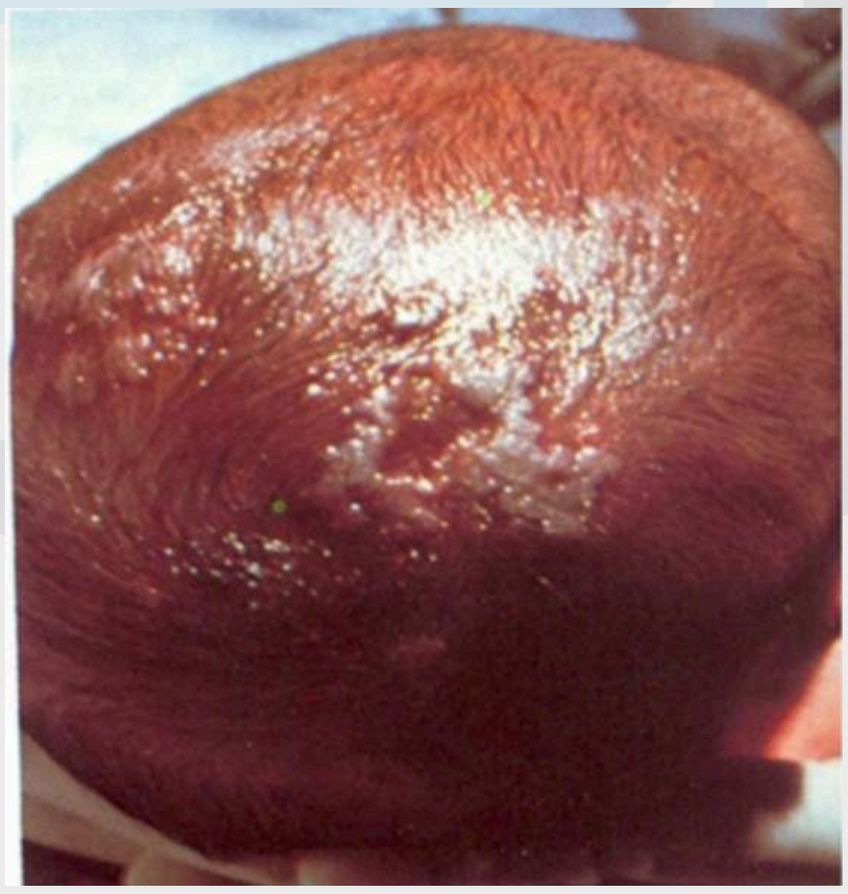
how to ensure the correct place?

Laryngoscope

Cosendation

Baby not cry

10-day-old infant presents to the pediatric emergency department with fever, irritability, and poor feeding. The mother reports that the baby has been irritable since birth and has been feeding poorly. On examination, the infant appears lethargic, with a high fever of 38.9°C (102°F), and multiple vesicular lesions on the scalp.



What is the causative organism of this case?

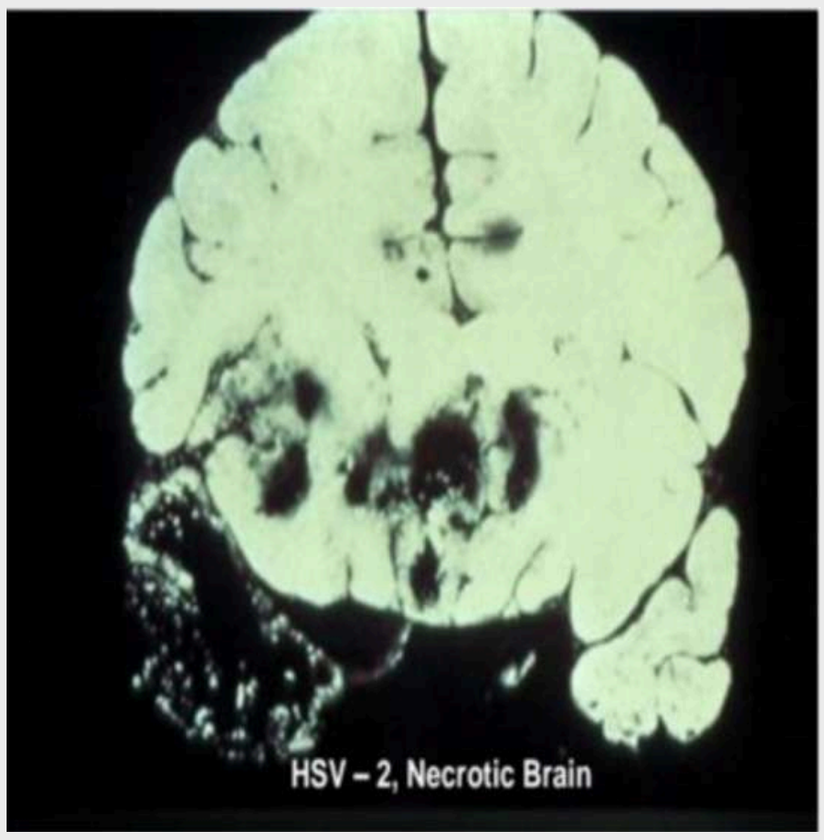
HSV

What is the treatment?

IV Acyclovir for 14 to 21 days

Mention one precaution before giving the drug?

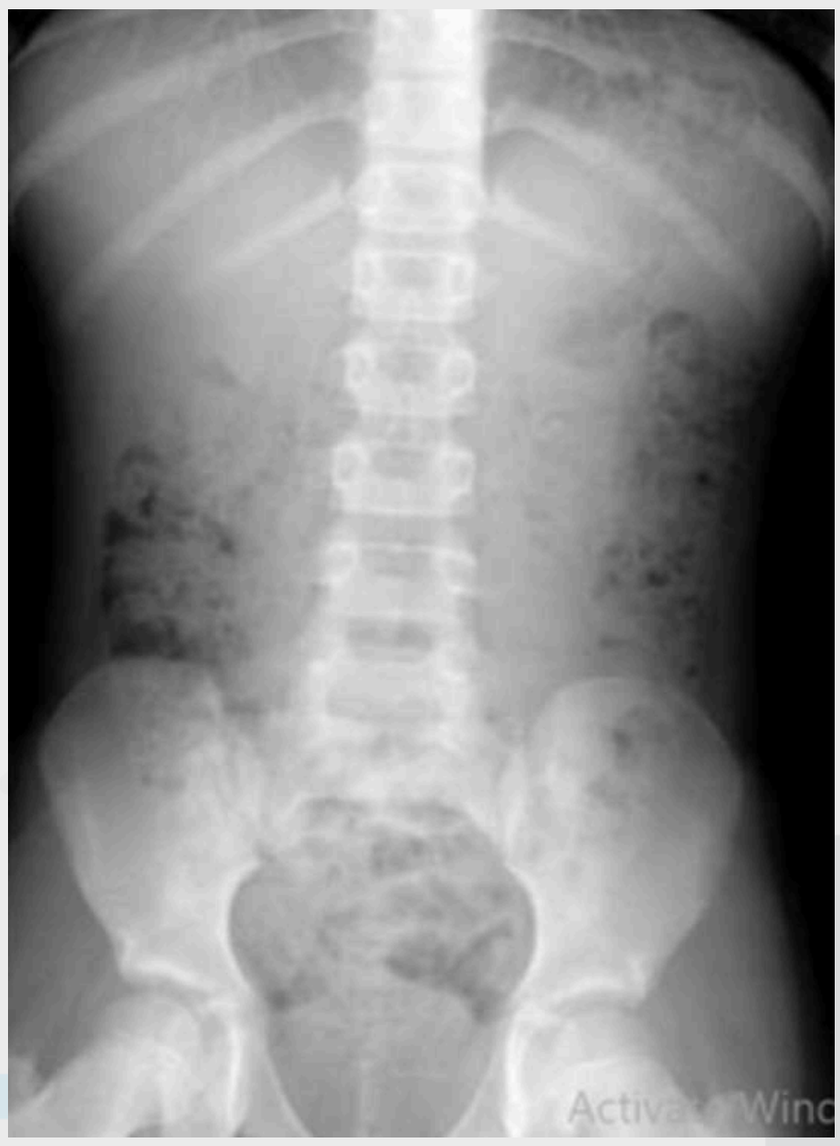
Ensure adequate hydration to prevent precipitation of drug in kidneys



Others

Question :

A 2-year-old patient with Down syndrome presents with difficulty passing stool. An abdominal X-ray is shown below.



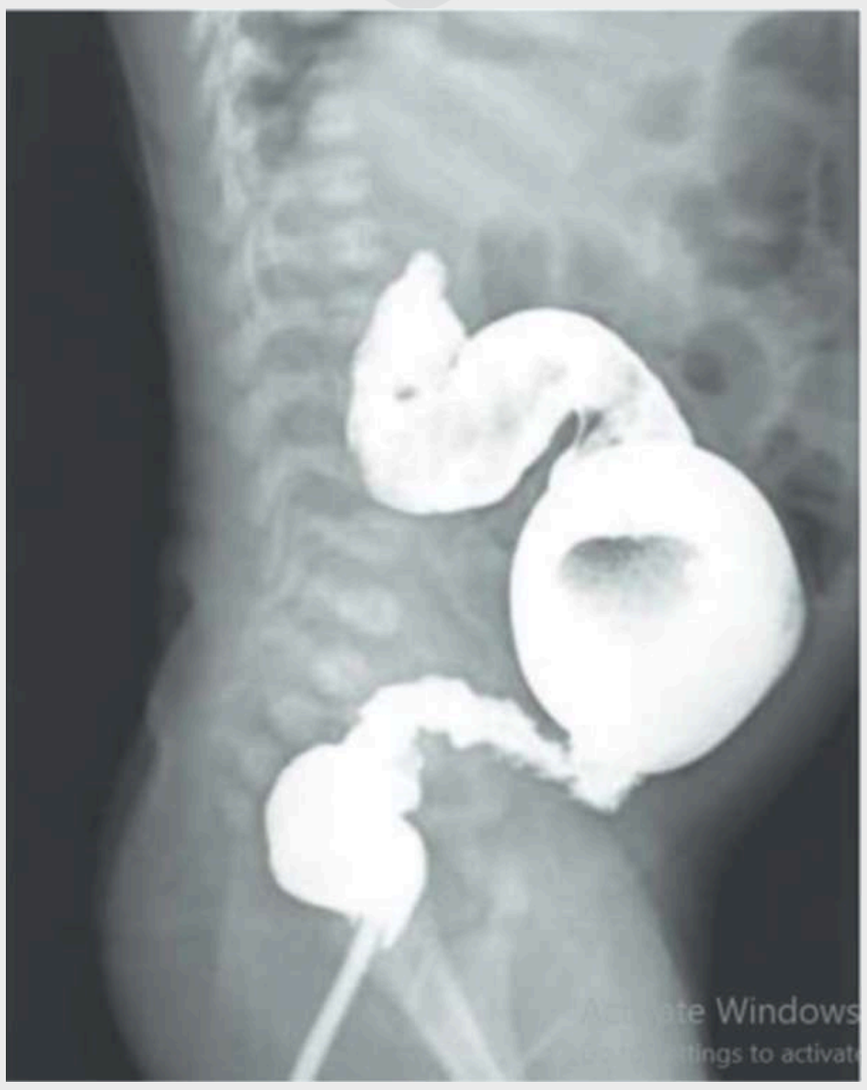
- What is the sign in this X-ray?

  Fecal impaction / gasless rectum.

- Give 2 blood tests that help in assessing his presentation that he is at particular risk for.
  - TSH, T3, T4
  - Celiac screen (anti-tissue transglutaminase antibody)
- On auscultation, the patient has a heart murmur. What is the most likely cardiac malformation in his case?

AVSD is the most frequently associated.

Hirschsprung disease:



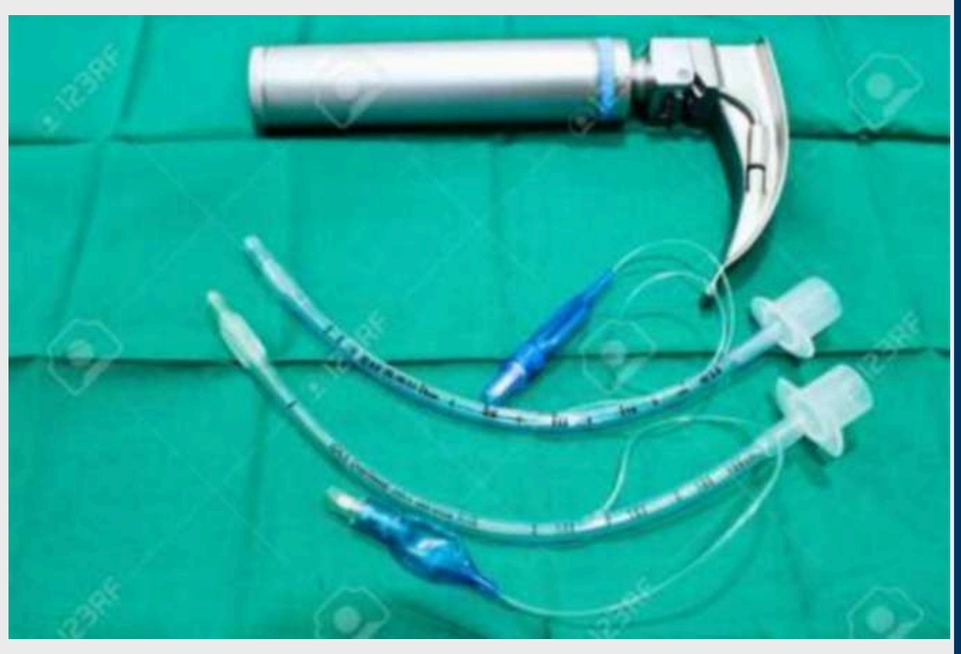
- 6-year-old boy with chronic constipation since infancy

- A) What is your diagnosis?
  - Hirschsprung disease
- B) How to confirm your diagnosis?
  - Biopsy

Others

Intubation:

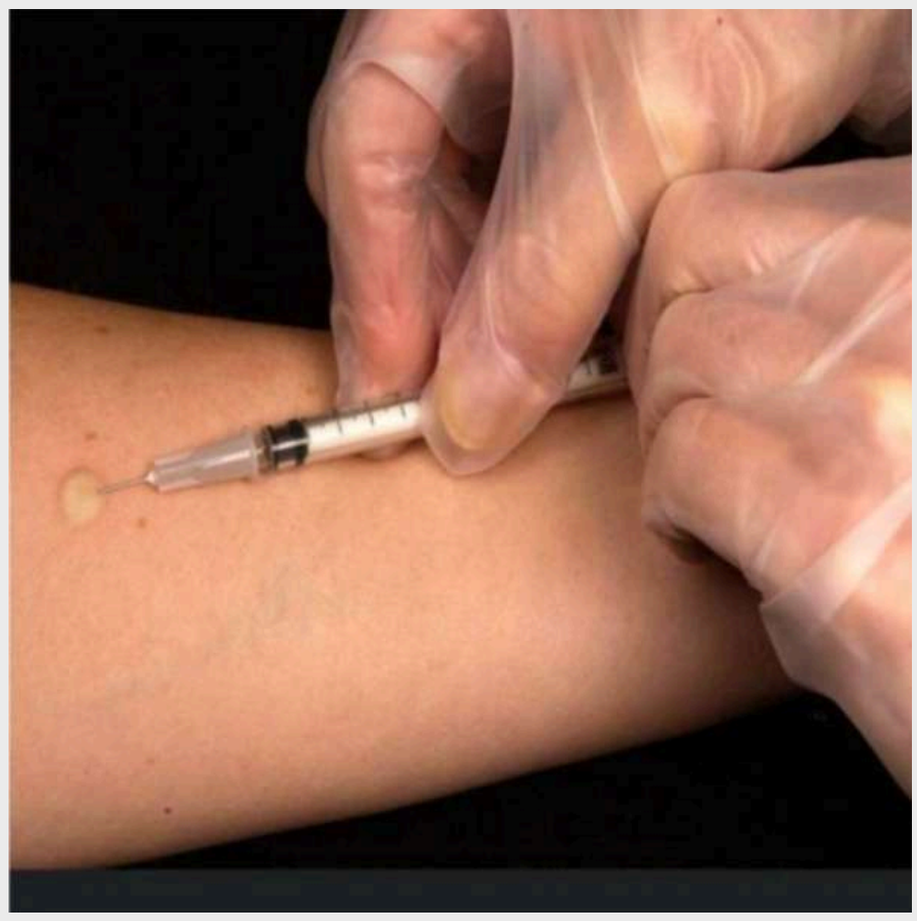
Endotracheal tube in a newborn, his GA: 38 weeks, weight: 3 kg



- A) Size according to this baby?
  - 3.5
- B) Probable length for baby?
  - 9 cm
- C) How to confirm its true position?
  1. Direct laryngoscope
  2. Chest expansion
- D) 3 Indications of intubation:
  1. Congenital diaphragmatic hernia
  2. Low Apgar score <3
  3. Newborn without detectable heart rate

1) Name the test:

Tuberculin test



2) When to read?

After 48–72 hours

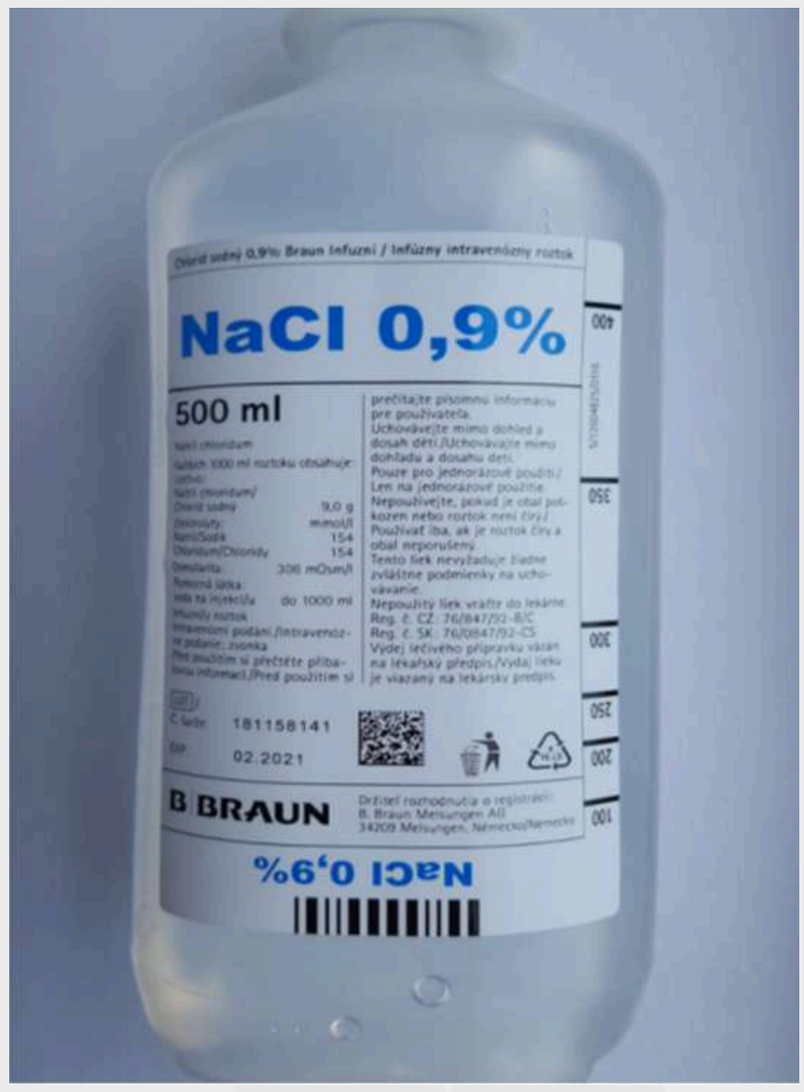
3) When is it considered positive?

- 15 mm in healthy individuals
- 10 mm in patients with chronic illness / less than 4 years old
- 5 mm in HIV patients and immunocompromised

Others

Q: What is this called:

Normal salin 0.9% isotonic crystalloid



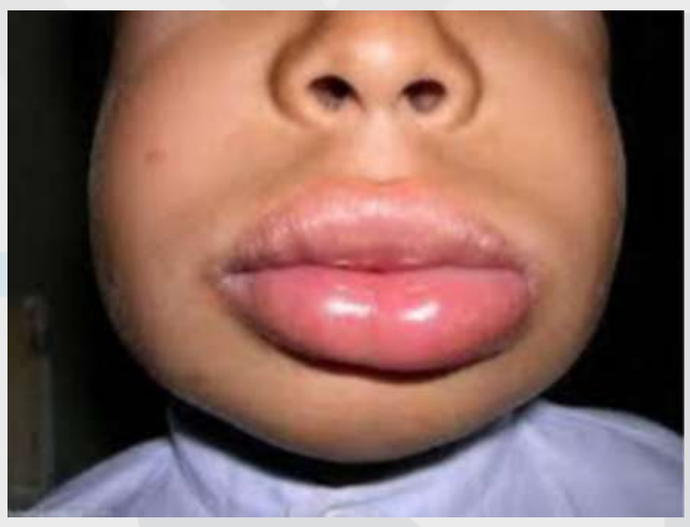
Q: Two indication ?

1) Dehydration

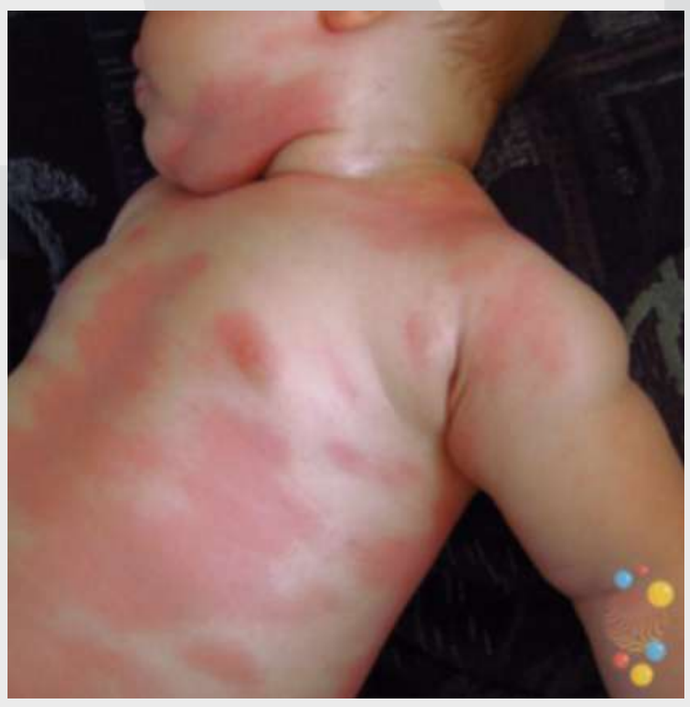
2) Maintenance Fluid Therapy

Q: Write what you see in each photo?

1.Urticaria (Hives)



2. Angioedema



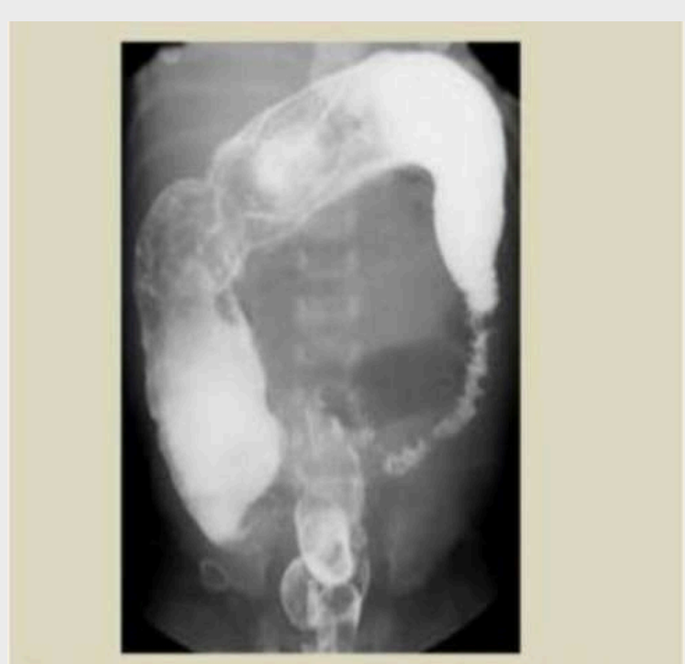
A 3 year old with constipation for 2 years. The x-ray is shown

1. What is the cause?

Hirschsprung's disease

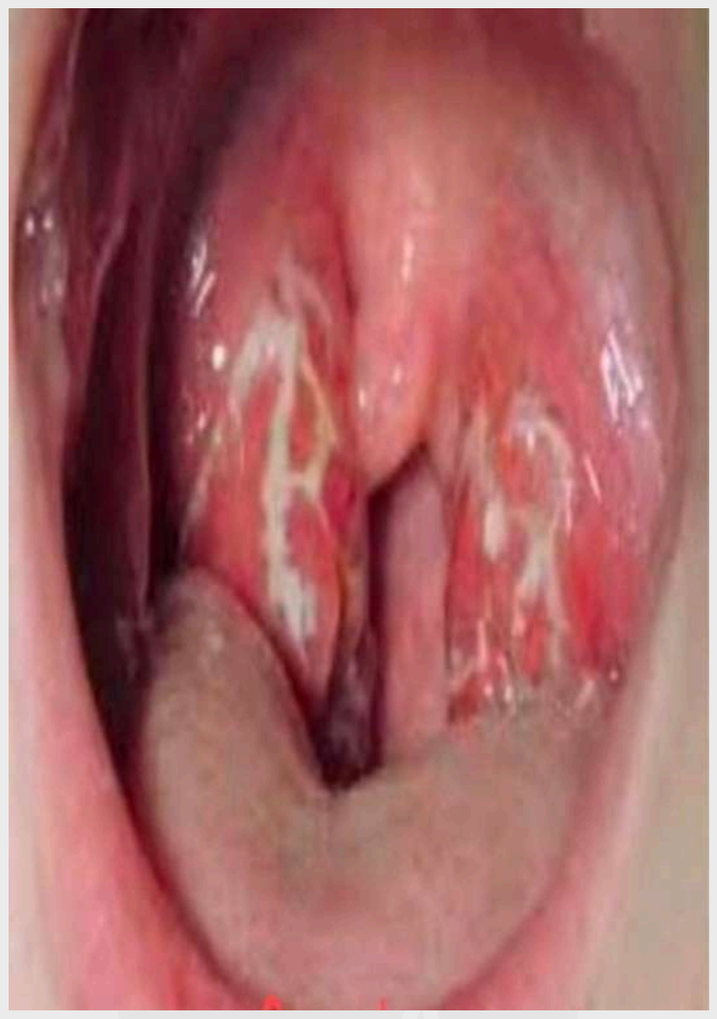
2. What is the treatment?

Surgery (Resection and reanastomosis)



Others

Fever for 2 days with throat pain and lymphadenopathy without rhinorrhea:



1- What is the diagnosis?

Tonsillitis

2- what is the causative organism?

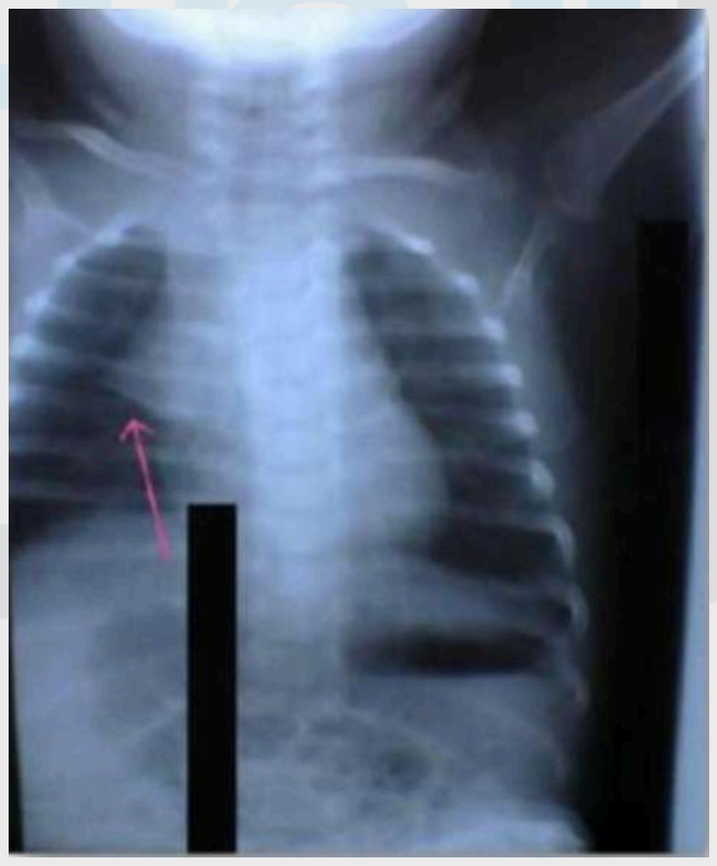
Group A beta hemolytic strep pyogenous

3- Mention 2 systemic complication for this condition

1- rheumatic fever

2- post strep glomerulonephritis

Q: Thymus shadow



• What's the name of this sign?

Sail Sign of thymus.

• What's the most likely Dx.?

Normal X-ray.

Resuscitation :

.pt with sever bleeding, 20kg

Fluids to ressuctation?

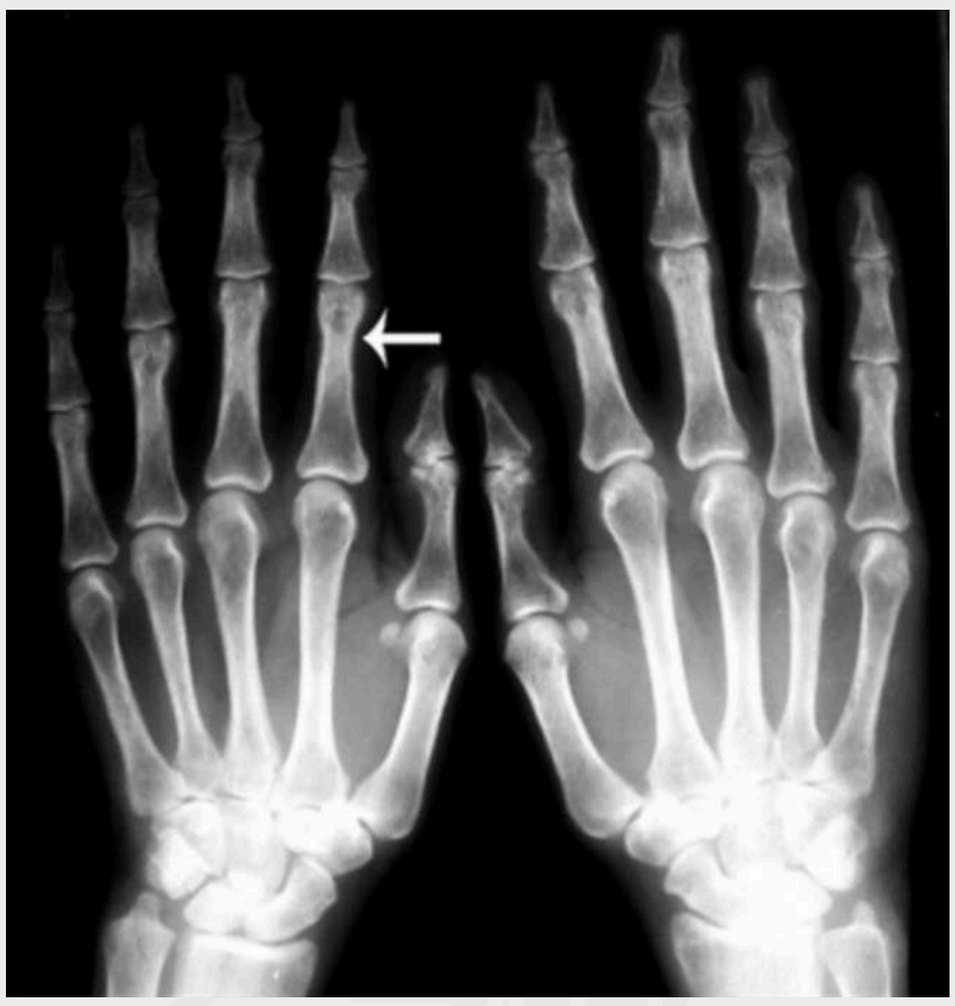
20ml/kg=400ml

Fluids been used?

Normal slaine in ressuctation

Others

15y old male presented with bone pain from months : high urea and creatinine , eGFR=40?



• A. What is the Name of this condition?

Renal Osteodystrophy (Secondary Hyperparathyroidism due to Chronic Kidney Disease).

2 lines of treatment:

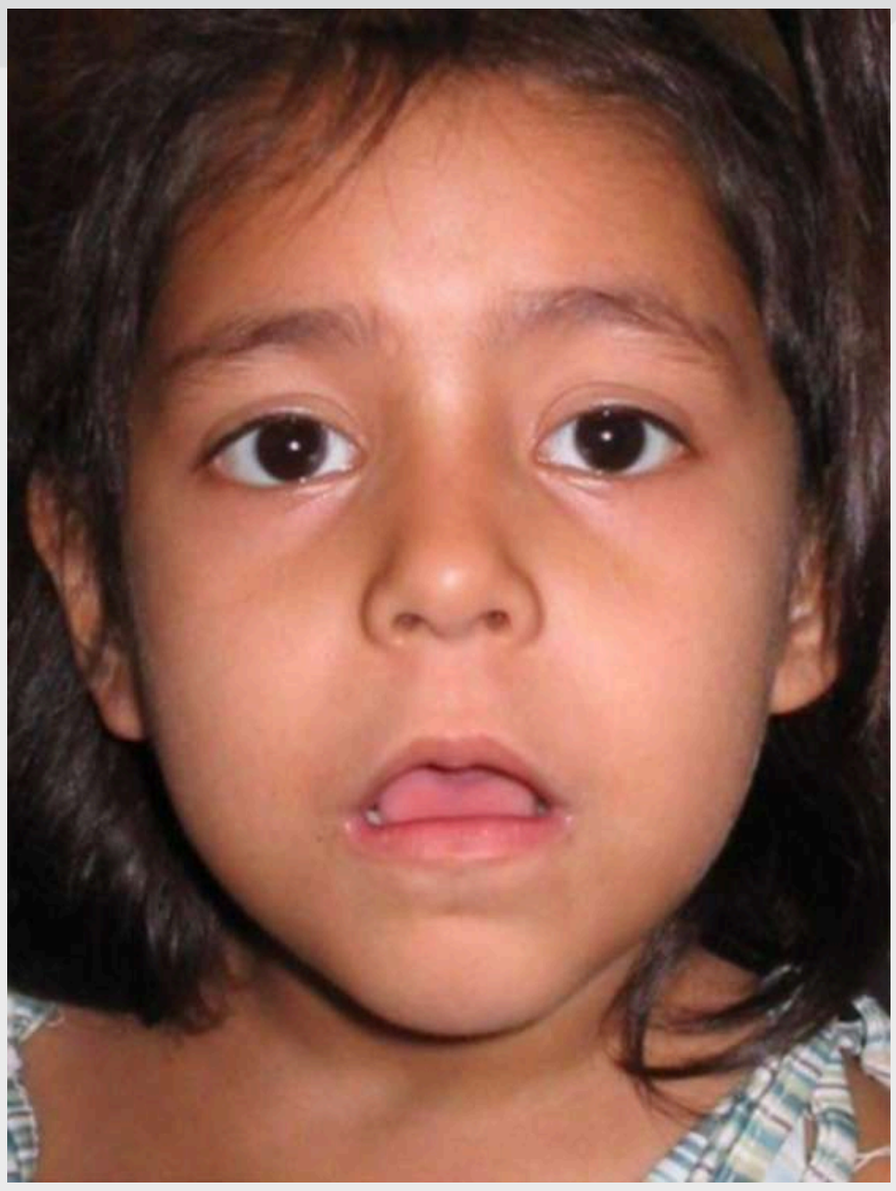
1. Phosphate binders
2. Vitamin D supplements

2 complications of this situation:

Bone fracture

Growth retardation

Anemia



Presented with 2 weeks of rhinorrhea and snoring at night:

• A. Write 2 physical findings:

1. Adenoid facies (Open mouth, elongated face).
2. Mouth breathing.

• B. What is your diagnosis?

• Adenoid Hypertrophy.

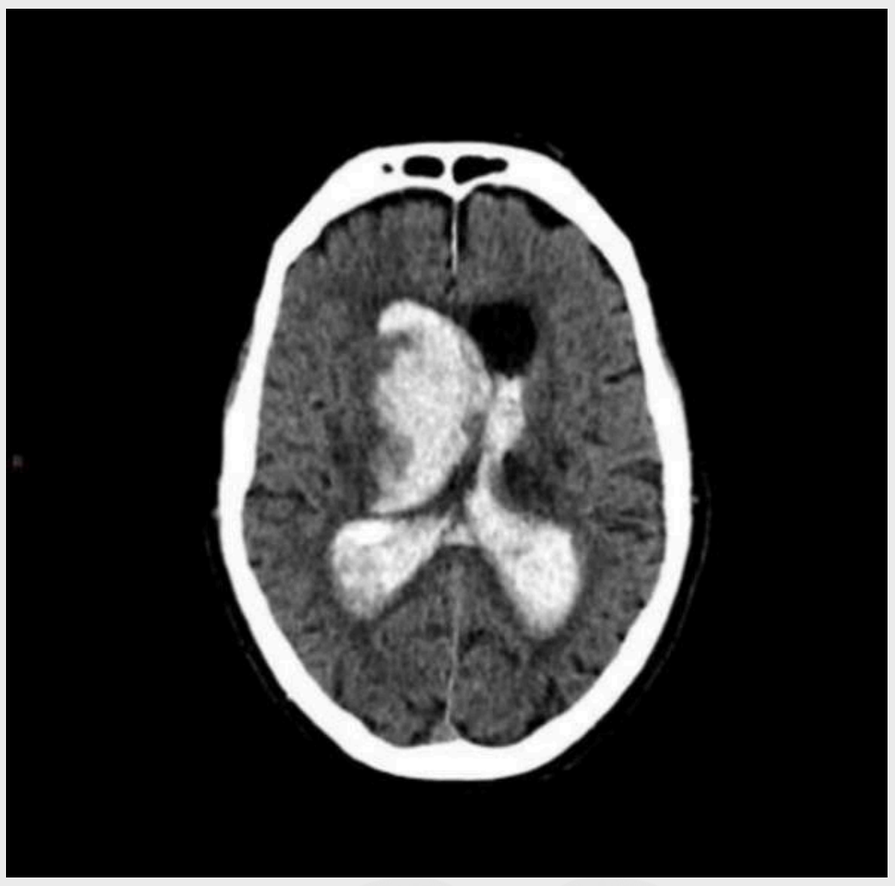
• C. Write 2 complications of this situation:

1. Obstructive Sleep Apnea (OSA).
2. Chronic Otitis Media with effusion.

Others

What you find in this picture?

- Intraventricular hemorrhage



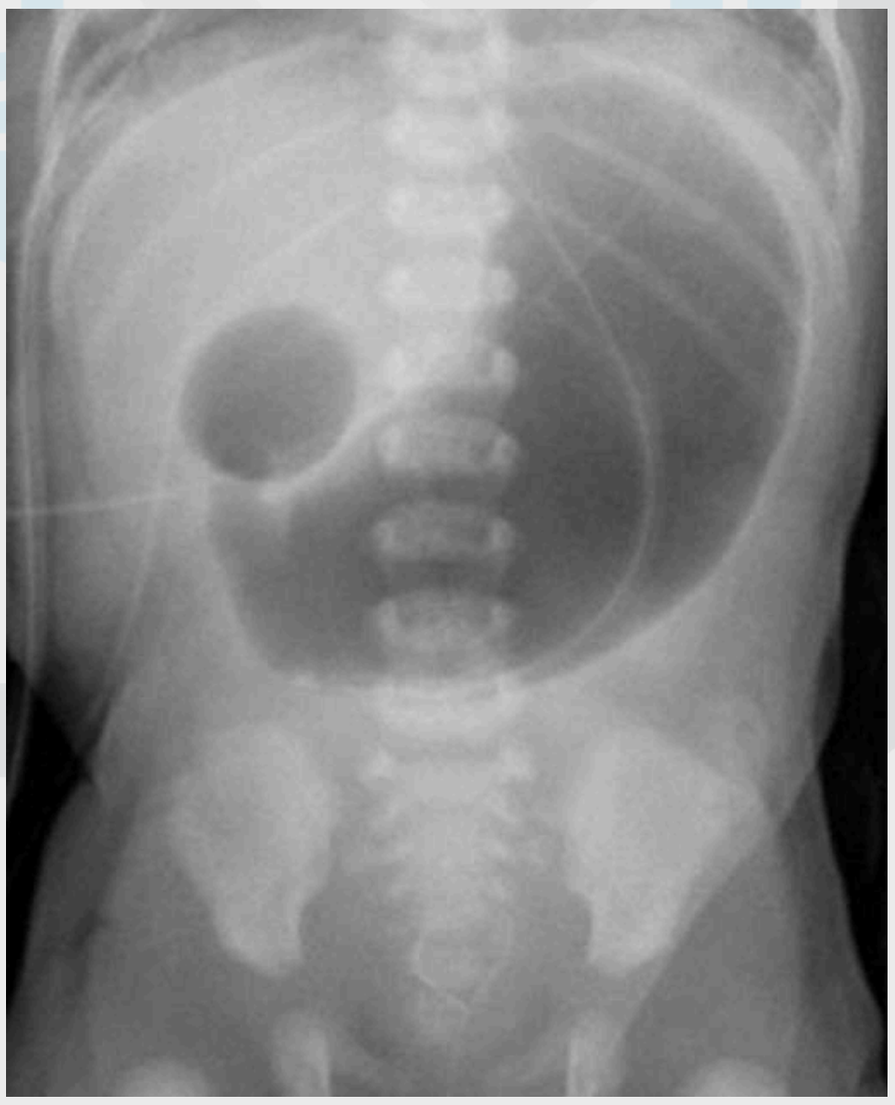
2 complications of this conditions?

1. Periventricular leukomalacia
2. Developmental impairment

Newborn with bilious vomiting

1. Cause of this X-ray finding:

- duodenal atresia

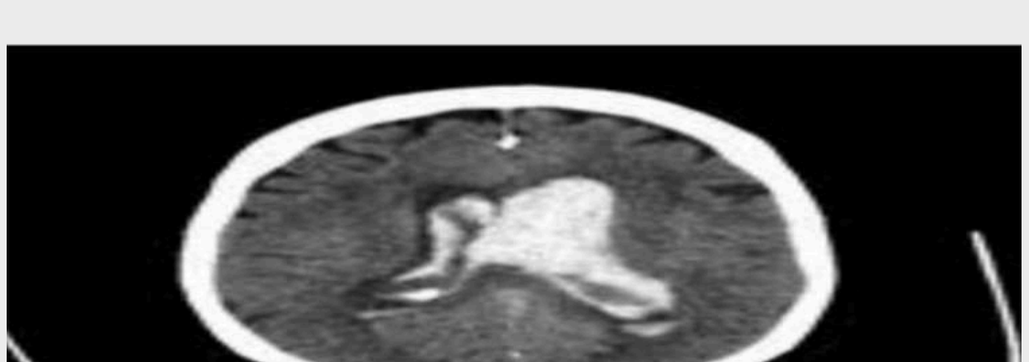


2. two other causes of failure to pass meconium?

- Hirschprung's and imperforate anus

Ddx :

Intraventricular Hemorrhage



Mention 2 complication:

seizure

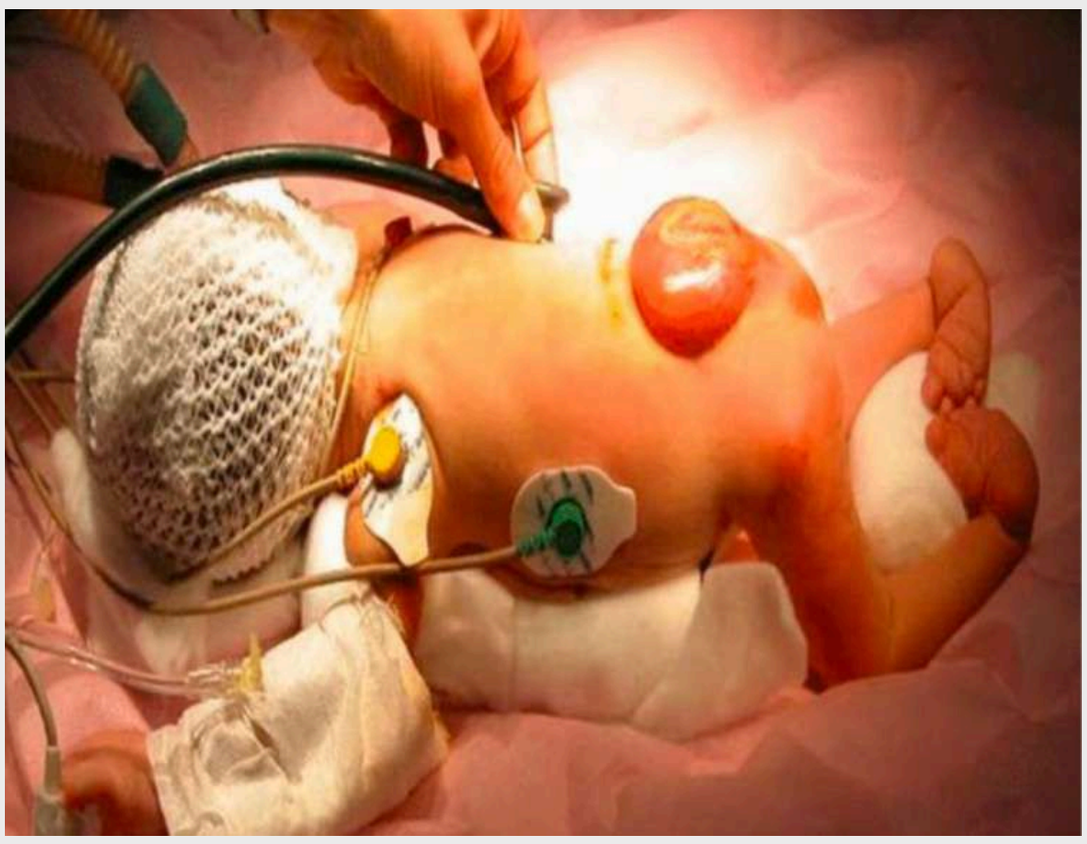
double diplegia

cerebral palsy

Others

Diagnosis:

Myelomeningeocele



what expect about head circumference:

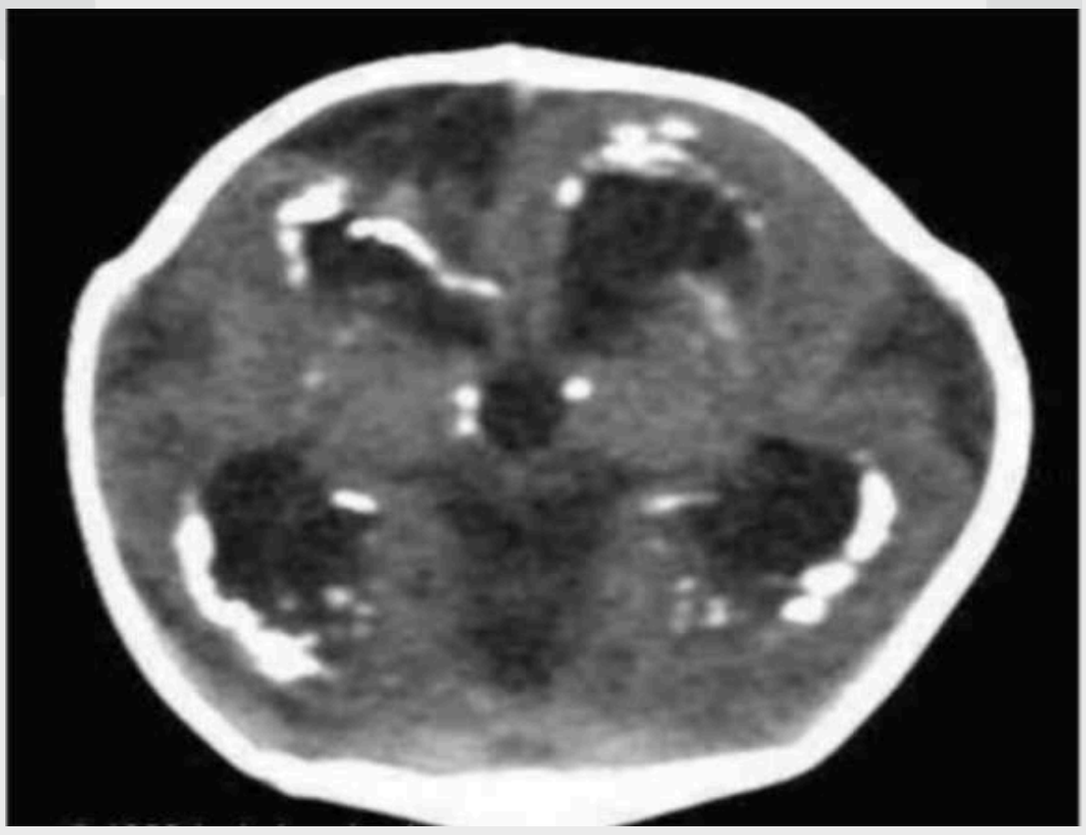
Macrocephaly

WHAT'S THE MOST PROBABLE DIAGNOSIS?

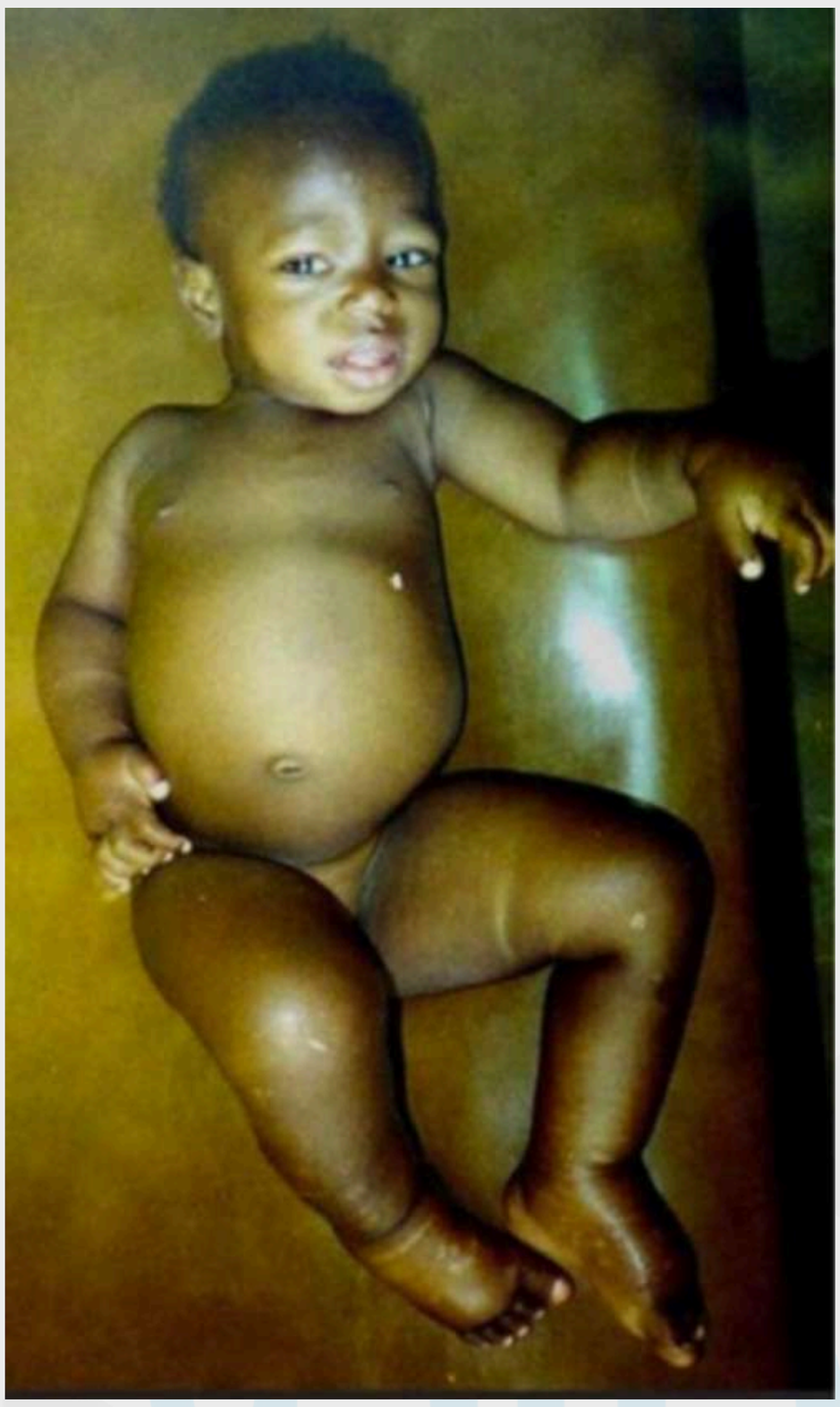
- peri-Ventricular calcifications

2- Describe what you see?

- congenital CMV
- some answered Tuberous sclerosis, since it causes brain calcifications.
- but remember:
- congenital Cmv >> C- shaped "periventricular calcifications"
- congenital toxoplasmosis >> diffuse "scattered" intracranial calcifications



Others

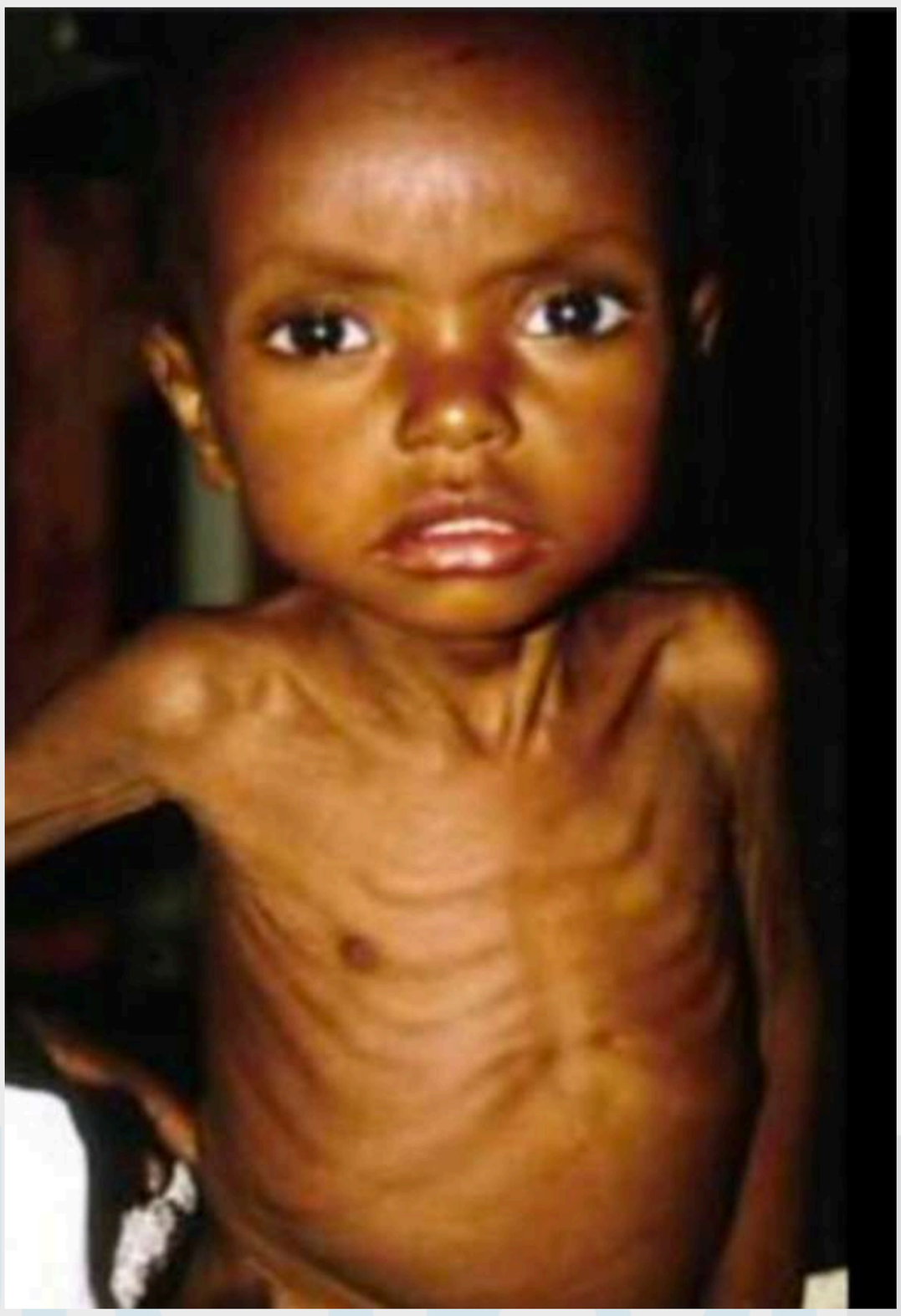


Diagnosis :

KWASHIORKOR

Main problem :

LOW PROTEIN INTAKE



Diagnosis :

Marasmus

Main problem :

LOW CALORI INTAKE

مَا دام العبد يُلحُّ في الدُّعاء، ويطمَع في الإجابة مِن غير قطع الرجاء، فهو قريبٌ مِن الإجابة، ومَن أدمَنَ قَرع الباب يُوشَك أن يُفتح له.

- الحافظ ابن رجب.

سبحانك اللهم وبحمدك نشهد أن لا إله إلا أنت نستغفرك ونتوب إليك

لا تغفلوا عن أهل الأكاديمي من دعاءكم الصادق
١٦-رمضان -١٤٤٧هـ