

Pedz Final

**Nabed 6th & Wateen 5th
2025**

Endo 1

Heme 4

Nephro 8

Neonate 10

GI 13

Exanthem and Endemic 16

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1. ENDOCRINOLOGY AND METABOLISM

– Rickets

Q1. Which of the following is correct regarding Rickets? [Wateen Q1]

- a. Craniotables is the first sign in infants
- b. Phosphate is the least important factor
- c. Diagnosis and follow-up are based on imaging
- d. Rickets in the first year is due to renal disease
- e. ✓ **Rickets in the first year is due to poor nutritional intake**

Q2. Which of the following biochemical changes is NOT true in rickets? [Nabdh Q78]

- a. Phosphate is increased in patients with renal rickets
- b. PTH is normal in patients with X-linked hypophosphatemic rickets
- c. 1,25(OH)₂ Vitamin D is low in patients with renal rickets
- d. PTH is increased in patients with nutritional rickets
- e. ✓ **25 OH Vitamin D is low in patients with Vitamin D-dependent rickets type 1**

– Thyroid Disease

Q3. Which is the MOST SERIOUS adverse reaction associated with propylthiouracil in pediatric patients? [Nabdh Q69]

- a. Agranulocytosis
- b. Glomerulonephritis
- c. ✓ **Severe liver disease**
- d. Hypothyroidism
- e. Skin rash

Q4. Which of the following statements is incorrect regarding congenital hypothyroidism? [Wateen Q3]

- a. ✓ **Most commonly caused by dysmorphogenesis**
- b. Maternal T4 protects neonates against congenital hypothyroidism
- c. Screening detects elevated TSH in primary CH
- d. Congenital hypothyroidism is more common in females
- e. Early treatment prevents intellectual disability

– Pediatric DM Type 1 and Type 2

Q5. Which of the following is incorrect regarding insulin therapy? [Nabdh Q72]

- a. Glargine has no peak
- b. Actrapid insulin is used in the management of DKA
- c. ✓ **The conventional regimen is the preferred regimen for insulin in diabetic children**

Q6. Which of the following is incorrect about the management of DKA? [Nabdh Q74]

- a. ✓ **Initial management includes IV fluid bolus and insulin bolus**

Q7. A child with DM type 1 presented with DKA. While treating with insulin, he became drowsy (cerebral edema). Which is NOT essential in initial management? [Nabdh Q73]

- a. Check pupils size and reactivity
- b. Recheck blood sugar
- c. Recheck blood gases
- d. Check the insulin infusion line and dosage
- e. ✓ **Immediate brain CT**

Q8. An 11-year-old obese male presents with acanthosis nigricans. All of the following are true EXCEPT:

[Wateen Q6]

- a. Initial therapy includes lifestyle changes
- b. HbA1c >6.5% is diagnostic of diabetes
- c. Insulin therapy (short and long acting) is the best initial treatment
- d. ✓ This child likely has high levels of circulating anti-GAD antibodies**
- e. Obesity is a major risk factor for insulin resistance

Q9. A child with random blood sugar 85-110 and fasting BS 95, has vitiligo. Which statement is incorrect?

[Nabdh Q71]

- a. ✓ OGTT and insulin resistance are important for diagnosis**
- b. Anti-GAD and anti-islet cell antibodies are important
- c. Pre-meal and post-meal glucocheck for 1 week is important
- d. High BMI and hypertension can be suggestive of type 2 DM
- e. Onset of symptoms after age of 40 is called MODY

Q10. Which of the following statements about cystic fibrosis-related diabetes is incorrect? [Wateen Q9]

- a. ✓ Treated with multiple daily insulin injections (MDI)**
- b. Insulin pump therapy is more appropriate
- c. Oral hypoglycemics are ineffective
- d. It usually appears during adolescence
- e. Screening is done annually starting at age 10

— Puberty

Q11. A 5-year-old presents with premature thelarche. Which suggests a PERIPHERAL rather than central cause of precocious puberty? [Nabdh Q75]

- a. Uterine enlargement
- b. ✓ Elevated DHEAS**
- c. Positive GnRH stimulation test

Q12. Regarding premature thelarche, which of the following is true? [Wateen Q11]

- a. ✓ Bone age is usually normal or near normal**
- b. LH and FSH are always elevated
- c. Requires immediate hormonal therapy
- d. Associated with rapid progression to puberty
- e. Almost always caused by CNS pathology

Q13. Which of the following is false about growth spurts? [Wateen Q10]

- a. ✓ Male growth spurt occurs earlier than female growth spurt**
- b. Female growth spurt typically precedes menarche
- c. Peak growth velocity in males is higher than in females
- d. Pubertal growth contributes significantly to final height
- e. Growth hormone secretion increases during puberty

— Growth in Children

Q14. Which of the following is NOT a side effect of growth hormone treatment? [Nabdh Q70]

- a. Hyperglycemia
- b. Insulin resistance
- c. ✓ Avascular necrosis**
- d. Fluid retention
- e. Slipped capital femoral epiphysis (SCFE)

Q15. An 11-year-old male with short stature, parents heights 178 and 165, bone age 9 years. Which is incorrect? [Nabdh Q76]

- a. ✓ Bone age is suggestive of familial short stature**

Q16. Another question on short stature where the case was clearly familial. [Nabdh Q77]

★ *Partial question — options not remembered in the archive*

- a. ✓ This question had no options recalled by the archive writers**

— Failure to Thrive and Obesity

Q17. In Type 2 failure to thrive (FTT), which investigation is LEAST needed? [Wateen Q4]

- a. Karyotyping
- b. ✓ LH and FSH**
- c. Thyroid function tests (TFTs)
- d. Blood and electrolytes
- e. Celiac serology

Q18. All of the following are true regarding obesity and insulin resistance EXCEPT: [Wateen Q7]

- a. Waist circumference is used in diagnosis
- b. Hip circumference is a reliable marker
- c. Abdominal circumference helps in assessment
- d. ✓ BMI is not used in evaluating insulin resistance**
- e. Anthropometric measurements guide risk assessment

— Congenital Adrenal Hyperplasia

Q19. A 5-year-old child with CAH presents with adrenal crisis. What is the best next step? [Wateen Q5]

- a. Start triple the oral corticosteroid dose
- b. Administer IV normal saline
- c. ✓ Give a stress dose of 100 mg hydrocortisone IV**
- d. Double the dose of oral corticosteroids
- e. Start oral rehydration therapy

— Hypocalcemia (Multiple Presentations)

Q20. All of the following are causes of hypocalcemia EXCEPT: [Wateen Q2/Q31]

- a. ✓ Hypoalbuminemia**
- b. Hyperphosphatemia
- c. Hypermagnesemia
- d. Hypoparathyroidism
- e. Vitamin D deficiency

Q21. All of the following cause hypocalcemia EXCEPT: [Wateen Q8]

- a. Vitamin D deficiency
- b. Hyperphosphatemia
- c. Hypoparathyroidism
- d. Hypermagnesemia
- e. ✓ Hyperparathyroidism**

Q22. Which of the following is NOT associated with hypocalcemia? [Nabdh Q51]

- a. ✓ Thiazide diuretics**
- b. Hypoparathyroidism
- c. Chronic kidney failure

— Inborn Errors of Metabolism

Q23. Which is incorrectly matched regarding inborn errors of metabolism? [Nabdh Q79]

- a. Galactosemia — premature ovarian failure
- b. White matter disease — developmental regression
- c. Mucopolysaccharidosis — positive for glycosaminoglycans
- d. ✓ Homocystinuria — bleeding disorder**
- e. Urea cycle defect — prolonged fasting triggers crises

Q24. Which is correctly matched regarding inborn errors of metabolism? [Nabdh Q80]

- a. Phenylketonuria — macrocephaly
- b. Galactosemia — Pseudomonas sepsis
- c. ✓ Fatty acid oxidation disorder — non-ketotic hypoglycemia**

Q25. Which is NOT an indication to screen for inborn errors of metabolism? [Nabdh Q81]

- a. ✓ Unexplained metabolic alkalosis**

Q26. Which is incorrect about urea cycle defect? [Nabdh Q82]

- a. ✓ Presents with respiratory acidosis

2. HAEMATOLOGY, RHEUMATOLOGY, ONCOLOGY & FLUID THERAPY

— Anemia

Q27. A newly adopted girl has frontal bossing, prominent cheeks, flat nasal bridge, Hb 8 mg/dl. Most likely diagnosis? [Nabdh Q36]

- a. ✓ Beta thalassemia major
- b. Sickle cell anemia

Q28. A young male treated for UTI with trimethoprim-sulfamethoxazole now presents with visible jaundice. Likely diagnosis? [Nabdh Q37]

- a. ✓ G6PD
- b. Sickle cell
- c. Beta thalassemia

Q29. Which is the LEAST likely indication for blood transfusion in sickle cell? [Nabdh Q38]

- a. Acute chest syndrome
- b. In preparation for surgery
- c. Acute splenic sequestration
- d. ✓ Hemoglobin level of 8.6 mg/dl

Q30. A patient with sickle cell presents with chest pain, cough, fever 38.9, right lower lobe consolidation. Which is correct? [Nabdh Q42]

- a. ✓ Fat embolus from bone marrow is a differential diagnosis
- b. Symptomatic improvement is expected after blood transfusion

Q31. All of the following can cause macrocytic anemia EXCEPT: [Wateen Q16]

- a. Folate deficiency
- b. Vitamin B12 deficiency
- c. Hypothyroidism
- d. Liver disease
- e. ✓ Lead poisoning

Q32. An infant presents with a triphalangeal thumb. CBC shows macrocytic anemia. Most likely diagnosis? [Wateen Q24]

★ *Triphalangeal thumb + pure red cell aplasia = Diamond-Blackfan anemia*

- a. Fanconi anemia
- b. ✓ Diamond-Blackfan anemia
- c. Congenital hypothyroidism
- d. Thalassemia major
- e. Transient erythroblastopenia

Q33. A 13-year-old girl reports heavy menstruation since menarche. Hb 6.2 g/dL. No significant history. Most likely diagnosis? [Wateen Q22]

- a. Hemophilia A
- b. Factor IX deficiency
- c. Immune thrombocytopenic purpura
- d. ✓ Von Willebrand Disease
- e. Iron-deficiency anemia

Q34. A 3-day-old breastfed newborn presents with rectal bleeding. Born at home, no family history. Most likely cause? [Wateen Q23]

- a. ✓ Vitamin K deficiency bleeding
- b. Necrotizing enterocolitis
- c. Milk protein allergy
- d. Hirschsprung disease
- e. Hemophilia A

Q35. A 6-year-old female has short stature, cafe-au-lait spots, bone deformities, recurrent infections, bleeding, pancytopenia. Most likely diagnosis? [Nabdh Q41]

- a. Sickle cell
- b. Diamond-Blackfan anemia
- c. ✓ Fanconi anemia**

— Bleeding Disorders

Q36. Which of the following is the direct Coombs test used to diagnose? [Nabdh Q31]

- a. Spherocytosis
- b. ITP
- c. ✓ Rh incompatibility**

Q37. Factor 13 is best characterized by? [Nabdh Q32]

- a. ✓ Half-life of 10 days**
- b. Involved in thrombin activation
- c. PT and PTT are abnormal

Q38. Which coagulopathy presents with abnormal PTT NOT corrected with 1:1 mixing study? [Nabdh Q33]

- a. Factor 11 deficiency
- b. ✓ Lupus anticoagulant**
- c. Factor 7 deficiency

Q39. A female with ITP, platelet count 20,000, and intracranial hemorrhage. Best management? [Nabdh Q34]

- a. IVIG
- b. Corticosteroid
- c. ✓ Platelet transfusion, IVIG, and corticosteroid**

Q40. MAHA is associated with all of the following EXCEPT: [Nabdh Q35]

- a. ✓ Beta thalassemia**
- b. DIC
- c. TTP
- d. HUS
- e. Prosthetic valve

Q41. A patient has prolonged aPTT. A 1:1 mixing study corrects the result. Most likely diagnosis? [Wateen Q19]

- a. Factor VIII inhibitor
- b. Lupus anticoagulant
- c. Factor VII deficiency
- d. ✓ Factor XI deficiency**
- e. Von Willebrand disease

Q42. Which coagulation factor is NOT affected by warfarin (vitamin K)? [Wateen Q26]

- a. Factor II
- b. Factor VII
- c. Factor IX
- d. Protein C
- e. ✓ Factor V**

Q43. A 5-year-old presents with petechiae and bruises. Platelet count 11,000/uL. Initial management? [Wateen Q14]

- a. Splenectomy
- b. Platelet transfusion
- c. Steroids
- d. Rituximab
- e. ✓ Reassurance**

— Leukemia and Oncology

Q44. A 16-year-old male with fatigue, bone pain, palpable painless cervical lymph nodes, mediastinal mass. Most likely diagnosis? [Nabdh Q39]

- a. ✓ Hodgkin lymphoma**

Q45. A 3-year-old with AML. Which is TRUE about acute myeloid leukemia? [Nabdh Q40]

- a. Down syndrome is associated with decreased incidence
- b. ✓ Peak incidence is between ages 2 and 5**
- c. His age is a poor prognostic factor
- d. Mostly arises from mature T cells

Q46. A 2-year-old with Down syndrome is diagnosed with AML-M7. Which is TRUE? [Wateen Q12]

- a. AML-M7 in Down syndrome has a poor prognosis
- b. Requires immediate bone marrow transplant
- c. AML-M7 in Down syndrome is resistant to chemotherapy
- d. Not associated with GATA1 mutation
- e. ✓ AML-M7 in Down syndrome has a better prognosis**

Q47. Which cytogenetic abnormality is associated with a GOOD prognosis in ALL? [Wateen Q18]

- a. t(9;22)
- b. t(4;11)
- c. ✓ t(12;21)**
- d. t(1;19)
- e. t(8;14)

Q48. X-ray shows a sunburst periosteal reaction. Most likely diagnosis? [Wateen Q20]

- a. Ewing sarcoma
- b. ✓ Osteosarcoma**
- c. Osteoid osteoma
- d. Osteochondroma
- e. Giant cell tumor

Q49. A child presents with aniridia. This finding is most commonly associated with? [Wateen Q21]

- a. Neuroblastoma
- b. ✓ Wilms tumor**
- c. Retinoblastoma
- d. Medulloblastoma
- e. Craniopharyngioma

Q50. A patient with beta thalassemia on iron chelation therapy 6 days/week presents with watery diarrhea. Most likely causative organism? [Nabdh Q44]

- a. E. coli
- b. Salmonella
- c. ✓ Yersinia enterocolitis**

— Systemic JIA / Rheumatology

Q51. A 6-year-old presents with a salmon-pink rash and hepatosplenomegaly. Most likely diagnosis? [Wateen Q17]

- a. Rheumatic fever
- b. Kawasaki disease
- c. Henoch-Schonlein purpura
- d. ✓ Systemic-onset Juvenile Idiopathic Arthritis**
- e. Viral exanthem

Q52. A 6-year-old child with swelling in one joint with redness, warmth, limited ROM. Most appropriate next step? [Wateen Q27]

- a. Start oral NSAIDs and observe at home
- b. Order a routine outpatient rheumatology referral
- c. Start physical therapy
- d. ✓ Refer urgently to orthopedics**
- e. Discharge with reassurance

— Fluid Therapy in Children

Q53. What is the fluid DEFICIT therapy for isonatremic dehydration 5% in a 15 kg child? [Nabdh Q58]

- a. 1500 ml/day of 0.45% saline

- b. ✓ 750 ml/day of 0.45% saline
- c. 750 ml/day of normal saline

Q54. A 3-year-old child (15 kg) with isonatremic dehydration needs fluid MAINTENANCE. Appropriate fluid and rate? [Wateen Q30]

- a. 1250 mL/day of 0.9% NaCl
- b. 1250 mL/day of D5W
- c. ✓ 1250 mL/day of 0.45% NaCl
- d. 1000 mL/day of Ringer lactate
- e. 1500 mL/day of 0.18% NaCl

Q55. A 3-year-old girl seizes, profuse diarrhea/vomiting, dehydrated, Na=113. Most important next step? [Nabdh Q60]

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

Q56. A child post-meningitis: Na=124, urine osmolality=420, urine Na=60, serum osm=250. Best management? [Nabdh Q61]

- a. ✓ Fluid restriction
- b. Hypertonic saline
- c. Administer desmopressin

Q57. A 3-year-old with severe dehydration and hypotension. Which is correct about fluid therapy? [Wateen Q25/Q33]

- a. Use colloids for fluid resuscitation in septic shock
- b. Sodium bicarbonate should be given early
- c. Correct hypernatremic dehydration over 12-24 hours
- d. ✓ In hypernatremic dehydration, correction should occur over at least 36-48 hours
- e. Use G5W 0.18% N/S for fluid resuscitation

Q58. A 3-year-old child presents with severe dehydration and hypotension. Which statement about fluid therapy is correct? [Wateen Q33]

- a. G5W 0.18% NaCl is the best for resuscitation
- b. Colloids are preferred in septic shock
- c. Sodium bicarbonate should be given early
- d. ✓ In hypernatremic dehydration, correct over at least 36-48 hours
- e. 20 mL/kg bolus of G5W 0.45% NaCl is preferred for hypotension

Q59. Which of the following is incorrectly matched? [Nabdh Q62]

- a. Severe vomiting — K⁺ level 3.5
- b. ✓ Cyclosporine — K⁺ level 3.5

Q60. A 6-year-old ESRD patient on dialysis presents with muscle weakness and ECG showing peaked T-waves. K⁺ = 7.8 mEq/L. Most immediate step? [Wateen Q15/Q32]

- a. ✓ IV calcium gluconate
- b. Sodium bicarbonate infusion
- c. Sodium polystyrene sulfonate
- d. Glucose 10% infusion
- e. Labetalol

3. NEPHROLOGY

— Acute Kidney Injury (AKI) and Chronic Kidney Disease

Q61. Which best defines acute kidney injury? [Nabdh Q53]

- a. ✓ A rise of creatinine 0.3 mg/dl from baseline within 48 hours
- b. A rise of creatinine 1.5-fold from baseline within 48 hours
- c. Urine output less than 0.5 ml/kg/hr for more than 3 hours

Q62. Which is incorrect regarding chronic kidney failure? [Nabdh Q54]

- a. ✓ **All patients must have a decrease in GFR for at least 3 months**
- b. Stages 4 and 5 develop secondary hyperparathyroidism
- c. Stage 5 is an indication for dialysis

Q63. All of the following about AKI are correct EXCEPT: [Wateen Q34]

- a. Most cases in developing countries are prerenal
- b. Non-oliguric AKI can occur in neonates and some tubulopathies
- c. ✓ **ACE inhibitors precipitate AKI by blocking prostaglandins**
- d. AKI is classified based on creatinine clearance and urine output
- e. Both hemodialysis and peritoneal dialysis are effective in AKI

— Urinary Tract Infection (UTI)

Q64. A 35-day-old male had UTI due to Proteus with severe unilateral hydronephrosis. Most appropriate investigation? [Nabdh Q52]

- a. DMSA scan
- b. ✓ **VCUG**

Q65. Which drug is NOT beneficial in management of pyelonephritis? [Nabdh Q55]

- a. ✓ **Nitrofurantoin**
- b. Trimethoprim-sulfamethoxazole

Q66. A 7-year-old girl with suprapubic pain, afebrile, UA positive for nitrites. Best management? [Wateen Q29]

- a. Admit for IV cefotaxime
- b. Admit for IV amikacin
- c. Send home on oral ciprofloxacin
- d. ✓ **Send home on oral cotrimoxazole**
- e. Send home on oral metronidazole

Q67. A 5-year-old boy with bed-wetting only at night, no other urinary symptoms. Best management? [Nabdh Q59]

- a. ✓ **Reassure the parents, as this is a self-limiting condition**

— Nephrotic Syndrome and Proteinuria

Q68. Which is correct about nephrotic syndrome? [Nabdh Q57]

- a. A child with steroid-sensitive NS having 2 recurrences in one year warrants biopsy
- b. ✓ **Diagnosis is confirmed by hypoalbuminemia (level less than 2.5)**
- c. Minimal change disease is the cause of 30% of nephrotic syndrome cases

Q69. Which of the following is NOT a complication of nephrotic syndrome? [Wateen Q35]

- a. Renal vein thrombosis
- b. Hypertension
- c. ✓ **Hemolytic anemia**
- d. Growth retardation
- e. Susceptibility to Streptococcus pneumoniae infection

Q70. Which is true about nephrotic syndrome in children? [Wateen Q37]

- a. ✓ **Diagnosis confirmed by urine protein >40 mg/m²/hr**
- b. Minimal change disease causes 25% of pediatric nephrotic syndrome
- c. OPV booster is required in new cases
- d. Genetic mutations respond well to steroids
- e. ASO titer >200 IU/mL confirms diagnosis

Q71. All of the following cause albuminuria EXCEPT: [Wateen Q28]

- a. Henoch-Schonlein Purpura (HSP)
- b. Amyloidosis
- c. IgA nephropathy
- d. Minimal change disease
- e. ✓ **Tyrosinemia**

— Hematuria and Nephritis — IgA Nephropathy

Q72. A female with IgA nephropathy and BP 130/95. Best antihypertensive? [Nabdh Q47]

- a. ✓ Enalapril
- b. Hydrochlorothiazide

Q73. Which statement about IgA nephropathy is INCORRECT? [Nabdh Q48]

- a. ✓ Patients with recurrent gross hematuria are at increased risk of ESRD
- b. Hypertension due to IgA nephropathy is treated with ACE inhibitors

Q74. A young female with DM, +2 proteins in urine, and hypertension on more than one occasion. Best agent? [Nabdh Q49]

- a. ✓ Enalapril

Q75. Which is correct about IgA nephropathy? [Wateen Q38]

- a. Gross hematuria occurs 2 weeks after URI
- b. Elevated serum IgA is required for diagnosis
- c. 75% progress to ESRD
- d. ✓ Increased crescents on biopsy indicate poor prognosis
- e. Low C3 level is characteristic early in disease

Q76. Which statement about hematuria in children is INCORRECT? [Wateen Q39]

- a. ✓ Hematuria associated with anemia is characteristic of urological causes
- b. Glomerular hematuria is frequently associated with hypertension
- c. Lower urinary tract hematuria has a bright red color
- d. Hematuria with proteinuria >1000 mg/dL indicates glomerular disease
- e. Passage of clots suggests a bleeding/coagulopathy cause

— Post-streptococcal Glomerulonephritis / HUS

Q77. All of the following are causes of hypocalcemia EXCEPT: [Wateen Q31]

- a. ✓ Hypoalbuminemia
- b. Hyperphosphatemia
- c. Hypermagnesemia
- d. Hypoparathyroidism
- e. Vitamin D deficiency

Q78. Which is incorrect regarding post-streptococcal glomerulonephritis? [Nabdh Q56]

- a. ✓ Use of antibiotics early can help prevent its occurrence and complications

Q79. Which is correct about post-streptococcal glomerulonephritis? [Wateen Q36]

- a. Heavy proteinuria is universal
- b. Complement levels C3/C4 are always normal
- c. Biopsy is required if hypertension is present
- d. Pulse steroids are needed for low C3
- e. ✓ It has a very good prognosis in most cases

Q80. A patient had acute gastroenteritis presenting with HUS picture. Expected finding on investigations? [Nabdh Q50]

- a. Low LDH
- b. High haptoglobin
- c. ✓ Elevated creatinine

Q81. A 6-year-old ESRD patient on peritoneal dialysis presents with muscle weakness. ECG shows peaked T-waves. K⁺ is 7.8 mEq/L. What is the most important immediate step? [Wateen Q32]

- a. Sodium bicarbonate infusion
- b. Sodium polystyrene sulfonate
- c. Glucose 10% infusion
- d. ✓ IV calcium gluconate
- e. Labetalol

4. NEONATOLOGY

— Neonatal Jaundice

Q82. A 3-week-old baby with poor feeding, decreased activity, jaundice. Important initial investigation? [Nabdh Q1]

- a. Urine culture
- b. Blood gases
- c. ✓ Direct bilirubin**

Q83. A 4-hour-old newborn with jaundice. Blood group A negative, mother O negative. Likely cause? [Nabdh Q2]

- a. Rh incompatibility
- b. ✓ ABO incompatibility**

Q84. Which is always considered pathological jaundice? [Nabdh Q3]

- a. Breast milk jaundice
- b. Unconjugated hyperbilirubinemia
- c. ✓ Conjugated hyperbilirubinemia**

Q85. Which is incorrect regarding phototherapy? [Nabdh Q4]

- a. Converts bilirubin into a water-soluble form
- b. ✓ Causes irreversible/permanent retinal damage**
- c. Requires eye protection
- d. Causes a decrease in serum calcium
- e. Causes abdominal distention and loose stools

Q86. Which condition is most likely to cause conjugated hyperbilirubinemia in a neonate? [Wateen Q49]

- a. Physiological jaundice
- b. Breast milk jaundice
- c. Hemolytic disease of the newborn
- d. ✓ Biliary atresia**
- e. Crigler-Najjar syndrome

Q87. A newborn develops jaundice 12 hours after birth. Baby is A+, mother is AB+. Coombs test negative. Hb 10, MCHC 38. Next best step? [Wateen Q13]

- a. Abdominal ultrasound
- b. G6PD enzyme testing
- c. ✓ Fragility test**
- d. Exchange transfusion
- e. Reticulocyte count

Q88. Which drug affects bilirubin binding to albumin? [Wateen Q48]

- a. Ampicillin
- b. Gentamicin
- c. ✓ Ceftriaxone**
- d. Paracetamol
- e. Vancomycin

Q89. Which enzyme is primarily responsible for bilirubin glucuronidation in the liver? [Wateen Q43]

- a. Cytochrome P450
- b. Lactate dehydrogenase
- c. ✓ UDP-glucuronosyltransferase 1A1 (UGT1A1)**
- d. Glutathione S-transferase
- e. Alanine aminotransferase

— Neonatal Sepsis and Bacteria

Q90. Best antibiotics for neonatal sepsis? [Nabdh Q16]

- a. Vancomycin + ceftriaxone
- b. ✓ Ampicillin + gentamicin**

Q91. A pregnant lady with group B streptococcal colonization had intrapartum prophylaxis. Best management for the baby? [Nabdh Q11]

- a. Antibiotic prophylaxis
- b. Blood cultures
- c. ✓ Observation if GA is more than 35 and 2 doses have been given**

Q92. Which is NOT a recognized risk factor for early-onset neonatal sepsis? [Wateen Q47]

- a. Prolonged rupture of membranes (>18 hours)
- b. Maternal fever during labor
- c. Maternal Group B Streptococcus (GBS) colonization
- d. ✓ Endotracheal intubation after birth**
- e. Preterm labor (<37 weeks gestation)

— Neonatal Seizures

Q93. Which best describes neonatal subtle seizures? [Nabdh Q10]

- a. ✓ Includes eye deviation and apnea**

Q94. Which is FALSE regarding neonatal jitteriness? [Wateen Q45]

- a. It is usually stimulus-sensitive
- b. It can be stopped by holding the limb
- c. ✓ It is associated with significant autonomic changes**
- d. No electro-cortical signature
- e. It is characterized by rhythmic tremors

— Respiratory Distress Syndrome (RDS)

Q95. A lady in preterm labor at 29th week, newborn develops RDS. Best management? [Nabdh Q14]

- a. Antibiotics
- b. ✓ CPAP and surfactant administration**

Q96. What is the main functional phospholipid in surfactant? [Nabdh Q15]

- a. ✓ Lecithin**
- b. Sphingomyelin
- c. Phosphatidylglycerol

Q97. What is the diagnostic radiographic (X-ray) finding in neonatal RDS? [Wateen Q40]

- a. ✓ Ground-glass appearance with air bronchograms**
- b. Hyperinflated lungs with flattened diaphragms
- c. Lobar consolidation
- d. Cavitary lesions
- e. Patchy infiltrates sparing the perihilar region

Q98. What radiological feature best distinguishes meconium aspiration from RDS? [Nabdh Q13]

- a. Air bronchogram
- b. Diffuse consolidation
- c. Decreased lung expansion
- d. ✓ Patchy infiltrate and atelectasis**

Q99. Which protein of pulmonary surfactant is essential for normal lung function, and its mutation causes lethal neonatal lung disease? [Wateen Q42]

- a. SP-A
- b. ✓ SP-B**
- c. SP-C
- d. SP-D
- e. SP-G

— Common Problems in Neonates

Q100. Which skin finding in a neonate is pathological? [Nabdh Q5]

- a. Erythema toxicum
- b. Harlequin

- c. Mongolian spot
- d. ✓ Mottling with circulatory instability**

Q101. What is the best initial indicator for the need for resuscitation? [Nabdh Q6]

- a. Skin color
- b. ✓ Breathing effort**
- c. Muscle tone

Q102. What is the best indicator for successful ventilation in neonatal resuscitation? [Nabdh Q7]

- a. Increase in O2 sat
- b. Chest rise
- c. Skin color changes
- d. ✓ Increase in heart rate**

Q103. What is the most common cause of death in the first week of life in hypoxic ischemic encephalopathy? [Nabdh Q8]

- a. ✓ Multi-organ failure**

Q104. Which is NOT part of the diagnostic criteria of HIE? [Nabdh Q9]

- a. Sustained low APGAR score for more than 5 minutes
- b. Metabolic acidosis
- c. Evidence of asphyxia
- d. ✓ Elevated bilirubin**
- e. Multiorgan dysfunction

Q105. Which best describes Erb's palsy? [Nabdh Q12]

- a. Moro reflex absent in both limbs
- b. ✓ Internal rotation of the arm and limited movement**

Q106. Which of the following is true about cephalhematoma? [Wateen Q41]

- a. ✓ Does not cross suture lines and usually disappears within weeks**
- b. Crosses suture lines and resolves within days
- c. Associated with significant neurological damage
- d. Requires immediate surgical evacuation
- e. Pulsatile and transilluminates

Q107. Which component of the Apgar score does 'reflex irritability' correspond to? [Wateen Q46]

- a. Muscle tone
- b. Skin color
- c. Heart rate
- d. ✓ Grimace response**
- e. Respiratory effort

Q108. A full-term newborn born through meconium-stained fluid but is vigorous. Next best step? [Wateen Q44]

- a. Intubation and tracheal suctioning
- b. Continuous positive airway pressure (CPAP)
- c. Chest compressions
- d. ✓ Drying and stimulation**
- e. Endotracheal administration of artificial surfactant

Q109. A newborn is noted to have a pink right arm and blue lower extremities. Most likely diagnosis? [Nabdh Q83]

- a. ✓ Coarctation of the aorta**

Q110. Single umbilical artery is mostly associated with? [Nabdh Q84]

- a. Congenital heart disease
- b. ✓ Chromosomal abnormalities**

5. GASTROENTEROLOGY, CHROMOSOMAL ABNORMALITIES & NUTRITION

— Chronic Diarrhea and Malabsorption

Q111. Which is true regarding celiac disease? [Nabdh Q96]

- a. ✓ **IgA levels are necessary to accurately interpret celiac antibodies**

Q112. Which is INCORRECT about celiac disease? [Wateen Q66]

- a. It is an autoimmune condition
- b. Increased risk in Down and Turner syndromes
- c. Life-long gluten-free diet is required
- d. ✓ **Anti-tTG IgG is the most specific for diagnosis**
- e. HLA-DQ2 and DQ8 are often positive

Q113. A child with gastroenteritis has acidic stool. What is most likely malabsorbed? [Wateen Q63]

- a. Protein
- b. Fat
- c. ✓ **Carbohydrates**
- d. Water
- e. Electrolytes

Q114. A child presents with short stature, skin tags, fistulas, and aphthous ulcers. Most likely diagnosis? [Wateen Q55]

- a. ✓ **Crohn's disease**
- b. Ulcerative colitis
- c. IgA deficiency
- d. Cow's milk allergy
- e. Celiac disease

Q115. Which is false about inflammatory bowel disease in pediatrics? [Nabdh Q95]

- a. The disease is more extensive in pediatrics than in adults
- b. Crohn's disease involves the gut from mouth to anus
- c. ✓ **Erythema nodosum is typically associated with ulcerative colitis**

— Acute Gastroenteritis

Q116. ORS contains all of the following EXCEPT: [Nabdh Q94]

- a. Sodium
- b. Potassium
- c. Glucose
- d. Bicarbonate
- e. ✓ **Calcium**

Q117. A child presents with acute gastroenteritis. All of the following are true EXCEPT: [Wateen Q50]

- a. Oral rehydration is the cornerstone of treatment
- b. Monitor for signs of dehydration
- c. Most cases are viral and self-limited
- d. Use zinc supplementation in management
- e. ✓ **Treat the patient with anti-diarrheal drugs**

— Infant Feeding

Q118. What is the most abundant immunoglobulin in breast milk? [Nabdh Q93]

- a. ✓ **IgA**

Q119. Colostrum is low in which of the following? [Wateen Q62]

- a. Immunoglobulins
- b. Protein
- c. ✓ **Total fat**
- d. Vitamin A
- e. Minerals

Q120. In exclusively breastfed infants, which vitamin is likely to be deficient? [Wateen Q60]

- a. Vitamin A
- b. Vitamin B12
- c. Vitamin C

- d. ✓ Vitamin D
- e. Vitamin K

Q121. All of the following are TRUE EXCEPT: [Wateen Q65]

- a. Vitamin E deficiency can lead to ataxia
- b. Vitamin E deficiency can cause hemolytic anemia
- c. Vitamin A deficiency causes night blindness
- d. Vitamin D deficiency causes rickets
- e. ✓ Vitamin K deficiency causes scurvy

— Gastroesophageal Reflux Disease (GERD)

Q122. All of the following contribute to GERD in pediatrics EXCEPT: [Wateen Q61]

- a. Supine positioning
- b. Short esophagus
- c. Low LES pressure
- d. ✓ Prone position
- e. Liquid diet

— Allergy

Q123. Which is incorrect about cow's milk protein allergy? [Nabdh Q98]

- a. ✓ It is mostly an IgE-mediated reaction
- b. Extensively hydrolysed formula is used for infants with IgE-mediated CMPA
- c. 60% of cases resolve by 1 year

Q124. Which is INCORRECT about allergy? [Wateen Q64]

- a. Asthma and eczema are type I hypersensitivity
- b. ✓ Eczema most commonly affects extensor areas in infancy
- c. Allergic rhinitis may lead to nasal polyps
- d. Milk allergy is the most common allergy before age 3
- e. Urticaria onset in children is usually acute

— Chromosomal Abnormalities

Q125. A child has cleft lip/palate, heart defect, hypocalcemia, absent thymus. Which is correct? [Nabdh Q87]

- a. ✓ The cause is a microdeletion at chromosome 22q11.2

Q126. Which best characterizes Down syndrome? [Nabdh Q88]

- a. ✓ Brachydactyly and upslanting of eyes

Q127. Which feature is associated with Down syndrome? [Wateen Q57]

- a. Cafe-au-lait spots
- b. Webbed neck
- c. ✓ Single palmar crease
- d. Broad thumbs
- e. Tall stature

Q128. Which is INCORRECT about Down syndrome? [Wateen Q58]

- a. ✓ Robertsonian translocation is the most common cause
- b. It is the most common chromosomal syndrome
- c. They are more likely to develop AML than ALL
- d. Hypotonia is a common feature
- e. Intellectual disability is typical

Q129. Which of the following is incorrectly matched? [Nabdh Q86]

- a. ✓ Turner syndrome — advanced maternal age

Q130. Upward slanted palpebral fissures are seen in which condition? [Wateen Q56]

- a. Turner syndrome
- b. Noonan syndrome
- c. ✓ Down syndrome

- d. Marfan syndrome
- e. Prader-Willi syndrome

Q131. Which is TRUE about Turner Syndrome? [Wateen Q53]

- a. Caused by trisomy of X chromosome
- b. Advanced maternal age is a risk factor
- c. Associated with increased risk of VSD
- d. ✓ Universal short stature**
- e. Increased risk of neural tube defects

— GI Bleeding

Q132. A 3-year-old child with painless rectal bleeding, fresh blood, empty rectum after DRE. Most likely diagnosis? [Nabdh Q97]

- a. Meckel's diverticulum
- b. ✓ Juvenile polyposis**
- c. Intussusception

Q133. A 2-year-old male with 100 mL of rectal bleeding and a palpable abdominal mass. Most probable cause? [Wateen Q54]

- a. ✓ Meckel's diverticulum**
- b. Intussusception
- c. Anal fissure
- d. Hemorrhoids
- e. Gastroenteritis

Q134. A 3-day-old breastfed baby presents with dark blood in stool. Physical exam normal. Most likely diagnosis? [Wateen Q59]

- a. ✓ Cow milk protein allergy**
- b. Necrotizing enterocolitis
- c. Sepsis
- d. Vitamin K deficiency bleeding
- e. Hemophilia

Q135. In cases of children ingesting batteries, which is incorrect? [Nabdh Q99]

- a. ✓ Endoscopy if battery is more than 2cm in length and 5cm in diameter**
- b. Multiple batteries carries risk of intestinal perforation
- c. Measure heavy metal levels in blood and urine
- d. Any object passing through stomach likely passes with stool

Q136. Which is not suggestive of an organic cause of constipation? [Nabdh Q92]

- a. Fecal incontinence
- b. Anal fissure
- c. ✓ Encopresis**
- d. Weight loss

Q137. Which is incorrect regarding functional abdominal pain? [Nabdh Q100]

- a. It is the most common cause of recurrent abdominal pain in children
- b. ✓ Functional abdominal pain is not real pain**
- c. Children with IBS improve with probiotics

— Hepatitis

Q138. Which is LEAST associated with hepatitis C? [Nabdh Q90]

- a. Cryoglobulinemia
- b. Neuropathy
- c. Porphyria cutanea tarda
- d. Membranoproliferative GN
- e. ✓ Autoimmune hepatitis**

Q139. Which is the LEAST likely mode of transmission of hepatitis A? [Nabdh Q91]

- a. Feco-oral

- b. Children in day care
- c. Homosexual men
- d. ✓ Blood transfusions**

Q140. Which cannot be caused by Hepatitis A? [Wateen Q52]

- a. Acute hepatitis
- b. Fulminant hepatitis
- c. ✓ Chronic hepatitis**
- d. Jaundice
- e. Self-limited infection

— Hypocalcemia in GI Context

Q141. All of the following cause hypocalcemia EXCEPT: [Wateen Q51]

- a. Hypoalbuminemia
- b. Hyperphosphatemia
- c. Hypoparathyroidism
- d. Vitamin D deficiency
- e. ✓ Hypermagnesemia**

6. EXANTHEM AND ENDEMIC DISEASE

Q142. Which of the following is WRONGLY matched? (This question appeared twice in the archive) [Wateen Q67/Q68]

- a. Measles — Koplik spots
- b. Rubella — Forchheimer spots
- c. Scarlet fever — Strawberry tongue
- d. ✓ Varicella — Exudative conjunctivitis**
- e. Erythema infectiosum — Slapped cheek rash

Q143. Which of the following is WRONGLY matched? (Repeated question in archive) [Wateen Q68]

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Q144. Which is FALSE regarding Scarlet Fever? [Wateen Q69]

- a. Strawberry tongue
- b. Sandpaper-like rash
- c. Fever and pharyngitis
- d. Caused by group A Streptococcus
- e. ✓ Vesicles on palms and soles**

7. CARDIOVASCULAR SYSTEM

— Cyanotic and Acyanotic Heart Disease

Q145. A 4-month-old feeding poorly, sweating during feeds, poor weight gain, tachypneic, hepatomegaly, diminished pulses, murmur. Which is NOT likely to cause congestive heart failure and FTT? [Nabdh Q85 / Wateen Q71]

- a. Large patent ductus arteriosus (PDA)
- b. Large ventricular septal defect (VSD)
- c. Truncus arteriosus
- d. Complete atrioventricular canal defect
- e. ✓ Secundum atrial septal defect**

Q146. A 4-month-old is feeding poorly, sweats during feeds, poor weight gain, tachypneic, hepatomegaly, diminished pulses, murmur. Which is NOT likely to cause this clinical picture? [Wateen Q71]

- a. Large patent ductus arteriosus (PDA)
- b. Large ventricular septal defect (VSD)
- c. Truncus arteriosus
- d. Complete atrioventricular canal defect
- e. ✓ **Secundum atrial septal defect**

Q147. A 6-year-old with ASD found on routine check-up. Which is a CONSTANT feature of ASD? [Wateen Q70]

- a. ✓ **Fixed split of the second heart sound**
- b. Loud P2 heart sound
- c. Continuous machinery murmur
- d. Diastolic rumble at the apex
- e. Systolic ejection murmur at the left upper sternal border

— Kawasaki Disease

Q148. A 2-year-old with Kawasaki disease. Which is NOT a risk factor for coronary artery disease in Kawasaki? [Wateen Q72]

- a. Fever lasting more than 16 days
- b. ✓ **First-degree heart block**
- c. Cardiomegaly
- d. Age <1 year
- e. Male gender

Q149. All the following are TRUE regarding MIS-C EXCEPT: [Wateen Q73]

- a. ✓ **The risk of ICU admission was higher in Kawasaki disease than in MIS-C**
- b. Cardiac involvement is more common in MIS-C
- c. COVID-19 positivity is higher in MIS-C (75.5%) than Kawasaki disease (20%)
- d. It is an inflammatory syndrome that resembles Kawasaki disease
- e. It is linked to SARS-CoV-2 infection

— Rheumatic Fever

Q150. Best treatment for Acute Rheumatic Fever to avoid complications? [Nabdh Q89]

- a. Steroids
- b. Analgesics
- c. ✓ **Antibiotics (penicillin)**

8. RESPIRATORY SYSTEM

— Asthma

Q151. All of the following are risk factors for persistence of wheezes (development of asthma) EXCEPT: [Nabdh Q65]

- a. A parent with asthma
- b. Atopic dermatitis
- c. ✓ **Vitamin D deficiency**
- d. Eosinophilia
- e. Wheezing apart from colds

Q152. A 10-year-old with asthma has an acute exacerbation. Which is NOT used in acute management? [Wateen Q75]

- a. Short-acting beta agonists (SABA)
- b. Inhaled corticosteroids
- c. Magnesium sulfate
- d. Systemic corticosteroids
- e. ✓ **Leukotriene receptor antagonist**

— Bronchiolitis

Q153. Which is correct about bronchiolitis? [Nabdh Q68]

- a. Most common cause is bacterial
- b. Steroids are helpful in management
- c. ✓ **Nebulized hypertonic saline is used in management of hospitalized patients**

— Upper Respiratory Tract Infection (URTI) / Croup

Q154. Which statement about croup is INCORRECT? [Wateen Q74]

- a. ✓ **All cases of stridor should be admitted**
- b. Barking cough is a hallmark feature
- c. Nebulized epinephrine is used in severe cases
- d. Most cases are caused by parainfluenza virus
- e. Systemic steroids are the mainstay of treatment

— Pneumonia

Q155. Best treatment for a 2-year-old hospitalized due to community-acquired pneumonia? [Nabdh Q63]

- a. ✓ **IV 3rd gen cephalosporin**

Q156. A 13-year-old male with cough, chest pain, fever, imaging shows bronchopneumonia. Most likely causative organism? [Nabdh Q66]

- a. ✓ **Mycoplasma pneumonia**
- b. Streptococcus pneumonia

Q157. A 3-year-old male with sensorineural hearing loss planned for cochlear implant surgery. Most appropriate vaccine? [Nabdh Q67]

- a. Pneumococcal conjugated
- b. ✓ **Pneumococcal polysaccharide**
- c. Meningococcal conjugate
- d. Meningococcal polysaccharide

— Cystic Fibrosis

Q158. Which is NOT used for management of cystic fibrosis? [Nabdh Q64]

- a. Inhaled tobramycin
- b. Inhaled DNase
- c. ✓ **Mucolytics**

Q159. A newborn with severe respiratory distress, scaphoid abdomen, absent breath sounds on right. Most likely diagnosis? [Wateen Q84]

- a. Meconium aspiration
- b. ✓ **Congenital diaphragmatic hernia**
- c. Bronchopulmonary dysplasia
- d. Pneumothorax

9. NEUROLOGY AND MUSCULAR PROBLEMS

— Epilepsy and Status Epilepticus

Q160. An 8-year-old male with jerky movements while asleep. Most likely diagnosis? [Nabdh Q20]

- a. ✓ **Rolandic epilepsy**

Q161. Which is not correctly matched? [Nabdh Q21]

- a. Ethosuximide — Absence epilepsy
- b. Baclofen — Spastic cerebral palsy
- c. Vigabatrin — West syndrome
- d. ✓ **Ritalin — Migraine**

Q162. Which antiepileptic drug is most commonly associated with hepatotoxicity, weight gain, and hair loss? [Wateen Q87]

- a. Phenytoin

- b. Carbamazepine
- c. ✓ Valproic acid**
- d. Ethosuximide
- e. Levetiracetam

Q163. Which is NOT a treatment option for epilepsy? [Wateen Q80]

- a. ✓ Dorsal rhizotomy**
- b. Ketogenic diet
- c. Vagal nerve stimulation
- d. Surgery
- e. Antiepileptic medications

Q164. Which statement about febrile seizures is INCORRECT? [Wateen Q77]

- a. They typically occur between 6 months and 5 years of age
- b. Complex febrile seizures last more than 15 minutes
- c. ✓ Complex febrile seizures are a risk factor for recurrence**
- d. They are associated with an increased risk of epilepsy
- e. Intracranial infections must be excluded to diagnose febrile seizures

Q165. Which is NOT an indication for neuroimaging in seizure disorders? [Wateen Q76]

- a. Partial onset seizures
- b. ✓ Complex febrile seizures**
- c. Neonatal seizures
- d. Persistent altered mental status
- e. New focal neurological deficits

— Headache

Q166. Which statement about headache is INCORRECT? [Wateen Q83]

- a. Tension headache — Daily frontal pain
- b. ✓ Cyclic vomiting — A complication of migraine**
- c. Morning headache — May suggest a posterior fossa tumor
- d. Migraine — Involves serotonin pathways

Q167. A 12-year-old obese girl presents with papilledema, normal CSF, and normal brain imaging. Most likely diagnosis? [Wateen Q82]

- a. Migraine
- b. Acute meningitis
- c. ✓ Pseudotumor cerebri**
- d. Hydrocephalus
- e. Cerebral abscess

— Cerebral Palsy

Q168. Which statement regarding cerebral palsy is NOT true? [Wateen Q81]

- a. Diagnosis is primarily clinical
- b. Normal development rules out CP
- c. CP is a disorder of movement and posture
- d. ✓ CP has a progressive course**
- e. It results from early brain injury

— ADHD and Autism Spectrum Disorder (ASD)

Q169. Which statement about ADHD and ASD is INCORRECT? [Wateen Q78]

- a. ✓ ADHD is characterized by a communication defect**
- b. Autism Spectrum Disorder involves restricted and repetitive behaviors
- c. ADHD is more common in boys than girls
- d. Autism Spectrum Disorder includes social communication deficits
- e. ADHD can be managed with stimulant medications

Q170. One of the following is NOT part of the autism spectrum: [Nabdh Q30]

- a. Asperger

- b. Rett
- c. Childhood disintegrative
- d. ✓ Oppositional defiant disorder**

Q171. A hyperactive child with large ears and hyperextensible joints likely has: [Wateen Q88]

- a. Classic autism
- b. Asperger syndrome
- c. ✓ Fragile X syndrome**
- d. Rett syndrome
- e. ADHD

— Muscular Dystrophy

Q172. Which clinical finding is MOST inconsistent (mismatched)? [Wateen Q79]

- a. Duchenne muscular dystrophy — Gower's sign
- b. ✓ Becker muscular dystrophy — No calf hypertrophy**
- c. Myotonic dystrophy — Distal muscle weakness
- d. Duchenne muscular dystrophy — Onset before age 5
- e. Becker muscular dystrophy — X-linked recessive inheritance

— Meningitis

Q173. One of the following CSF analyses does not match the correct diagnosis: [Nabdh Q28]

- a. 1000 neutrophils, low sugar, high protein — bacterial meningitis
- b. Few lymphocytes and high protein — Guillain-Barre
- c. ✓ 500 lymphocytes, sugar 40/50, protein 41 — TB meningitis**

Q174. Which CSF finding is incorrectly matched with its diagnosis? [Wateen Q85]

- a. GBS — Elevated protein, normal cells
- b. Bacterial meningitis — Neutrophils up, Glucose down, Protein up
- c. TB meningitis — Lymphocytes up, Glucose down, Protein up
- d. Viral meningitis — Lymphocytes up, Glucose normal
- e. ✓ GBS — Low protein, lymphocytes up**

Q175. A 3-year-old with bacterial meningitis and gram-positive diplococci on CSF culture. Most appropriate empirical antibiotic therapy? [Wateen Q91]

- a. Ampicillin alone
- b. ✓ Ceftriaxone and vancomycin**
- c. Vancomycin alone
- d. Gentamicin and ampicillin
- e. Oral amoxicillin

— Spinal Muscular Atrophy (SMA)

Q176. Which is incorrect regarding spinal muscular atrophy? [Nabdh Q19]

- a. Type 1 is called Werdnig-Hoffman
- b. Type 1 is fatal by 2 years if not treated
- c. Severity depends on the number of copies of the SMN2 gene
- d. Gene therapy is only beneficial if used before 2 years
- e. ✓ Risdiplam is the first FDA-approved drug**

Q177. Which statement about SMA is INCORRECT? [Wateen Q89]

- a. ✓ It is the least common muscular atrophy**
- b. Gene therapy is given as one dose IV before 2 years of age
- c. Nusinersen is administered intrathecally for all ages
- d. Risdiplam is an oral therapy for older than 2 months
- e. The presentation depends on the number of copies of the SMN2 gene

— Other Neurological Conditions

Q178. False about Guillain-Barre syndrome? [Nabdh Q17]

- a. Ascending

- b. Symmetrical
- c. ✓ Constitutional symptoms are prominent**

Q179. False about Transverse Myelitis: [Nabdh Q18]

- a. Involves the entire segment of the spine
- b. Sensation may be affected
- c. ✓ Involvement of the spine is diffuse**

Q180. Which is incorrect regarding subacute sclerosing panencephalitis? [Nabdh Q22]

- a. History of measles infection
- b. ✓ Measles antibodies are found in blood but not in the CSF**

Q181. Which is incorrect about autoimmune encephalitis? [Nabdh Q23]

- a. The first presenting symptom is behavioral change
- b. The most common underlying tumor is an ovarian tumor
- c. Antibodies are found in both the serum and the CSF
- d. ✓ EEG shows periodic lateralized epileptiform discharges**
- e. NMDA antibodies are the most common and characteristic

Q182. Which is incorrectly matched regarding encephalitis? [Nabdh Q24]

- a. Negri bodies — Rabies
- b. Herpes simplex — affects the temporal lobe
- c. ✓ EEG — can be normal in encephalitis**

Q183. Which does NOT cause microcephaly? [Nabdh Q25]

- a. Down syndrome
- b. Craniosynostosis
- c. ✓ Canavan syndrome**
- d. Rubella

Q184. Which is incorrect regarding neural tube defects? [Nabdh Q26]

- a. ✓ Caused by failure of neural tube to close between 21st and 27th week of gestation**

Q185. One of the following is false regarding hydrocephalus: [Nabdh Q27]

- a. Aqueductal stenosis is the most common congenital and acquired cause
- b. The choroid plexus produces 70% of CSF
- c. In a normal child, CSF is produced at 20 mL/hr
- d. The total volume of CSF is 150 mL in an adult
- e. ✓ Arnold-Chiari I malformation is a common association**

10. VACCINATION, IMMUNIZATION & DEVELOPMENTAL ASSESSMENT

— Vaccination and Immunization

Q186. Which statement about OPV and IPV is INCORRECT? [Wateen Q92]

- a. ✓ Both OPV and IPV contain all 3 serotypes of poliovirus**
- b. OPV is administered orally
- c. OPV provides better intestinal immunity compared to IPV
- d. IPV is given by injection
- e. OPV can cause vaccine-associated paralytic polio

Q187. Which statement about the rotavirus vaccine is correct? [Wateen Q93]

- a. RotaTeq is given in 2 doses
- b. RotaRix requires 3 doses for full immunization
- c. ✓ RotaRix is included in the national immunization program in Jordan**
- d. RotaTeq is given as a single dose at 6 months
- e. RotaRix is administered via intramuscular injection

— Immunodeficiency

Q188. A 3-year-old male with recurrent otitis media, osteomyelitis, bacterial pneumonia. Developmentally normal. Most likely underlying cause? [Nabdh Q43]

- a. Severe combined immunodeficiency
- b. ✓ X-linked hypogammaglobulinemia

— Developmental Assessment

Q189. Object permanence is expected at what developmental age? [Nabdh Q29]

- a. ✓ 9 months

Q190. A child who can hold a spoon should have all of the following developmental skills EXCEPT: [Wateen Q86]

- a. Symbolic play
- b. Holding a cup with one hand
- c. Kissing parents
- d. Saying 10 single words
- e. ✓ Kicking a ball

Q191. Which developmental milestone is NOT typically expected in a 4-year-old child? [Wateen Q90]

- a. Goes to the toilet independently
- b. Brushes teeth independently
- c. Copies a cross
- d. Balances on one foot
- e. ✓ Counts to 50

— Child Protection

Q192. Which burn pattern is most suspicious for child abuse? [Nabdh Q45]

- a. Presence of splash marks
- b. ✓ Gloves and stocking distribution
- c. Burns involving the napkin area and flexor areas

Q193. Which is correct about child abuse? [Nabdh Q46]

- a. Accidental burn from hot liquids in young children presents as minor burns over torso and head
- b. ✓ Dog bites are common injuries in children
- c. The color of the bruise can help accurately identify the age of injuries

"فِيكَ الرَّجَاءُ سُبْحَانَكَ وَإِنَّ ضَلَّ السَّعْيُ وَانْسَدَّتْ الطُّرُقُ وَانْقَطَعَتْ حَبَالُ الْأَسْبَابِ. اللَّهُمَّ إِنَّ
فِي تَدْبِيرِكَ مَا يُغْنِي عَنِ الْحَيْلِ، وَفِي كَرَمِكَ مَا هُوَ فَوْقَ الْأَمَلِ، أَصْلِحْ لَنَا شَأْنَنَا كُلَّهُ وَلَا تَكِلْنَا
لِأَنْفُسِنَا طَرْفَةَ عَيْنٍ." 🌸
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