RPSC Asst. Professor (Medical Edu.)

Previous Year Paper
(Paediatrics - BS) 2022

पुस्तिका में पृष्ठों की संख्या–32
No. of Pages in Booklet -32
पुस्तिका में प्रश्नों की संख्या–180
No. of Questions in Booklet -180

Paper Code : **09**
SUBJECT : **Paediatrics**
(Broad Speciality)

BSAP-22

प्रश्न पुस्तिका संख्या / Question Booklet No.

1900285

समय : **3.00** घण्टे
Time: **3.00** Hours

अधिकतम अंक : **180**
Maximum Marks: **180**

प्रश्न–पत्र पुस्तिका के पेपर सील/पॉलिथिन बैग को खोलने पर परीक्षार्थी यह सुनिश्चित कर लें कि प्रश्न पुस्तिका संख्या तथा ओ.एम.आर उत्तर–पत्रक पर अंकित बारकोड समान हैं। इसमें कोई भिन्नता हो तो परीक्षार्थी वीक्षक से दूसरा प्रश्न–पत्र प्राप्त कर लें। ऐसा सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी।

On opening the paper seal /polythene bag of the Question Booklet the candidate should ensure that Question Booklet Number and Barcode of OMR Answer Sheet must be same. If there is any difference, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this.

परीक्षार्थियों के लिए निर्देश

1. सभी प्रश्नों के उत्तर दीजिए।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का केवल एक ही उत्तर दीजिए।
4. एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
5. प्रत्येक प्रश्न के चार वैकल्पिक उत्तर दिये गये हैं, जिन्हें क्रमशः **1, 2, 3, 4** अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले अथवा बबल को उत्तर–पत्रक पर **नीले बॉल प्वॉइंट पेन** से गहरा करना है।
6. **OMR** उत्तर–पत्रक इस परीक्षा पुस्तिका के अन्दर रखा है। जब आपको परीक्षा पुस्तिका खोलने को कहा जाए, तो उत्तर–पत्रक निकाल कर ध्यान से केवल **नीले बॉल प्वॉइंट पेन** से विवरण भरें।
7. **प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा।** गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है। किसी भी प्रश्न से संबंधित गोले या बबल को खाली छोड़ना गलत उत्तर नहीं माना जायेगा।
8. मोबाइल फोन अथवा इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित हैं। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है, तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।
9. कृपया अपना रोल नम्बर ओ.एम.आर. पत्रक पर सावधानीपूर्वक सही भरें। गलत अथवा अपूर्ण रोल नम्बर भरने पर **5 अंक** कुल प्राप्तांकों में से काटे जा सकते हैं।
10. यदि किसी प्रश्न में किसी प्रकार की कोई मुद्रण या तथ्यात्मक प्रकार की त्रुटि हो, तो प्रश्न के हिन्दी तथा अंग्रेज़ी रूपान्तरों में से अंग्रेज़ी रूपान्तर मान्य होगा।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज कराते हुए विविध नियमों–प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही विभाग ऐसे अभ्यर्थी को भविष्य में होने वाली विभाग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

1. Answer all questions.
2. All questions carry equal marks.
3. Only one answer is to be given for each question.
4. If more than one answers are marked, it would be treated as wrong answer.
5. Each question has four alternative responses marked serially as **1, 2, 3, 4**. You have to darken only one circle or bubble indicating the correct answer on the Answer Sheet using **BLUE BALL POINT PEN.**
6. The **OMR** Answer Sheet is inside this Test Booklet. When you are directed to open the Test Booklet, take out the Answer Sheet and fill in the particulars carefully with **blue ball point pen** only.
7. **1/3 part of the mark(s) of each question will be deducted for each wrong answer.** A wrong answer means an incorrect answer or more than one answers for any question. Leaving all the relevant circles or bubbles of any question blank will not be considered as wrong answer.
8. Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt as per rules.
9. Please correctly fill your Roll Number in O.M.R. Sheet. **5 Marks** can be deducted for filling wrong or incomplete Roll Number.
10. If there is any sort of ambiguity/mistake either of printing or factual nature, then out of Hindi and English Version of the question, the English Version will be treated as standard.

Warning : If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would liable to be prosecuted. Department may also debar him/her permanently from all future examinations.

इस परीक्षा पुस्तिका को तब तक न खोलें जब तक कहा न जाए।
Do not open this Test Booklet until you are asked to do so.

PAEDIATRICS

1. Which is initial change in Doppler studies in decompensated fetal growth restriction?

   (1) Increased uterine artery resistance with EDV

   (2) Decreased middle cerebral artery resistance

   (3) Absent uterine artery end diastolic flow

   (4) Reversed flow in ductus venosus

2. A bubbly fibrocystic pattern in x-ray finding is included in which grading of Broncho-pulmonary Dysplasia (BPD)?

   (1) Grade II

   (2) Grade I

   (3) Grade III

   (4) Grade IV

3. In tanner and whitehouse maturity scoring of ossification centers maximum maturity scoring is given to -

   (1) Carpal bones

   (2) Phalanges

   (3) Radius and Ulna

   (4) Metacarpals

4. Appropriate use of surfactant in respiratory distress syndrome in newborn decreases risk of following, except-

   (1) Pneumothorax

   (2) Broncho-pulmonary dysplasia

   (3) Reduces need for mechanical ventilation

   (4) Pulmonary hemorrhage

5. Persistence of hand regard is abnormal after the age of -

   (1) 16 weeks

   (2) 18 weeks

   (3) 20 weeks

   (4) 24 weeks

6. Leukokoria (white pupillary reflex) in newborn infant suggests the following disorders, except -

(1) Cataract (2) Tumor

(3) Congenital Glaucoma (4) Retinopathy of prematurity

7. Of the following, the condition which is associated with Polyhydramnios is -

(1) Renal agenesis (Potter syndrome) (2) Prune–belly syndrome

(3) Pulmonary hypoplasia (4) Diaphragmatic hernia

8. One of the following drugs may cause pyloric stenosis if administered to a premature infant -

(1) Intravenous vitamin E (2) Indomethacin

(3) Enteric gentamicin (4) Prostaglandins

9. In a brainstem auditory evoked response recording wave V corresponds to activity of -

(1) Superior lemniscus (2) Lateral lemniscus

(3) Medial lemniscus (4) Superior olivary nucleus

10. The baby with Birth Brachial Plexus Palsy (BBPP) will start with occupational or physical therapy at approximately-

(1) 1 week of age (2) 2 weeks of age

(3) 3 weeks of age (4) 4 weeks of age

11. Congenital Nephrotic syndrome can be due to all, except -

(1) HIV (2) Congenital syphilis

(3) NPHS 1 and NPHS 2 mutation (4) Herpes simplex

12. An arterial blood gas report shows; pH 7.38, bicarb 30 mEq/L and $PaCO_2$ 55 mmHg. What is the compensatory mechanism?

(1) Respiratory alkalosis (2) Metabolic alkalosis

(3) Respiratory acidosis (4) Metabolic acidosis

13. A 5 year old child is being mechanically ventilated for ARDS. She is on volume controlled ventilation. Following are the ventilator settings: Rate 30/min, tidal volume 110 ml, Ti 0.7 sec. FiO_2 75%, MAP 15cm H_2O. Her ABG shows at pH of 7.31; PO_2 60 mmHg; PCO_2 40 mmHg. What is the oxygenation index?

(1) 18.75 (2) 28.75

(3) 38.75 (4) 48.75

14. A Rh immunized baby weighing 2.4 kg is born with cord bilirubin of 5 mg%. What is the requirement of double volume exchange transfusion assuming a blood volume of 90 ml/kg?

(1) 430 ml O Rh negative whole blood

(2) 300 ml O negative packed cells and 130 ml AB plasma

(3) 215 ml O negative packed cells and 215 ml AB plasma

(4) 240 ml O negative packed cells and 240 ml AB plasma

15. Klippel – Feil syndrome includes the classic triad of a low posterior hairline, short neck and decreased cervical range of motion. Other associations include the following, except -

(1) Sprengel's deformity

(2) Congenital scoliosis

(3) Genitourinary anomalies

(4) Conductive hearing loss

16. The gait of a child becomes similar to that of an adult at -

(1) 3 years

(2) 5 years

(3) 7 years

(4) 9 years

17. One of the following may support a diagnosis of drug eruption -

(1) Neutrophilia

(2) Basophilia

(3) Eosinophilia

(4) Lymphocytosis

18. The first sign in hypertensive retinopathy is -

(1) Retinal Edema

(2) Flame – shaped hemorrhages

(3) Cotton – wool spots

(4) Irregular narrowing of the arteriole

19. All the following myopathies are characterized by proximal muscle wasting, except -

(1) Becker dystrophy
(2) Myotonic dystrophy
(3) Duchenne dystrophy
(4) Central core myopathy

20. Which of the following subtypes of Von Willebrand disease is likely to benefit from Desmopressin?

(1) Type 1
(2) Type 1C
(3) Type 2A
(4) Type 2B

21. Enzyme replacement therapy are available for the following disorders, except -

(1) Wolman disease
(2) Gaucher disease
(3) Fabry disease
(4) Mucopolysaccharidosis type VI

22. DiGeorge syndrome is an example of -

(1) Contiguous gene disorders
(2) Single gene disorders
(3) Mitochondrial inheritance disorders
(4) Numeric chromosomal disorders

23. A waiting period of how many months are given to adopting parents to reconsider their decision?

(1) 1 month
(2) 2 months
(3) 3 months
(4) 4 months

24. In prophylactic iron folic acid supplementation program Tab of IFA is given for period of -

(1) 90 days
(2) 100 days
(3) 120 days
(4) 180 days

25. A 6 year old boy complains of headache for last 4 weeks associated with vomiting, anorexia and dry itchy desquamating seborrheic skin lesion with no history of fever of trauma. The family mentions that he was well previously and only he took some tonics capsules for several weeks prior to this event. Of the following, the most likely diagnosis is -

(1) Thiamine toxicity
(2) Niacin toxicity
(3) Hypervitaminosis A
(4) Riboflavin toxicity

26. Which vitamin deficiency may be attributed to oxalic acid bladder stones formation?

(1) Niacin

(2) Thiamine

(3) Riboflavin

(4) Pyridoxine

27. In chronic diarrhea due to fat mal-absorption quantitative stool for test considered positive when -

(1) > 7 g of fat/24 hours

(2) > 5 g of fat/24 hours

(3) > 7 g of fat/72 hours

(4) > 5 g of fat/72 hours

28. Which of the following anti-microbial is associated with prolongation of QT interval?

(1) Co-amoxiclav

(2) Gentamicin

(3) Cefuroxime

(4) Erythromycin

29. Regarding Glasgow Coma scale in pediatrics, all the following are true, except -

(1) In modified type it uses 15 score points

(2) It has 3 components

(3) Valid as a prognostic scoring system

(4) Score ≤ 8 require aggressive management

30. Thyroxine – Binding Globulin (TBG) level usually decreases in -

(1) Pregnancy

(2) Administration of Glucocorticoids

(3) Newborn period

(4) Hepatitis

31. Which of the following is an indication for rhGH treatment to promote linear growth?

(1) Chronic renal failure after transplantation

(2) Idiopathic short stature

(3) Constitutional growth delay

(4) Edward syndrome

32. A Chromosomal study of 22-year old mother of a baby with down syndrome t (14;21) shows that; she is the carrier for the translocation. You explained that the recurrence rate will be approximately-

(1) 2 - 4%

(2) 5 - 7%

(3) 8 - 10%

(4) 11 - 13%

33. XDR TB is defined as -

(1) MDR TB that is also resistant to fluoroquinolones and at least one of the three injectable second line drugs used to treat TB (Amikacin, Kanamycin, Capreomycin).

(2) Resistant to two most effective first line therapeutic drugs isoniazid and rifampicin irrespective to any other drugs.

(3) MDR TB that is resistant to either one of the injectable second line drugs or second line therapeutic fluoroquinolones.

(4) Strain resistant to more than one drug (Excluding co – resistance to INH and rif).

34. In Guillain – Barre syndrome, the paralysis usually follows a nonspecific gastrointestinal or respiratory infection by approximately 10 days.

Of the following the MOST likely respiratory infection that triggers the disease is -

(1) Chlamydia trachomatis

(2) Staphylococcal aureus

(3) Haemophilus influenzae

(4) Mycoplasma pneumonia

35. A 1–year old boy presents with myoclonic seizures, irritability, inability to walk and hyperextension of the knee causing genu recurvatum. Examination reveals absent deep tendon reflexes, muscle wasting and hypotonia, with nystagmus and optic atrophy.

Of the following the most likely diagnosis is -

(1) Krabbe disease

(2) Metachromatic leukodystrophy

(3) Mucolipidoses

(4) GM 1 Gangliosidosis

36. Which of the following antibody tests has a high specificity for SLE; associated with lupus nephritis?

(1) Double-stranded DNA (dsDNA)

(2) Antinuclear antibody (ANA)

(3) Antineutrophil Cytoplasmic Antibodies (ANCAs)

(4) Smith (Sm)

37. How much is the sensitivity of Rheumatoid Factor (RF) as a diagnostic tool in children with juvenile idiopathic arthritis?

(1) <10%

(2) <20%

(3) <30%

(4) <40%

38. Erysipelas is an acute infection involving the deeper layers of the skin and the underlying connective tissue.

What is the most characteristic finding of this infection?

(1) Cutaneous swelling

(2) Skin erythema

(3) Very tender affected skin

(4) Sharply defined slightly elevated border

39. Vitamin A supplementation given largely to infants < 1000 g resulted in all the following, except -

(1) a decrease in death

(2) a decrease in Broncho-Pulmonary Dysplasia (BPD) at 36 weeks

(3) less nosocomial sepsis

(4) decreases the need for Extracorporeal Membrane Oxygenation (ECMO)

40. Diastolic dysfunction and normal systolic function are recognized feature of -

(1) Dilated Cardiomyopathy

(2) Hypertrophic Cardiomyopathy

(3) Left ventricular noncompaction

(4) Restrictive Cardiomyopathy

41. Unilateral fixed dilated pupil is suggestive of -

(1) Uncal herniation

(2) Diencephalic herniation

(3) Midbrain herniation

(4) Lower pontine herniation

42. Westley's clinical croup severity score of 6-11 indicates that -

(1) Child has moderate croup

(2) Child has severe croup

(3) Child has life threatening croup

(4) Child has mild croup

43. Infant Milk Substitutes, Feeding Bottles and Infant Food (Regulation of Production, Supply and Distribution) Act was passed by Government of India in -

(1) 1994

(2) 1992

(3) 1990

(4) 1988

44. Which one of the following statement regarding clinical manifestation in Wilson disease is false?

(1) KF ring is present in less than 25% of patients.

(2) KF ring is difficult to diagnose without a slit lamp examination.

(3) The slit lamp finding normalize after effective medical treatment or liver transplant.

(4) Patients with neurological manifestation will almost invariably have KF ring.

45. Disproportionate short stature may be seen in which of the following?

(1) Growth Hormone Deficiency

(2) Hypothyroidism

(3) Chronic Kidney Disease

(4) Hypoparathyroidism

46. Which of these developmental screening scales is the current gold standard for developmental assessment of pre-school children in India?

(1) DAS-II

(2) Trivandrum Development Screening Chart

(3) Bayley Scales of Infant Development

(4) Baroda Development Screening Test

47. What is the best type of steroid that should be used antenatally to decrease incidence of RDS of prematurity?

(1) Dexamethasone

(2) Betamethasone

(3) Methylprednisolone

(4) Hydrocortisone

48. A 3-year-old male child develops hematoma and bruising of his right hand next day after falling on the ground, the mother stated that her child has a poor wound healing and a history of delayed umbilical separation during the neonatal period.
Of the following, the most valuable test for this case is -

(1) Bleeding time

(2) Partial thromboplastin time.

(3) Prothrombin time

(4) Clot solubility test

49. Which of these an indication for intravitreal Anti-VEGF therapy?

(1) Stage 3, Zone 1 ROP
(2) Stage 4B, Zone 1 ROP
(3) Stage 4B, Zone 2 ROP
(4) Stage 5, Zone 1 ROP

50. Which of the following is the drug of choice for intestinal or biliary obstruction caused by Ascaris lumbricoides infestations?

(1) Albendazole
(2) Mebendazole
(3) Ivermectin
(4) Piperazine citrate

51. Neonatal vaginal bleeding requires further evaluation if it persists beyond -

(1) 5 days
(2) 10 days
(3) 20 days
(4) 30 days

52. Which of the following is recognized feature of botulism?

(1) Asymmetric flaccidity
(2) Ascending paralysis
(3) Clear sensorium
(4) Fever

53. Which of the following organisms may mimics *S. aureus* infection by causing cavitary pneumonia?

(1) Group A streptococcus
(2) *Mycoplasma pneumoniae*
(3) *Streptococcus pneumoniae*
(4) *Klebsiella pneumoniae*

54. What is the minimum age of vaccination of Human Papilloma Virus vaccine?

(1) 11 years
(2) 9 years
(3) 15 years
(4) 13 years

55. The Clinical consequences of hypokalemia in skeletal muscle include muscle weakness and cramps. What is the level of serum potassium at which paralysis is a possible complication of hypokalemia?

(1) Serum Potassium at 2.0 mEq/L
(2) Serum Potassium at 2.5 mEq/L
(3) Serum Potassium at 3.0 mEq/L
(4) Serum Potassium at 3.5 mEq/L

56. The dose of surfactant in neonate for respiratory distress syndrome is ..... mg per kg of Phospholipid.

(1) 4 mg per kg
(2) 8 mg per kg
(3) 50 mg per kg
(4) 100 mg per kg

57. A high index of suspicion of which of the following conditions is to be undertaken in a patient with atopic dermatitis and failure to thrive?

(1) Wiskott – Aldrich syndrome

(2) Severe combined immune deficiency

(3) Histiocytosis

(4) Hyper IgE syndrome

58. In which of the following glucagon injection would be ineffective for the treatment of persistent hypoglycemia?

(1) Large for date baby (2) Galactosemia

(3) Infant of diabetic mother (4) Nesidioblastosis

59. A week old neonate who presents with high ammonia, acidosis but no ketosis is most likely to have -

(1) Urea cycle defect (2) Non – ketotic hyperglycinemia

(3) Fatty Acid Oxidation defects (4) Organic acidemias

60. Otitic hydrocephalus (a complication of chronic otitis media) is commonly associated with -

(1) Meningitis (2) Lateral sinus thrombosis

(3) Subdural abscess (4) Brain abscess

61. You are following a 6-year-old boy with autism, he is under structured psychosocial behavioural training program, there is frequent complains of aggression and self- injurious behaviour.
Of the following, the best medication to control his behaviour is -

(1) methylphenidate (2) risperidone

(3) escitalopram (4) atomoxetine

62. Which of the following abnormalities of refraction is more common in infants with a history of retinopathy of prematurity?

(1) Hyperopia (2) Myopia

(3) Astigmatism (4) Anisometropia

63. The most common Specific Learning Disorder (SLD) of childhood is -

(1) Attention-Deficit/Hyperactivity Disorder (ADHD)

(2) Reading Disorder (dyslexia)

(3) Spelling Disorder

(4) Arithmetical Skills Disorders

64. What is the most common joint involved in hematogenous bacterial arthritis?

(1) Knee (2) Hip

(3) Ankle (4) Elbow

65. All the following are features of mitochondrial inheritance except -

(1) non-traditional inheritance (2) maternal inheritance

(3) male to offspring transmission (4) both sexes are affected

66. The diagnosis of which of the following disorder, in a patient with presumed retinitis pigmentosa, is important?

(1) Scheie syndrome (2) Sanfilippo syndrome

(3) Kearns-Sayre syndrome (4) Refsum disease

67. Which of these EEG patterns is commonly observed in patients with autoimmune Encephalitis?

(1) Radermecker complexes (2) Extreme Delta Brush

(3) Triphasic waves (4) PLEDs

68. Children with unexplained ataxia should be screened for which of the following vitamin deficiency?

(1) A (2) D

(3) K (4) E

69. When does anatomic closure of ductus arteriosus occur?

(1) Birth (2) Within 7 days

(3) Between 2-3 weeks (4) 3 Months

70. Which of the following micronutrient deficiency is associated with microcytic anemia?

(1) Chromium (2) Copper

(3) Molybdenum (4) Selenium

71. A 5-year old boy who is a known case of WPW syndrome on amiodarone treatment for the last 3 months came for follow-up.

Of the following the most likely indicated investigation is -

(1) Thyroid function test
(2) Renal function test
(3) Hb A1c
(4) Echocardiography

72. Under intensified National Iron Plus initiative, which of these dosing regimens are used for iron and folic acid supplementation in children aged 6 months to 59 months?

(1) Biweekly 20 mg elemental Iron + 100 mcg of Folic Acid
(2) Biweekly 45 mg elemental Iron + 400 mcg Folic Acid
(3) Weekly 20 mg elemental Iron + 100 mcg of Folic Acid
(4) Weekly 60 mg elemental Iron + 500 mcg Folic Acid

73. Blood transfusion is required in a SAM child if -

(1) Hb is less than 10 g/dl
(2) Hb is less than 7 g/dl
(3) Hb is less than 6 g/dl
(4) Hb is less than 4 g/dl

74. Commonly reported microorganisms from cases of community acquired neonatal septicaemia in India are all, except -

(1) Staphylococci
(2) Klebsiella
(3) *E. Coli*
(4) Group B streptococci

75. Which of the following syndromes is characterized by hyperaldosteronism, hypertension, hypokalemia and alkalosis?

(1) Liddle
(2) Bartter
(3) Gordon
(4) Gitelman

76. At least 50% of patients with hepatic failure experience serious infection. Which of the following pathogens is the most likely cause?

(1) *Staphylococcus aureus*
(2) *E. Coli*
(3) *Pseudomonas aeruginosa*
(4) *Streptococcus pneumonia*

77. Which of these regimens would you prescribe to an exclusively breast-fed neonate, born to an HIV positive mother not on any ART currently?

(1) Only Nevirapine for 6 weeks

(2) Only Nevirapine for 12 weeks

(3) Nevirapine + Zidovudine for 6 weeks

(4) Nevirapine + Zidovudine for 12 weeks

78. Which of these anti-epileptic drugs does not cause neuronal apoptosis in neonates?

(1) Phenobarbitone (2) Phenytoin

(3) Topiramate (4) Clobazam

79. What is the recommended dose of folate supplementation for prophylaxis in mothers with a history of Neural Tube Defect in a previous pregnancy?

(1) 0.4 mg/day (2) 0.4 mcg/day

(3) 4 mcg/ day (4) 4 mg/day

80. Anemia in a full term 14 day old neonate is defined as Hb below -

(1) 14 g/dl (2) 16 g/dl

(3) 12 g/dl (4) 10 g/dl

81. What is the neonatal mortality rate in India according to the recent NFHS-5 data?

(1) 24.9 (2) 23

(3) 22.9 (4) 25.5

82. The currently recommended oxygen saturation targets in ventilated neonates is -

(1) 81-85% (2) 86-90%

(3) 91-95% (4) Constantly above 95%

83. Which of these growth charts is most appropriate for growth evaluation of VLBW infants?

(1) Intergrowth 21 (2) 2000 CDC

(3) Fenton (4) Olsen

84. Which of the following is the most likely cause of urinary ascites in newborn?

(1) Megaureter (2) Posterior urethral valve

(3) Multicystic dysplastic kidney (4) Ureteropelvic junction obstruction

85. What is the most common cause of daytime incontinence?

(1) Overactive bladder
(2) Voiding postponement
(3) Detrusor-Sphincter discoordination
(4) Cystitis

86. Accidentally esophageal ingestion of button batteries, must be emergently removed within -

(1) 2 hours
(2) 4 hours
(3) 12 hours
(4) 24 hours

87. Which of the following electrolytes when decreased is a reflection of liver regeneration?

(1) Sodium
(2) Potassium
(3) Magnesium
(4) Phosphorus

88. Which of the following congenital anomaly can occur with Gestational diabetes?

(1) Ventricular Septal Defect
(2) Neural Tube Defect
(3) Patent Ductus Arteriosus
(4) None of the above

89. Which of the following is true for Prenatal screening for Aneuploidies?

(1) It must be done for all pregnancies after counselling.
(2) It should be done for pregnant women more than 35 years of age.
(3) It should be offered to all pregnant women, however she may choose after counselling.
(4) Cell-free fetal DNA has the highest sensitivity so can be recommended for general screening for aneuploidies in pregnant women.

90. Which of the following parameter is most accurate for determination of gestational age in pregnancy?

(1) Fetal crown rump length at 8 weeks of pregnancy
(2) Gestational sac diameter at 6 weeks
(3) Biparietal diameter at 12 weeks of pregnancy
(4) Femur length at 12 weeks of pregnancy

91. Which among the following is a feature of atypical NST (Non-stress test) in a term fetus-

(1) Variability 10 beats per minutes
(2) Rising baseline
(3) Variability of < 5 for 90 minutes
(4) Late decelerations

92. Biophysical profile is used for fetal wellbeing, which among the following is NOT a feature of bio-physical profile?

(1) Amniotic fluid volume
(2) Non-stress test
(3) Fetal breathing movement
(4) Fetal urination

93. Which among the following treatment is recommended for prevention of pre-ecclampsia in high risk women?

(1) Low dose Aspirin started at 6-10 weeks gestation

(2) Low dose Aspirin started at >12-16 weeks gestation

(3) Low dose Aspirin started at 22-24 weeks gestation

(4) Low dose Aspirin started at positive pregnancy test

94. Which of following viral infections is less likely to cause microcephaly?

(1) Varicella (2) Cytomegalovirus

(3) Toxoplasmosis (4) Rubella

95. Post maturity syndrome consist of all of the following, except -

(1) Dry wrinkled loose skin (2) Anemia

(3) Malnourished appearance (4) Decreased sub-cutaneous tissue

96. Room temperature should be set at.....degree centigrade when caring for preterm babies.

(1) 21-23 (2) 23-25

(3) 25-26 (4) 26-28

97. Which of the following about APGAR score at 1 minute is TRUE?

(1) It correlates with outcome of baby (2) It guides resuscitation

(3) It correlates with umbilical cord pH (4) All of the above

98. Which of the following is true statement regarding Kawasaki disease?

(1) Predominantly affect small size arteries

(2) Thrombocytosis usually seen in first week

(3) Giant aneurysm > 8 mm internal diameter

(4) Aspirin is avoided in acute stage

99. Which of the following is true about fragile X syndrome?

(1) Can only affect males (2) Predominant motor delay

(3) Hyper-extensible finger joints (4) Transmitted from father to son

100. DNA extracted from a blood sample is derived from-

(1) Leucocyte (2) Red Blood Cell

(3) Dendritic Cell (4) Platelet

101. A 6-year-old child presented with bluish discoloration of his peripheries after accidental consumption of moth balls. He was apparently well before that. His vital at arrival were HR 120/min, RR 29/min, SPO_2 on 85% on 100% O_2. He is in his full sensorium. On co-oximetry his Methemoglobin level 17%. Which of the following is the best treatment option?

(1) Inj Methylene blue 1 mg/kg

(2) IV Ascorbic Acid

(3) Observe closely without any intervention at present

(4) Inj N-acetyl cysteine 150 mg/kg

102. A previously healthy child was brought to ER with history of polytrauma following a RTA. There is decreased air entry and hyper-resonance on right side of the chest and his saturation is 88% on oxygen. Which of the following sign on POCUS (Point of Care Ultrasound) is most likely to be pathognomonic of pneumothorax -

(1) Absence of Pleural sliding **(2)** Bar code sign

(3) Seashore sign **(4)** Lung point

103. All are true about Opsoclonus Myoclonus syndrome, except-

(1) Corticosteroids are used for treatment

(2) Can be associated with neuroblastoma

(3) MRI brain shows cerebellitis

(4) Relapsing and remitting course

104. A 3-year-old child present with Megaoblastic anemia, Diabetes Mellitus and Sensorineural Hearing Loss. Most likely defect to be suspected in this child is-

(1) Thiamine Transporter Protein **(2)** Intrinsic Factor (IF) deficiency

(3) Transcobalamine I **(4)** Transcobalamine II

105. Which of the following is an autosomal recessive disorder associated with a characteristic potassium channel mutation?

(1) East syndrome **(2)** West syndrome

(3) Cystic Fibrosis **(4)** Citrullinemia

106. It is advisable to correct chronic hyponatremia slowly to prevent central pontine myelinoysis with the rate of correction NOT exceeding ..... mEq/L/48 hours.

(1) 12 **(2)** 18

(3) 24 **(4)** 30

107. Which of the following globin chains is not a product of globin genes on chromosome 11?

(1) Epsilon (2) Zeta

(3) Gamma (4) Delta

108. The best assessment of iron overload in a multiply transfused Thalassemia major child is -

(1) Serum Ferritin (2) MRI of liver

(3) Serum Iron (4) Bone marrow for Iron

109. Friedreich ataxia is caused due to -

(1) Point mutation in ATXN1 gene (2) Triplet repeat expansion in FXN gene

(3) Chromosomal deletion (4) Translocation

110. Glanzmann thrombasthenia like bleeding disorder is seen in one of the following Leucocyte Adhesion Defect (LAD) -

(1) Type 1 (2) Type 2

(3) Type 3 (4) Type 4

111. The disease, which best qualifies to be included in newborn screening program is -

(1) Congenital Hypothyroidism (2) Cystic Fibrosis

(3) Beta Thalassemia (4) Diabetes

112. All are true about patients suffering from ataxia telangiectasia, except -

(1) Onset of ataxia is in the second decade

(2) Autosomal recessive disorder

(3) Primary immunodeficiency

(4) Increased chance of a malignancy

113. In an adolescent girl with PCOS, All these conditions are likely, except -

(1) 21 hydroxylase deficiency (2) Cushing's syndrome

(3) 5 alpha reductase deficiency (4) Androgen secreting tumor

114. All of the following characterize type 1 hyperlipidemia in children, except -

(1) Acute pancreatitis (2) Eruptive Xanthomas

(3) Hepato-Splenomegaly (4) Hyperthyroidism

115. An 8-year-old child presents to the pediatric emergency with a well-tolerated large volume hematemesis. There is no history of abdominal pain. On examination, the child is found to be hemodynamically stable. There is no jaundice and the spleen is palpable 4 cm below the costal margin. Initial investigation reveals a hemoglobin – 7.6 g/dL.
Which of the following will NOT be part of the management?

(1) Blood transfusion
(2) Start a proton-pump inhibitor
(3) Start an Octreotide infusion
(4) Urgent upper GI endoscopy

116. Children with End-Stage Renal Disease (ESRD) are typically treated with either dialysis or renal transplantation when glomerular filtration rate (mL/min/1-73 m^2) is less than -

(1) 15 mL
(2) 25 mL
(3) 35 mL
(4) 45 mL

117. You are evaluating an 8-year-old girl who is a known case of Nephrotic syndrome. Review of her treatment record reveals that she has suffered from two consecutive relapse soon after shifting to alternate day steroid regimen in past 6 months. Most likely type of nephrotic syndrome this girl is suffering from -

(1) Steroid sensitive nephrotic syndrome
(2) Steroid dependent nephrotic syndrome
(3) Steroid resistant nephrotic syndrome
(4) Infrequently relapsing nephrotic syndrome

118. Which of the following is Not an indication for surgical closure of VSD?

(1) Any child with large VSD in whom clinical symptoms and failure to thrive medically uncontrolled.
(2) An infant between 6 and 12 months of age with moderate to large VSD associated with pulmonary hypertension, even if the symptoms are controlled by medication.
(3) Any child older than 24 months with a Qp:Qs ratio greater than 2:1.
(4) Any child with VSD with pulmonary vascular disease nonresponsive to pulmonary vasodilators.

119. A 6-year-old boy present with complains of easy fatigability. On examination, the patient has left parasternal heave, S1 is normal, S2 is wide split in inspiration but narrow split in expiration, ejection click present and grade IV ejection systolic murmur in 2nd left intercostal space.
Most likely, the boy is suffering from -

(1) Ventricular septal defect
(2) Aortic stenosis
(3) Pulmonary stenosis
(4) Atrial septal defect

120. You are evaluating a 7-year-child with fever of long duration. To label him as "Fever of Unknown Origin (FUO)" he has to satisfy following -

(1) Any fever lasting for ≥ 3 weeks for which no cause is apparent after 1 week of investigation.

(2) Fever > 101° C lasting for ≥ 3 weeks for which no cause is apparent after 1 week of investigation.

(3) Any fever for ≥ 1 week for which no cause is apparent after 1 week of investigation.

(4) Fever > 101°C lasting for ≥ 1 week.

121. Carrier testing for beta thalassemia is an example for -

(1) Primary prevention **(2)** Secondary prevention

(3) Tertiary prevention **(4)** Newborn screening

122. A 6-day-old breast-fed boy was brought to the neonatology department for poor weight gain and irritability since delivery. He also had a history of vomiting for 2 hours. Physical examination shows jaundice and hepatomegaly. A reducing substance test result of the urine was positive and a glucose oxidase test result is negative. The concentration of which of the following metabolites in liver is most likely to be increased in this patient?

(1) Fructose 1, 6-bisphosphate **(2)** Galactose 1-phosphate

(3) Glucose 1- phosphate **(4)** Glucose 6-phosphate

123. An 18-month-old girl is post-op day 5 following a liver transplantation. She is on immunosuppressants mycophenolate and tacrolimus. You are informed of a potassium report of 7.2 mEq/L and find tall T waves on the ECG monitor with occasional PVCs. She is hemodynamically stable otherwise.

The quickest to reduce extracellular potassium levels is -

(1) Sodium bicarbonate infusion **(2)** Calcium gluconate infusion

(3) Calcium chloride infusion **(4)** Insulin/Dextrose infusion

124. A 16-year-old female has had several 'fainting episodes'. She undergoes EEG, which shows 3-6 Hz generalized poly-spike and wave discharges. Which of the following medicines cannot be used for her?

(1) Valproate **(2)** Levetiracetam

(3) Topiramate **(4)** Vigabatrin

125. A 5-year-old girl is evaluated for progressive difficulty in walking, which seems to worsen during the day; her walking is much better after a good night's sleep. Examination during the afternoon shows that she has rigidity in the leg muscles and dystonic twisting of her feet. The condition often responds dramatically to the following medications -

(1) Levodopa (2) Lorazepam

(3) Gabapentin (4) Sodium Valproate

126. You have been asked to report chest X-ray of a ten-year-old female. Which of the following structure will not normally form the right border of the cardiac silhouette?

(1) Right atrium (2) Right Ventricle

(3) Superior vena cava (4) Inferior vena cava

127. A 15-year-old girl who has had type 1 diabetes mellitus for 3 years and confirmed Hashimoto thyroiditis for 2 years experiences repeated episodes of hypoglycemia unrelated to exercise. In addition to reducing the insulin dose, which of the following steps is most appropriate?

(1) Check FT4, TSH and thyroid antibodies to ensure compliance with thyroid medication

(2) Check thyroid function, cortisol and TTG IgA in a fasting morning sample

(3) Check TSH, Adrenocorticotropic Hormone (ACTH) and TTG IgA in a late afternoon (4 to 6 p.m.) blood sample

(4) Check thyroid function, ACTH and TTG IgA in a fasting morning sample

128. A 4-year-old boy has a bone marrow biopsy that shown 14% blasts. No blasts were seen on peripheral blood smear. Finding on physical examination and other laboratory studies are normal. The most likely diagnosis is -

(1) Acute lymphoblastic leukemia (2) Acute myelogenous leukemia

(3) Preleukemia (4) None of the above

129. A 15-year-old boy presents with a palpable swelling of the humerus that is associated with pain that awakens him at night. There is a sunburst pattern on the radiograph. The most likely diagnosis is -

(1) Osteosarcoma (2) Ewings Sarcoma

(3) Histiocytosis X (4) Osteochondroma

130. In this COVID-19 pandemic children are less commonly infected than adult population. All of the following factors are responsible for this lower infection rate in children, except -

(1) Less exposed to smoking and pollution, relatively healthy airway

(2) Low level of ACE2 activity in children

(3) Coinfection with other viral infections

(4) Children have relatively strong innate immunity

131. Which of the following is incorrect about use of Remdesivir in COVID-19 in paediatrics?

(1) Work by inhibiting RNA dependent, RNA polymerase

(2) Recent study have shown, it shorten the recovery time as compared to placebo

(3) Significantly reduced mortality in compared to placebo

(4) Not approved in < 12 years old in India

132. You are examining a child between 6-9 months of age, all of the following milestones are specific to this age group, except-

(1) Can extend arm

(2) Can voluntary drop object

(3) Can hold object between thumb and finger

(4) Swaps object from one arm to another

133. You have been called to estimate age of an orphan child. He seems to be of 6 months of age. Which body part X-ray you will order to confirm the same?

(1) Wrist (2) Shoulder

(3) Knee (4) Skull

134. A 1-year-old infant presented with hyponatremia, you are suspecting SIADH in that child. What will be his serum osmolality (in mOsm/kg) if his serum sodium is 125 mEq/L, Glucose is 108 mg/dL, and BUN (Blood Urea Nitrogen) 140mg/dL -

(1) 300 (2) 306

(3) 312 (4) 318

135. Which of the following is online tool for monitoring TB control program?

(1) TB-online (2) NTEP

(3) NIKSHAY (4) RNTCP

136. A 10-month-old infant from a rural area presented with pallor, irritability, inability to move his legs and bleeding gums. The infant is on fresh cow's milk from birth. Which of the following deficiency is the most likely cause of his condition?

(1) Vitamin K (2) Vitamin B12

(3) Vitamin C (4) Copper

137. A 12-year-old with sickle cell disease admitted with fever, cough and breathing difficulty with bony pains. His laboratory report showed a WBC count of 16000/mm^3 with 12% bands and Hb 9.0%, CRP 86 mg/L. Which of the following is the most likely organism to be associated with his underlying condition?

(1) *Streptococcus Pneumonia* (2) *Staphylococcus aureus*

(3) Pseudomonas (4) *E. Coli*

138. A child presented with microcephaly, fair skin, blue eyes and mental retardation. His urine spot test showed positive for ferric chloride. Most likely underlying inborn error of metabolism would be -

(1) Tyrosinemia (2) Homocystinuria

(3) Alkaptonuria (4) Phenylketonuria

139. A 3-year-old male child presented with fever with rashes in ER. You identified Forchheimer spot in his oral examination. The most likely diagnosis for the child is -

(1) Measles (2) German Measles

(3) Varicella (4) Erythema infectiosum

140. A 5-year-female child brought with history of head injury, she was not responding to your command, neither to pain. She is uttering inappropriate words and having extension response on your painful stimuli. How much score will you give for her Glasgow Coma Score?

(1) E1V1M1 (2) E1V1M2

(3) E1V3M2 (4) E2V1M2

141. A 3-year-old boy, a known case of focal segmental glomerulo-sclerosis presented with features of progressive uraemia. He weighs 10 kg and has a height of 90 cm. His serum creatinine is 4.5 mg/dL. Using Schwartz formula and with empirical constant of 0.40, the estimated glomerular filtration rate (eGFR) in mL/min/L.73m^2 will be -

(1) 8 mL (2) 10 mL

(3) 16 mL (4) 20 mL

142. Which of the following test is the best indicator for active viral replication in Hepatitis B infection?

(1) Hepatitis B surface antibody
(2) Hepatitis B core antibody
(3) Hepatitis B e Antigen
(4) Hepatitis B e Antibody

143. A 3-year-boy has presented with chronic diarrhoea. He is stunted and waisted. He has severe macrocytic anemia, mild thrombocytopenia and significant steatorrhoea. His bone marrow demonstrates vacuoles in erythroid and myeloid precursors as well as ringed sideroblasts. Mother has similar complaints. Most likely he is suffering from -

(1) Pearson marrow syndrome
(2) Shwachman Diamond syndrome
(3) Ivemark
(4) Johanson-blizzard syndromes

144. Factors in favour of SVT versus sinus tachycardia in paediatrics include the following, except-

(1) abrupt history
(2) polymorphic P wave
(3) absence of P wave
(4) poor perfusion

145. A 3-year-old child awakens with a characteristics barking cough, noisy inspiration, respiratory distress and anxious frightened appearance. He was afebrile and was well when went to sleep. He had similar attack 3 months ago which resolve within several hours. Of the following the most likely diagnosis is -

(1) Laryngotracheobronchitis
(2) Acute epiglottitis
(3) Acute infectious laryngitis
(4) Spasmodic croup

146. A one-year-old child is presented with loose motion. He is feeding poorly and has breathless. He has loose stools for the last 4 weeks and has not put on any weight since then. On examination he appears pale and has marked intercostal recession. His oxygen saturation in air is 82%. His chest X-ray has bilateral diffuse perihilar fine reticular interstitial opacification.
What is most likely cause of his respiratory failure? Select one answer only -

(1) Influenza virus
(2) Pneumocystis jiroveci (carinii) pneumonia
(3) Respiratory syncytial virus
(4) Staphylococcal pneumonia

147. Which of the following anti-inflammatory drugs are commonly used in cystic fibrosis?

(1) Macrolide antibiotics
(2) Systemic corticosteroids
(3) Inhaled corticosteroids
(4) Ibuprofen

148. A child with acute liver failure is having drowsiness, inappropriate behaviour, agitation, wide mood swings, disorientation, asterexis. EEG showed generalized slowing and q waves. The most likely grading of hepatic encephalopathy in this patient would be -

(1) Grade 1 (2) Grade 2

(3) Grade 3 (4) Grade 4

149. In a child with acute hepatitis, the following qualifies as the definition of acute liver failure-

(1) Prothrombin Time (PT) > 15 seconds irrespective of clinical hepatic encephalopathy

(2) Prothrombin Time (PT) > 15 seconds in absence of clinical hepatic encephalopathy

(3) Prothrombin Time (PT) > 20 seconds irrespective of clinical hepatic encephalopathy

(4) Prothrombin Time (PT) > 20 seconds with clinical hepatic encephalopathy

150. A 5-year-boy presented with an abrupt onset of fever up to 41°C (105.8 °F) severe throbbing headache, intense myalgia, chills, hemorrhagic rash and vomiting, 2 weeks after getting bitten by a rat while he was sleeping.

Which of the following is the likely causitive organism?

(1) *Neisseria meningitidis* (2) *Streptococcus minus*

(3) *Streptobacillus moniliformis* (4) *Rickettsia rickettsii*

151. Body Mass Index (BMI) is lowest at age group of -

(1) 2-3 years (2) 5-6 years

(3) 8-9 years (4) 11-12 years

152. False positive test on urine dipsticks can occur in patients with -

(1) Urine contaminated with hydrogen peroxide

(2) High urine pH (>7.0)

(3) Polyuria

(4) Predominant non-albumin protein

153. POSHAN Maah (month) is celebrated in -

(1) March (2) May

(3) September (4) December

154. To which of the following conditions is the "rule of 3" applied?

(1) Infantile Colic (2) Co-arctation of Aorta

(3) Pyloric Stenosis (4) Gastroesophageal Reflux

155. Hypomagnesemia is known to occur in all the following conditions, expect -

(1) Hungry Bone Syndrome

(2) Refeeding syndrome

(3) Acute Pancreatitis

(4) Hyperinsulinemia

156. A 7-year-old child presents with intermittent stridor and wheezing which accompanies physical activity, diagnosed as asthma with no response to asthma therapies.

Of the following the most likely cause of his/her problem is -

(1) allergic (spasmodic) croup

(2) Laryngeal webs

(3) bilateral abductor paralysis of the cords

(4) paradoxical vocal cord dysfunction

157. Treatment of Brucellosis is -

(1) Doxycycline

(2) Doxycycline and rifampin

(3) Trimethoprim – Sulfamethoxazole (TMP-SMX)

(4) TMP-SMX and rifampin

158. Characteristic feature of arthritis due to acute rheumatic fever that distinguishes it from arthritis due to other cause is -

(1) Hotness

(2) Non-tender

(3) Dramatic response to small dose of salicylates

(4) Polyarticular

159. Which of the following is more common in neonates with pertussis?

(1) High grade fever

(2) Prominent cough early in the disease

(3) Frequent whooping

(4) Apnea

160. During hypertensive emergency, what is the target of blood pressure control in children?

(1) MAP should be reduced by 50% of the target BP reduction over first 8-12 hours

(2) MAP should be reduced by 25% of the target BP reduction over first 8-12 hours

(3) MAP should be reduced by 100% of the target reduction BP over first 24 hours

(4) MAP should be reduced by 75% of the target reduction BP over first 24 hours

161. Children with burns of what % of body surface area should not receive oral fluids initially?

(1) > 10%

(2) > 15%

(3) > 5%

(4) > 30%

162. The amount of elemental iron ingested that should be referred to medical care for evaluation is more than -

(1) 10 mg/kg

(2) 20 mg/kg

(3) 30 mg/kg

(4) 40 mg/kg

163. What is the commonest organism causing Cerebrospinal fluid shunt related infections?

(1) *S. aureus*

(2) Gram Negative Bacilli

(3) Coagulase negative staphylococcus

(4) Enterococci

164. In which stage of social development of child there is feeling of sexual opposition?

(1) Infancy

(2) Pre childhood

(3) Post childhood

(4) Adolescence

165. The initial approach to a patient with hyponatremia begins with determination of -

(1) Volume status

(2) Urine sodium

(3) Urine specific gravity

(4) Serum potassium

166. An 8-year-old boy presents with severe anemia and polyuria. Examination revealed growth failure, retinal degeneration with blood urea of 66 mg/dL and serum creatinine of 3 mg/dl.

Of the following the most likely diagnosis is -

(1) Infantile polycystic disease

(2) Autosomal recessive polycystic kidney disease

(3) Nephronophthisis

(4) Bardet-Biedl syndrome

167. Which of the following is a diagnostic criterion for diabetes mellitus?

(1) Fasting plasma glucose 100-125 mg/dL

(2) 2 hr plasma glucose during OGTT $\geq$ 140 mg/dL

(3) Hemoglobin A1C $\geq$ 6.5%

(4) Symptoms of diabetes mellitus plus random plasma glucose $\geq$ 160 mg/dL

168. The clearest evidence of a role for viral infection in human T1DM is seen in -

(1) Congenital rubella syndrome

(2) Enteroviral infection

(3) Mumps infection

(4) RSV infection

169. Which of the following conditions is characterized by pseudoclubbing?

(1) Gardner's syndrome

(2) Maffucci's syndrome

(3) Apert's syndrome

(4) Diamond's syndrome

170. Toxic Shock Syndrome (TSS) closely resembles Kawasaki disease clinically. However, some clinical manifestations are more common in TSS.

Of the following the clinical manifestation that is more specific for TSS is -

(1) Fever
(2) Hypotension
(3) Erythematous rash
(4) Conjunctival hyperemia

171. Which of the following NSAID may cause aseptic meningitis when used to treat patients with lupus?

(1) Naproxen
(2) Celecoxib
(3) Ibuprofen
(4) Indomethacin

172. A 7-year-old boy weighing 24 kg, presents with painless right supraclavicular lymphadenopathy. Chest radiograph reveals a mediastinal mas measuring more than one third of the thoracic diameter. Biopsy of the lymph node reveals Hodgkin disease, nodular sclerosing type.

Which of the following indicates a poorer prognosis?

(1) Hilar lymphadenopathy
(2) Unilateral cervical adenopathy
(3) Fever > 39°C
(4) Weight loss of 2 kg

173. Which of the following pathways are involved in the pathogenesis of Transient Tachypnoea of the Newborn (TTNB)?

(1) Voltage gated potassium channel
(2) Cyclic Nucleotide gated channel
(3) Voltage gated calcium channel
(4) Epithelial sodium channel

174. Among the following the steroid agent having highest Glucocorticoid activity is -

(1) Hydrocortisone
(2) Prednisolone
(3) Dexamethasone
(4) Fludrocortisone

175. All of following are causes of high gradient ascites, except -

(1) Tuberculosis
(2) Cirrhosis
(3) Budd Chiari syndrome
(4) Constrictive pericarditis

176. A young boy sustained injury in his knee while playing football. You decided to do Lachman test as part of his examination. This test will help in identifying injury to -

(1) Collateral ligament injury
(2) Posterior cruciate injury
(3) Anterior cruciate injury
(4) Meniscal injury

177. A 9-year-old previously healthy girl manifests progressive painless Proptosis, Periorbital edema and decreased visual acuity of the left eye during a 2 month period. The most likely diagnosis is -

(1) Rhabdomyosarcoma

(2) Retinoblastoma

(3) Orbital Cellulitis

(4) Pseudotumour cerebri

178. A previously healthy 2-year-old boy presents with gonadotropin-independent precocious puberty. Public hair is Tanner 3, Penis is enlarged and tests are prepubertal, congenital adrenal hyperplasia is ruled out with co-syntropin stimulation testing and there is no known exogenous testosterone exposure. Adrenal neoplasia is suspected.

Which of the following statement is correct?

(1) Adrenal imaging is likely to be negative.

(2) Ophthalmologic examination might reveal retinal angiomas.

(3) A GnRH agonist is the treatment of choice.

(4) Genetic testing for a TP53 mutation should be undertaken.

179. A 4-year-old girl has had joint swelling in multiple joints for over 6 months. She is slow to move in the morning and moves and moves as if stiff for the 1st hour of the day. Thereafter, she is a very active child. She has no rash and very little limitation of range of motion. Her Erythrocyte Sedimentation Rate (ESR) is 4 mm/hr.

The most likely diagnosis is -

(1) Juvenile idiopathic arthritis

(2) Systemic lupus erythematosus

(3) Dermatomyositis

(4) Henoch Schonlein Purpura

180. All the following systemic diseases can have cataract in their course of illness, except-

(1) Phenylketonuria

(2) Galactosemia

(3) Myotonic dystrophy

(4) Wilson disease

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