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

BSAP-22

1900285

प्रश्न पुस्तका संख्या/ Question Booklet No

Paper Code: 09

SUBJECT: Paediatrics

(Broad Speciality)

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 वैकित्पिक 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।
- 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 अनिधकृत 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.
- If more than one answers are marked, it would be treated as wrong answer.
- 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.
- 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.
- 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.
- Please correctly fill your Roll Number in O.M.R. Sheet.
 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 i	s 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 bubb	ly fibrocystic pattern in x-ray finding is included in which grading of Broncho-pulmonary		
	Dyspla	sia (BPD)?		
	(1)	Grade II		
	(2)	Grade I		
	(3)	Grade III		
	(4)	Grade IV		
3.	In tann	er and whitehouse maturity scoring of ossification centers maximum maturity scoring is		
	given t	0-		
	(1)	Carpal bones		
	(2)	Phalanges		
	(3)	Radius and Ulna		
	(4)	Metacarpals		
4.	Appro	priate 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.	Persis	tence of hand regard is abnormal after the age of -		
	(1)	16 weeks		
	(2)	18 weeks		
	(3)	20 weeks		
	(4)	24 weeks		
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	-			

v.	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	e following, the condition which is assoc	ciated	with Polyhydramnios is -		
	(1)	Renal agenesis (Potter syndrome)	(2)	Prune-belly syndrome		
	(3)	Pulmonary hypoplasia	(4)	Diaphragmatic hernia		
8.	One o	of the following drugs may cause pyloric	steno	sis if administered to a premature infant -		
	(1)	Intravenous vitamin E	(2)	Indomethacin		
	(3)	Enteric gentamicin	(4)	Prostaglandins		
9.	In a b	rainstem auditory evoked response recor	ding v	vave V corresponds to activity of -		
	(1)	Superior lemniscus	(2)	Lateral lemniscus		
	(3)	Medial lemniscus	(4)	Superior olivary nucleus		
10.	The b	paby with Birth Brachial Plexus Palsy	(BBF	PP) will start with occupational or physical		
		y at approximately-				
	(1)	1 week of age	(2)	2 weeks of age		
	(3)	3 weeks of age	(4)	4 weeks of age		
11.	Conge	enital Nephrotic syndrome can be due to	all, ex	cept -		
	(1)	HIV	(2)	Congenital syphilis		
	(3)	NPHS 1 and NPHS 2 mutation	(4)	Herpes simplex		
12.		erial blood gas report shows; pH 7.38, bensatory mechanism?	icarb 3	30 mEq/L and PaCO ₂ 55 mmHg. What is the		
	(1)	Respiratory alkalosis	(2)	Metabolic alkalosis		
	(3)	Respiratory acidosis	(4)	Metabolic acidosis		
13.	ventila FiO ₂ 7	tion. Following are the ventilator setting	gs: Ra	od for ARDS. She is on volume controlled the 30/min, tidal volume 110 ml, Ti 0.7 sec. If of 7.31; PO ₂ 60 mmHg; PCO ₂ 40 mmHg.		
	(1)	18.75	(2)	28.75		
	(3)	38.75	(4)	48.75		

14.		immunized baby weighing 2.4 kg is born with cord bilirubin of 5 mg%. What is the
	_	ment 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.		1 - Feil syndrome includes the classic triad of a low posterior hairline, short neck and
	decreas	sed 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 ga	it 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	f the following may support a diagnosis of drug eruption -
	(1)	Neutrophilia
	(2)	Basophilia
	(3)	Eosinophilia
	(4)	Lymphocytosis
18.	The fi	rst sign in hypertensive retinopathy is -
	(1)	Retinal Edema
	(2)	Flame – shaped hemorrhages
	(3)	Cotton – wool spots
	(4)	Irregular narrowing of the arteriole
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19.	All the	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	Will	ebrand disease is likely to benefit from	
	Desmo	ppressin?			
	(1)	Type 1	(2)	Type 1C	
	(3)	Type 2A	(4)	Type 2B	
21.	Enzym	e replacement therapy are available for t	he fol	lowing disorders, except -	
	(1)	Wolman disease	(2)	Gaucher disease	
	(3)	Fabry disease	(4)	Mucopolysaccharidosis type VI	
22.	DiGeo	rge syndrome is an example of -			
	(1)	Contiguous gene disorders	(2)	Single gene disorders	
	.(3)	Mitochondrial inheritance disorders	(4)	Numeric chromosomal disorders	
23.	A wait	ing period of how many months are give	n to ac	lopting parents to reconsider their decision?	
	(1)	1 month	(2)	2 months	
	(3)	3 months	(4)	4 months	
24.	In prop	hylactic iron folic acid:supplementation	progra	am Tab of IFA is given for period of -	
	(1)	90 days	(2)	100 days	
	(3)	120 days	(4)	180 days	
25.	A 6 yea	ar old boy complains of headache for las	t 4 we	eeks associated with vomiting, anorexia and	
	dry itcl	ny 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 like	kely di	iagnosis is -	
	(1)	Thiamine toxicity	(2)	Niacin toxicity	
	(3)	Hypervitaminosis A	(4)	Riboflavin toxicity	
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	(1)	Niacin
	(2)	Thiamine
	(3)	Riboflavin
	(4)	Pyridoxine
27.	In chro	onic 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.	Regard	ling 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.	Thyroz	xine – Binding Globulin (TBG) level usually decreases in -
	(1)	Pregnancy
	(2)	Administration of Glucocorticoids
	(3)	Newborn period
	(4)	Hepatitis
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Which vitamin deficiency may be attributed to oxalic acid bladder stones formation?

26.

- 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-y	ear 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 f	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					
	nephrit	is?					
	(1)	Double-stranded DNA (dsDNA)					
	(2)	Antinuclear antibody (ANA)					
-)	(3)	Antineutrophil Cytoplasmic Antibodies (ANCAs)					
	(4)	Smith (Sm)					
37.	How n	nuch is the sensitivity of Rheumatoid Factor (RF) as a diagnostic tool in children with					
	juvenil	e idiopathic arthritis?					
	(1)	<10%					
	(2)	<20%					
	(3)	<30%					
	(4)	<40%					
38.	Erysip	elas is an acute infection involving the deeper layers of the skin and the underlying					
	connec	ctive tissue.					
	What i	s the most characteristic finding of this infection?					
	(1)	Cutaneous swelling					
	(2)	Skin erythema					

(3)

(4)

Very tender affected skin

Sharply defined slightly elevated border

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	(4)	1988
	(3)	1990
	(2)	1992
	(1)	1994
	Distrib	ution) Act was passed by Government of India in -
43.	Infant 1	Milk Substitutes, Feeding Bottles and Infant Food (Regulation of Production, Supply and
	(4)	Child has mild croup
	(3)	Child has life threatening croup
	(2)	Child has severe croup
	(1)	Child has moderate croup
42.	Westle	y's clinical croup severity score of 6-11 indicates that -
	(4)	Lower pontine herniation
	(3)	Midbrain herniation
	(2)	Diencephalic herniation
	(1)	Uncal herniation
41.	Unilate	ral fixed dilated pupil is suggestive of -
	(4)	Restrictive Cardiomyopathy
	(3)	Left ventricular noncompaction
	(2)	Hypertrophic Cardiomyopathy
	(1)	Dilated Cardiomyopathy
40.	Diastol	ic dysfunction and normal systolic function are recognized feature of -
	(4)	decreases the need for Extracorporeal Membrane Oxygenation (ECMO)
	(3)	less nosocomial sepsis
	(2)	a decrease in Broncho-Pulmonary Dysplasia (BPD) at 36 weeks
	(1)	a decrease in death
57.	except	
39.	Vitami	n A supplementation given largely to infants < 1000 g resulted in all the following,

Which one of the following statement regarding clinical manifestation in Wilson disease is false? KF ring is present in less than 25% of patients. **(1)** KF ring is difficult to diagnose without a slit lamp examination. (2) The slit lamp finding normalize after effective medical treatment or liver transplant. (3) Patients with neurological manifestation will almost invariably have KF ring. **(4)** Disproportionate short stature may be seen in which of the following? 45. **(1)** Growth Hormone Deficiency Hypothyroidism (2) (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? DAS-II **(1) (2)** Trivandrum Development Screening Chart **(3)** Bayley Scales of Infant Development Baroda Development Screening Test **(4)** 47. What is the best type of steroid that should be used antenatally to decrease incidence of RDS of prematurity? **(1)** Dexamethasone **(2)** Betamethasone Methylprednisolone **(3) (4)** Hydrocortisone A 3-year-old male child develops hematoma and bruising of his right hand next day after falling 48. 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)

(3)

(4)

Partial thromboplastin time.

Prothrombin time

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	ce for	intestinal or biliary obstruction caused by	
	Ascari	s lumbricoides infestations?			
	(1)	Albendazole	(2)	Mebendazole	
	(3)	Ivermectin	(4)	Piperazine citrate	
51.	Neona	tal vaginal bleeding requires further eval	uation	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	f botul	ism?	
	(1)	Asymmetric flaccidity	(2)	Ascending paralysis	
	(3)	Clear sensorium	(4)	Fever	
53.	Which	of the following organisms may m	imics	S. aureus infection by causing cavitary	
	pneum	onia?			
	(1)	Group A streptococcus	(2)	Mycoplasma pneumoniae	
	(3)	Streptococcus pneumoniae	(4)	Klebsiella pneumoniae	
54.	What is	s the minimum age of vaccination of Hun	man P	apilloma Virus vaccine?	
	(1)	11 years	(2)	9 years	
	(3)	15 years	(4)	13 years	
55.	The Cl	inical consequences of hypokalemia in	n skel	etal muscle include muscle weakness and	
	cramps	. What is the level of serum potassium	at wl	nich paralysis is a possible complication of	
	hypoka	lemia?			
	(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.			tory d	istress syndrome is mg per kg of	
	Phosph	•			
	(1)	4 mg per kg	(2)	8 mg per kg	
	(3)	50 mg per kg	(4)	100 mg per kg	

57.	A high	A high index of suspicion of which of the following conditions is to be undertaken in a patient				
	with at	h atopic dermatitis and failure to thrive?				
	(1)	Wiskott – Aldrich syndrome				
	(2)	Severe combined immune deficiency				
	(3)	Histiocytosis				
	(4)	Hyper IgE syndrome				
58.	In whice	ch of the following glucagon injection w	ould t	be ineffective for the treatment of persistent		
	hypogl	ycemia?				
	(1)	Large for date baby	(2)	Galactosemia		
	(3)	Infant of diabetic mother	(4)	Nesidioblastosis		
59.	A weel	c old neonate who prese its with high an	nmon	ia, 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 h	c hydrocephalus (a complication of chronic otitis media) is commonly associated with -				
	(1)	Meningitis 1	(2)	Lateral sinus thrombosis		
	(3)	Subdural abscess	(4)	Brain abscess		
61.	You are	e following a 6-year-old boy with autisn	n, he i	s under structured psychosocial behavioural		
	training	g program, there is frequent complains of	aggre	ession and self- injurious behaviour.		
	Of the	following, the best medication to control	his be	chaviour is -		
	(1)	methylphenidate	(2)	risperidone		
	(3)	escitalopram	(4)	atomoxetine		
62.	Which	of the following abnormalities of refrac	tion is	s more common in infants with a history of		
	retinop	athy of prematurity?				
	(1)	Hyperopia	(2)	Myopia		
	(3)	Astigmatism	(4)	Anisometropia		

03.	ine m	The most common Specific Learning Disorder (SLD) of childhood is -			
	(1)	Attention-Deficit/Hyperactivity Disord	der (A	DHD)	
	(2)	Reading Disorder (dyslexia)			
	(3)	Spelling Disorder			
	(4)	Arithmetical Skills Disorders			
64.	What	is the most common joint involved in he	matog	enous bacterial arthritis?	
	(1)	Knee	(2)	Hịp	
	(3)	Ankle	(4)	Elbow	
65.	All the	e following are features of mitochondrial	inher	itance except -	
	(1)	non-traditional inheritance	(2)	maternal inheritance	
	(3)	male to offspring transmission	(4)	both sexes are affected	
66.	The di	agnosis of which of the following disord	er, in	a patient with presumed retinitis pigmentosa,	
	is imp	ortant?			
	(1)	Scheie syndrome	(2)	Sanfilippo syndrome	
	(3)	Kearns-Sayre syndrome	(4)	Refsum disease	
67.	Which	of these EEG patterns is commonly obs	erved	in patients with autoimmune Encephalitis?	
	(1)	Radermecker complexes	(2)	Extreme Delta Brush	
	(3)	Triphasic waves	(4)	PLEDs ,	
68.	Childre	en with unexplained ataxia should be	scre	ened for which of the following vitamin	
	deficie	ncy?			
	(1)	A	(2)	D	
	(3)	K	(4)	Е	
69.	When	does anatomic closure of ductus arteriosu	is occ	ur?	
	(1)	Birth	(2)	Within 7 days	
	(3)	Between 2-3 weeks	(4)	3 Months	
70.	Which	of the following micronutrient deficienc	y is as	sociated with microcytic anemia?	
	(1)	Chromium	(2)	Copper	
	(3)	Molybdenum	(4)	Selenium	
5007	r>				

71.	A 5-yea	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	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 fol	ic acid supplementation in children aged	6 mo	nths to 59 months?	
	(1)	Biweekly 20 mg elemental Iron + 100 r	ncg o	f Folic Acid	
	(2)	Biweekly 45 mg elemental Iron + 400 r	ncg F		
	(3)	Weekly 20 mg elemental Iron + 100 mg	cg of I	Folic Acid	
	(4)	Weekly 60 mg elemental Iron + 500 mg	eg Fol	ic 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.	Comm	only reported microorganisms from case	es of c	community acquired neonatal septicaemia in	
	India a	re all, except -			
	(1)	Staphylococci	(2)	Klebsiella	
	(3)	E. Coli	(4)	Group B streptococci	
75.	Which	of the following syndromes is char	acteri	zed by hyperaldosteronism, hypertension,	
	hypoka	llemia and alkalosis?			
	(1)	Liddle	(2)	Bartter	
	(3)	Gordon	(4)	Gitelman	
76.	At leas	t 50% of patients with hepatic failure ex	perien	ce serious infection. Which of the following	
	pathog	ens 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 ar	exclusively breast-fed neonate, born to an	
	HIV po	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	h 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 sur	plem	entation for prophylaxis in mothers with a	
	history	of Neural Tube Defect in a previous pre	gnanc	y?	
	(1)	0.4 mg/day	(2)	0.4 mcg/day	
	(3)	4 mcg/ day	(4)	4 mg/day	
80.	Anemi	nemia 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 i	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 cu	rrently recommended oxygen saturation	target	s in ventilated neonates is -	
	(1)	81-85%	(2)	86-90%	
	(3)	91-95%	(4)	Constantly above 95%	
83.	Which	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 ur	inary ascites in newborn?	
	(1)	Megaureter	(2)	Posterior urethral valve	
	(3)	Multicystic dysplastic kidney	(4)	Ureteropelvic junction obstruction	

85.	What is	hat is the most common cause of daytime incontinence?		
	(1)	Overactive bladder	(2)	Voiding postponement
	(3)	Detrusor-Sphincter discoordination	(4)	Cystitis
86.	Accide	entally esophageal ingestion of button bat	teries,	must be emergently removed within -
	(1)	2 hours	(2)	4 hours
	(3)	12 hours	(4)	24 hours
87.	Which	of the following electrolytes when decre	ased i	s a reflection of liver regeneration?
	(1)	Sodium	(2)	Potassium
	(3)	Magnesium	(4)	Phosphorus
88.	Which	of the following congenital anomaly can	occui	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 screen	ening	for Aneuploidies?
	(1)	It must be done for all pregnancies after	r coun	selling.
	(2)	It should be done for pregnant women	more t	han 35 years of age.
	(3)	It should be offered to all pregnant wor	nen, h	owever she may choose after counselling.
	(4)			ivity so can be recommended for general
		screening for aneuploidies in pregnant		
90.			ccura	te for determination of gestational age in
	pregna	ncy?		
	(1)	Fetal crown rump length at 8 weeks of	pregn	ancy
	(2)	Gestational sac diameter at 6 weeks		
	(3)	Biparietal diameter at 12 weeks of preg	•	,
	(4)	Femur length at 12 weeks of pregnancy		
91.	Which	among the following is a feature of atyp	ical N	ST (Non-stress test) in a term fetus-
	(1)	Variability 10 beats per minutes	(2)	Rising baseline
00	(3)	Variability of < 5 for 90 minutes	(4)	Late decelerations
92.	• •		, whic	h among the following is NOT a feature of
	- '	ysical profile?		
	(1)	Amniotic fluid volume	(2)	Non-stress test
	(3)	Fetal breathing movement	(4)	Fetal urination

93.	Which	among the following treatment is recom	mend	ed for prevention of pre-ecclampsia in high
	risk wo	omen?		
	(1)	Low dose Aspirin started at 6-10 weeks	gesta	tion .
	(2)	Low dose Aspirin started at >12-16 wee	eks ge	station
	(3)	Low dose Aspirin started at 22-24 week	s gest	ation
	(4)	Low dose Aspirin started at positive pre	egnano	ey test .
94.	Which	of following viral infections is less likely	to ca	use microcephaly?
	(1)	Varicella	(2)	Cytomegalovirus
	(3)	Toxoplasmosis	(4)	Rubella
95.	Post m	aturity syndrome consist of all of the foll	owing	g, except -
	(1)	Dry wrinkled loose skin	(2)	Anemia
	(3)	Malnourished appearance	(4)	Decreased sub-cutaneous tissue
96.	Room	temperature should be set atde	gree c	entigrade 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 min	ute 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 regard	ing K	awasaki disease?
	(1)	Predominantly affect small size arteries	3	4*
	(2)	Thrombocytosis usually seen in first we	eek	
	(3)	Giant aneurysm > 8 mm internal diame	ter	
	(4)	Aspirin is avoided in acute stage		•
99.	Which	of the following is true about fragile X s	yndro	
	(1)	Can only affect males	(2)	Predominant motor delay
	(3)	Hyper-extensible finger joints	(4)	Transmitted from father to son
100.	DNA 6	extracted from a blood sample is derived	from-	·
	(1)	Leucocyte	(2)	Red Blood Cell
	(3)	Dendritic Cell	(4) .	Platelet

101.	A. 6-y	ear-old child presented with bluish of	liscolo	oration of his peripheries after accidental		
	consur	onsumption of moth balls. He was apparently well before that. His vital at arrival were HR				
	120/m	20/min, RR 29/min, SPO ₂ on 85% on 100% O ₂ . He is in his full sensorium. On co-oximetry his				
	Methe	moglobin level 17%. Which of the follow	ving is	s the best treatment option?		
	(1)	Inj Methylene blue 1 mg/kg				
	(2)	IV Ascorbic Acid				
	(3)	Observe closely without any interventi	on at 1	present		
	(4)	Inj N-acetyl cysteine 150 mg/kg				
102.	A prev	viously healthy child was brought to E	R wit	h history of polytrauma following a RTA.		
	There	is decreased air entry and hyper-resonar	ice on	right side of the chest and his saturation is		
	88% o	on oxygen. Which of the following sign	ı on I	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 synd	rome,	except-		
	(Î)	Corticosteroids are used for treatment				
	(2)	Can be associated with neuroblastoma				
	(3)	MRI brain shows cerebellitis				
	(4)	Relapsing and remitting course				
104.	A 3-y	ear-old child present with Megaoblast	ic ane	emia, Diabetes Mellitus and Sensorineural		
	Hearin	g Loss. Most likely defect to be suspecte	d in tl	nis 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 rec	essive	e disorder associated with a characteristic		
	potassi	um channel mutation?				
	(1)	East syndrome	(2)	West syndrome		
	(3)	Cystic Fibrosis	(4)	Citrullinemia		
106.				wly to prevent central pontine myelinoysis		
		ne rate of correction NOT exceeding		•		
	(1)	12	(2)	18		
	(3)	24	(4)	30		
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107.	Which of the following globin chains is not a product of globin genes on chromosome 11?				
1	(1)	Epsilon	(2)	Zeta *	
	(3)	Gamma	(4)	Delta	
108.	The be	st assessment of iron overload in a multi	ply tra	ınsfused Thalassemia major child is -	
	(1)	Serum Ferritin	(2)	MRI of liver	
	(3)	Serum Iron	(4)	Bone marrow for Iron	
109.	Friedre	eich ataxia is caused due to -			
	(1)	Point mutation in ATXN1 gene	(2)	Triplet repeat expansion in FXN gene	
	(3)	Chromosomal deletion	(4)	Translocation	
110.	Glanzr	mann thrombasthenia like bleeding disc	order	is seen in one of the following Leucocyte	
	Adhesi	ion Defect (LAD) -			
	(1)	Type 1	(2)	Type 2	
	(3)	Type 3	(4)	Type 4	
111.	The di	sease, which best qualifies to be included	l in ne	ewborn screening program is -	
	(1)	Congenital Hypothyroidism	(2)	Cystic Fibrosis	
	(3)	Beta Thalassemia	(4)	Diabetes	
112.	All are	true about patients suffering from ataxia	a telan	giectasia, 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 a	adolescent girl with PCOS, All these con	dition	s 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 hyperli	ipiden	nia 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 m²) is less than -**(1)** 15 mL **(2)** 25 mL (3) 35 mL **(4)** 45 mL 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? Any child with large VSD in whom clinical symptoms and failure to thrive medically **(1)** 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,

(2)

(4)

Aortic stenosis

Atrial septal defect

ejection click present and grade IV ejection systolic murmur in 2nd left intercostal space.

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Most likely, the boy is suffering from -

Pulmonary stenosis

Ventricular septal defect

(1)

(3)

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 investigation.	r whi	ch no cause is apparent after 1 week of	
	(2)	-	for v	which no cause is apparent after 1 week of	
	(2)	investigation.	101 V	vinen no cause is apparent after 1 week of	
	(3)	Any fever for ≥ 1 week for which no ca	use is	apparent after 1 week of investigation.	
	(4)	Fever > 101°C lasting for ≥ 1 week.			
121.	Carrie	testing for beta thalassemia is an examp	le for	-	
	(1)	Primary prevention	(2)	Secondary prevention	
	(3)	Tertiary prevention	(4)	Newborn screening	
122.	A 6-da	y-old breast-fed boy was brought to the	neona	tology department for poor weight gain and	
	irritabi	lity since delivery. He also had a histor	ry of	vomiting for 2 hours. Physical examination	
	shows	jaundice and hepatomegaly. A reducing	substa	ance test result of the urine was positive and	
	a glucose oxidase test result is negative. The concentration of which of the following metabolites				
	in live	r is most likely to be increased in this pat	ient?		
	(1)	Fructose 1, 6-bisphosphate	(2)	Galactose 1-phosphate	
	(3)	Glucose 1- phosphate	(4)	Glucose 6-phosphate	
123.	An 18	8-month-old girl is post-op day 5	follov	ving a liver transplantation. She is on	
	immur	nosuppressants mycophenolate and tacro	limus.	You are informed of a potassium report of	
	7.2 m	Eq/L and find tall T waves on the	ECG	monitor with occasional PVCs. She is	
	hemod	ynamically stable otherwise.			
	The qu	tickest to reduce extracellular potassium	levels	is -	
	(1)	Sodium bicarbonate infusion	(2)	Calcium gluconate infusion	
	(3)	Calcium chloride infusion	(4)	Insulin/Dextrose infusion	
124.			_	des'. She undergoes EEG, which shows 3-6	
	Hz ge	neralized poly-spike and wave discharg	es. W	hich of the following medicines cannot be	
	used fo	or her?			
	(1)	Valproate	(2)	Levetiracetam	
	(3)	Topiramate	(4)	Vigabatrin	
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125.	* A 5-y	ear-old girl is evaluated for progressiv	e diff	ficulty in walking, which seems to worsen	
	during the day; her walking is much better after a good night's sleep. Examination during the				
	afterno	oon shows that she has rigidity in the l	eg mu	scles and dystonic twisting of her feet. The	
	conditi	ion often responds dramatically to the fo	llowin	g medications -	
	(1)	Levodopa	(2)	Lorazepam	
	(3)	Gabapentin	(4)	Sodium Valproate	
126.	You h	ave been asked to report chest X-ray	of a te	en-year-old female. Which of the following	
	structu	re will not normally form the right borde	er of tl	ne cardiac silhouette?	
	(1)	Right atrium	(2)	Right Ventricle	
	(3)	Superior vena cava	(4)	Inferior vena cava	
127.	A 15-y	year-old girl who has had type 1 diabet	es me	llitus for 3 years and confirmed Hashimoto	
	thyroid	litis for 2 years experiences repeated e	pisode	s of hypoglycemia unrelated to exercise. In	
	additio	on to reducing the insulin dose, which of	the fo	llowing steps is most appropriate?	
	(1)	Check FT4, TSH and thyroid antibodic	es to e	nsure compliance with thyroid medication	
	(2)	Check thyroid function, cortisol and T	TG Ig.	A in a fasting morning sample	
	(3)	Check TSH, Adrenocorticotropic Hor	mone	(ACTH) and TTG IgA in a late afternoon	
		(4 to 6 p.m.) blood sample			
	`(4)	Check thyroid function, ACTH and TI	G IgA	A in a fasting morning sample	
128.	A 4-ye	ear-old boy has a bone marrow biopsy	that s	shown 14% blasts. No blasts were seen on	
	peripho	eral blood smear. Finding on physical ex	amina	tion and other laboratory studies are normal.	
	The mo	ost likely diagnosis is -			
	(1)	Acute lymphoblastic leukemia	(2)	Acute myelogenous leukemia	
	(3)	Preleukemia	(4)	None of the above	
129.	А 15-у	ear-old boy presents with a palpable sw	elling	of the humerus that is associated with pain	
	that av	wakens him at night. There is a sunb	urst p	attern on the radiograph. The most likely	
	diagno	sis is -			
	(1)	Osteosarcoma	(2)	Ewings Sarcoma	
	(3)	Histiocytosis X	(4)	Osteochondroma	
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130.	In this	s COVID-19 pandemic children are less commonly infected than adult population. All of		
	the foll	lowing factors are responsible for this lower in	fection rate in children, except -	
	(1)	Less exposed to smoking and pollution, rela-	ively healthy airway	
	(2)	Low level of ACE2 activity in children		
	(3)	Coinfection with other viral infections		
	(4)	Children have relatively strong innate immu	nity	
131.	Which	of the following is incorrect about use of Ren	ndesivir in COVID-19 in paediatrics?	
	(1)	Work by inhibiting RNA dependent, RNA p	olymerase	
	(2)	Recent study have shown, it shorten the reco	very time as compared to placebo	
	(3)	Significantly reduced mortality in compared	to placebo	
	(4)	Not approved in < 12 years old in India		
132.	You a	are examining a child between 6-9 months	of age, all of the following milestones are	
	specifi	ic 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 ha	nave been called to estimate age of an orphar	child. He seems to be of 6 months of age.	
	Which	n body part X-ray you will order to confirm the	e same?	
	(1)	Wrist (2)	Shoulder	
	(3)	Knee (4)	Skull	
134.	A 1-ye	ear-old infant presented with hyponatremia, y	ou are suspecting SIADH in that child. What	
	will be	e his serum osmolality (in mOsm/kg) if his s	erum sodium is 125 mEq/L, Glucose is 108	
	mg/dL	L, and BUN (Blood Urea Nitrogen) 140mg/dL	-	
	(1)	300 (2)	306	
135.	(3) Which	312 (4) the following is online tool for monitoring	TR control program?	
100.		TB-online (2)	NTEP	
	(1)			
	(3)	NIKSHAY (4)	RNTCP	
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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			
	deficie	ncy is the most likely cause of his condit	ion?	
	(1)	Vitamin K	(2)	Vitamin B12
	(3)	Vitamin C	(4)	Copper
137.	A 12-y	vear-old with sickle cell disease admitte	d with	n fever, cough and breathing difficulty with
	bony p	ains. His laboratory report showed a W	BC co	ount 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 und	lerlying condition?		
	(1)	Streptococcus Pneumonia	(2)	Staphylococcus aureus
	(3)	Pseudomoṇas	(4)	E. Coli
138.	A chile	d presented with microcephaly, fair skin	, blue	eyes and mental retardation. His urine spot
	test sho	owed positive for ferric chloride. Most li	kely u	inderlying inborn error of metabolism would
	be -			
	(1)	Tyrosinemia	(2)	Homocystinuria
	(3)	Alkaptonuria	(4)	Phenylketonuria
139.	A 3-ye	ar-old male child presented with fever w	ith ra	shes in ER. You identified Forchheimer spot
	in his o	oral examination. The most likely diagno	sis fo	the child is -
	(1)	Measles	(2)	German Measles
	(3)	Varicella	(4)	Erythema infectiosum
140.	A 5-ye	ear-female child brought with history	of hea	nd injury, she was not responding to your
	comma	and, neither to pain. She is uttering inap	propri	ate words and having extension response on
	your pa	ainful stimuli. How much score will you	give f	for her Glasgow Coma Score?
	(1)	E1V1M1	(2)	E1V1M2
	(3)	E1V3M2	(4)	E2V1M2
141.	A 3-ye	ear-old boy, a known case of focal segn	nental	glomerulo-sclerosis presented with features
	of prog	gressive uraemia. He weighs 10 kg and	has a l	height of 90 cm. His serum creatinine is 4.5
	mg/dL	. Using Schwartz formula and with em	pirical	constant of 0.40, the estimated glomerular
	filtratio	on rate (eGFR) in mL/min/L.73m ² will b	e -	
	(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	on?		
	(1)	Hepatitis B surface antibody	(2)	Hepatitis B core antibody
	(3)	Hepatitis B e Antigen	(4)	Hepatitis B e Antibody
143.	А 3-уе	ear-boy has presented with chronic diar	rhoea.	He is stunted and waisted. He has severe
	macroc	cytic anemia, mild thrombocytopenia	and s	ignificant steatorrhoea. His bone marrow
	demon	strates vacuoles in erythroid and myeloid	l precu	ursors as well as ringed sideroblasts. Mother
	has sin	nilar complaints. Most likely he is sufferi	ng fro	m -
	(1)	Pearson marrow syndrome	(2)	Shwachman Diamond syndrome
	(3)	Ivemark	(4)	Johanson-blizzard syndromes
144.	Factors	s in favour of SVT versus sinus tachycard	lia in _J	paediatrics include the following, except-
	(1)	abrupt history	(2)	polymorphic P wave
	(3)	absence of P wave	(4)	poor perfusion
145.	A 3-ye	ar-old child awakens with a characteris	tics b	arking cough, noisy inspiration, respiratory
	distress	s and anxious frightened appearance. He	was a	febrile and was well when went to sleep. He
	had sir	nilar attack 3 months ago which resolve	withi	in several hours. Of the following the most
	likely o	liagnosis is -		
	(1)	Laryngotracheobronchitis	(2)	Acute epiglottitis
	(3)	Acute infectious laryngitis	(4)	Spasmodic croup
146.		<u>-</u>		He is feeding poorly and has breathless. He n any weight since then. On examination he
			_	is oxygen saturation in air is 82%. His chest
	X-ray l	nas bilateral diffuse perihilar fine reticula	r inter	estitial opacification.
	What is	s most likely cause of his respiratory fail	ure? S	elect one answer only -
	(1)	Influenza virus		
	(2)	Pneumocystis jiroveci (carinii) pneumo	onia	
	(3)	Respiratory syncytial virus		
	(4)	Staphylococcal pneumonia		
147.	Which	of the following anti-inflammatory drug	s are c	ommonly used in cystic fibrosis?
	(1)	Macrolide antibiotics	(2)	Systemic corticosteroids
	(3)	Inhaled corticosteroids	(4)	Ibuprofen
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142.

148.	A chil	d with acute liver failure is having dro	wsine	ss, inappropriate behaviour, agitation, wide
	mood	swings, disorientation, asterexis. EEG sh	nowed	generalized slowing and q waves. The most
	likely	grading of hepatic encephalopathy in this	s patie	nt would be -
	(1)	Grade 1	(2)	Grade 2
	(3)	Grade 3	(4)	Grade 4
149.	In a ch	ild with acute hepatitis, the following qu	alifies	s as the definition of acute liver failure-
	(1)	Prothrombin Time (PT) > 15 seconds i	rrespe	ective of clinical hepatic encephalopathy
	(2)	Prothrombin Time (PT) > 15 seconds i	n abse	ence of clinical hepatic encephalopathy
	(3)	Prothrombin Time (PT) > 20 seconds i	rrespe	ctive of clinical hepatic encephalopathy
	(4)	Prothrombin Time (PT) > 20 seconds v	with cl	inical hepatic encephalopathy
150.	A 5-ye	ear-boy presented with an abrupt onset	of fev	ver up to 41°C (105.8 °F) severe throbbing
	headac	che, intense myalgia, chills, hemorrhagic	rash a	and vomiting, 2 weeks after getting bitten by
	a rat w	hile he was sleeping.		
	Which	of the following is the likely causitive o	rganis	m?
	(1)	Neisseria meningitidis	(2)	Streptococcus minus
	(3)	Streptobacillus moniliformis	(4)	Rickettsia rickettsii
151.	Body l	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 p	positive test on urine dipsticks can occur	in pat	ients with -
	(1)	Urine contaminated with hydrogen per	oxide	
	(2)	High urine pH (>7.0)		
	(3)	Polyuria		
	(4)	Predominant non-albumin protein		
153.	POSH	AN Maah (month) is celebrated in -		
	(1)	March	(2)	May
	(3)	September	(4)	December
154.		ich of the following conditions is the "ru		
	(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 -Hungry Bone Syndrome **(1) (2)** Refeeding syndrome (3) **Acute Pancreatitis (4)** Hyperinsulinemia A 7-year-old child presents with intermittent stridor and wheezing which accompanies physical 156. activity, diagnosed as asthma with no response to asthma therapies. Of the following the most likely cause of his/her problem is allergic (spasmodic) croup **(1)** Laryngeal webs **(2)** bilateral abductor paralysis of the cords paradoxical vocal cord dysfunction 157. Treatment of Brucellosis is -Doxycycline **(1)** Doxycycline and rifampin Trimethoprim – Sulfamethoxazole (TMP-SMX) (3) **(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 Dramatic response to small dose of salicylates **(3)** Polyarticular **(4)** Which of the following is more common in neonates with pertussis? 159. **(1)** High grade fever Prominent cough early in the disease **(2)** Frequent whooping (3)**(4)** Apnea

160.	During	g 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.	Childr	en with burns of what % of body surface area should not receive oral fluids initially?
	(1)	> 10%
	(2)	> 15%
	(3)	> 5%
	(4)	> 30%
162.	The ar	mount of elemental iron ingested that should be referred to medical care for evaluation is
	more t	han -
	(1)	10 mg/kg
	(2)	20 mg/kg
	(3)	30 mg/kg
	(4)	40 mg/kg
163.	What i	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 whi	ch stage of social development of child there is feeling of sexual opposition?
	(1)	Infancy
	(2)	Pre childhood
	(3)	Post childhood
	(4)	Adolescence
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165.	The ini	itial 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 8-5	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 ≥ 140 mg/dL
	(3)	Hemoglobin A1C ≥ 6.5%
	(4)	Symptoms of diabetes mellitus plus random plasma glucose ≥ 160 mg/dL
168.	The cle	earest 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
	(3)	

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



