MIZORAM PUBLIC SERVICE COMMISSION

TECHNICAL COMPETITIVE EXAMINATIONS FOR RECRUITMENT TO THE POST OF GRADE-II OF MIZORAM HEALTH SERVICE (SPECIALIST SUB-CADRE) UNDER HEALTH & FAMILY WELFARE DEPARTMENT, GOVERNMENT OF MIZORAM. OCTOBER, 2022

PAPER - III (TECHNICAL) PAEDIATRICS DEPARTMENT

Full Marks: 200

All questions carry equal marks of 2 each. Attempt all questions. 1. All the following are characteristic features of fragile X chromosome of a 3-year-old male child **EXCEPT** (a) intellectual disability (b) autistic behaviour (c) macro-orchidism (d) hyperextensible finger joints 2. When an individual is at-risk genotype and not clinically express the condition; this phenomenon is called (a) genetic anticipation (b) uniparental diasomy (c) non expressiveness (d) non penetrance 3. The genetic testing in an asymptomatic child with positive family history of Huntington chorea is called (a) predisposional testing (b) predictive testing (c) diagnostic testing (d) pharmacogentic testing 4. Predispostional genetic testing is more useful in (a) numerical chromosomal disorders (b) multifactorial disorders (c) ingle gene disorders (d) structural chromosomal disorders

6. A worried mother of a 4-year-old boy describing attacks of inconsolable crying episodes of her child, taking long time, she stated also that he prefers to play alone. The MOST appropriate action is to

(b) family history

(d) prenatal diagnosis

(a) Reassures her that this is a normal phenomenon of temper tantrum

5. The MOST important screening tool for genetic disorders is

- (b) Seek more history regarding other skills and developmental domains
- (c) Refer her to paediatric psychiatry

(a) genetic study

(c) karyotyping

Time Allowed: 3 hours

(d) Investigate social issues of the family

| 7. | A mother to a well 2-year-old girl with thumb sucking behaviour, she is worried that the behaviour may continue or may cause dental problem. The BEST response is to | | | • | |
|-----|--|--|---------|--|--|
| | (a) reassurance to mother | | | | |
| | (b) leave the behaviour as the complications usually started after 5 years | | | | |
| | (c) ignore thumb sucking and encouraging a substituted behaviour | | | | |
| | (d) | use of bitter ointments will resolve the proble | em ea | rly | |
| 8. | All the following are characteristic features of separation anxiety disorder EXCEPT | | | | |
| | (a) | not manifested below 3 years of age | | • | |
| | (b) | common up to 5% of children | | | |
| | (c) | girls are more affected than boys | | | |
| | (d) | not reported in children above 8 years of ago | e | | |
| 9. | | ncerned young parents asking about frequent Γhe following advices are true EXCEPT | lying | behaviour experienced by their 3-year-old | |
| | (a) | it is a method of playing with the language | | | |
| | (b) | it is a part of their magical thinking | | | |
| | (c) | it indicates a potential for future lying behavior | our | | |
| | (d) | it is an approach to avoid unwanted confront | ation | with adults | |
| 10. | A 10-years-old male with good school performance and normal behaviour. In the last 2 months he had changed his classroom. His teacher observed that he became introverted and his school performance reduced dramatically. He was always described by some of his new school mates as a "weak". The MOST likely diagnosis is | | | | |
| | (a) | school phobia | (b) | anxiety disorder | |
| | (c) | bullying | (d) | hypothyroidism | |
| 11. | Child | lhood psychosis may include all the following | EXC | EPT | |
| | (a) | delusions | (b) | loss of reality testing | |
| | (c) | disorganized speech | (d) | catatonic behaviour | |
| 12. | | nal production of androgen with development of occur as early as | funde | rarm odour and faint genital hair (adrenarche) | |
| | (a) | 4 years | | 5 years | |
| | (c) | 6 years | (d) | 7 years | |
| 13. | In ma | ales, the first visible sign of puberty is testicula | ır enla | rgement, beginning as early as | |
| | (a) | 8.5 years | (b) | 9.5 years | |
| | (c) | 10.5 years | (d) | 11.5 years | |
| 14. | Mens | ses typically begins 2.5 yr after the onset of p | ubert | y at an average age of | |
| | (a) | 9.5 years | (b) | 10.5 years | |
| | (c) | 11.5 years | (d) | 12.5 years | |
| 15. | In ass | sessing the seriousness of adolescent drug ab | ouse s | core, which of the following take +2 in the | |
| | (a) | female sex | (b) | age >15 years | |
| | (c) | positive family history of drug abuse | (d) | use before driving | |

| 16. | Whic | ch of the following is TRUE regarding pubertal | gyne | comastia? | | | | |
|-----|--|---|--------|--|--|--|--|--|
| | (a) | onset typically is between 7 and 9 years | | | | | | |
| | (b) | usually regresses within 6 months | | | | | | |
| | (c) | (c) surgery may be indicated in severe or persistent cases | | | | | | |
| | (d) | medical therapies have been approved for us | e in a | dolescents | | | | |
| 17. | Evalı | uation for pubertal delay in female should be d | lone i | f she lacks any pubertal signs by the age of | | | | |
| | (a) | 12 years | (b) | 13 years | | | | |
| | (c) | 14 years | (d) | 15 years | | | | |
| 18. | | month-old boy presented with recurrent attacks birth. You suspect immune deficiency. The MO | | • | | | | |
| | (a) | hyper-IgE syndrome | (b) | defect in phagocytic cells | | | | |
| | (c) | deficiencies in T-cell function | (d) | defect in antibody production | | | | |
| 19. | | -month-old girl presented with history of red hs. You suspect a predominant B-cell defect. T | | 1 | | | | |
| | (a) | IgA measurement | (b) | IgG measurement | | | | |
| | (c) | IgM measurement | (d) | IgE measurement | | | | |
| 20. | O. A 4.5-year-old boy presented with history of recurrent attack of secretary otitis media and pure nasal discharge, Haemophilus influenza revealed by culture of ear discharge, on physical examinathere is no tonsillar tissue and no palpable lymph nodes. The MOST appropriate test to confirm diagnosis is measurement of | | | re of ear discharge, on physical examination | | | | |
| | (a) | flow cytometry | (b) | IgA concentration | | | | |
| | (c) | isohemagglutinins titre | (d) | IgG and IgM concentration | | | | |
| 21. | The most appropriate method to correct the immune deficiency in complete DiGeorge syndrome is | | | | | | | |
| | (a) | vaccination | (b) | judicious use of antibiotics | | | | |
| | (c) | transplantation of thymic tissue | (d) | transplantation of hematopoietic stem cells | | | | |
| 22. | In add | dition to infection and bleeding, the most com | mon c | cause of death in Wiskott-Aldrich syndrome | | | | |
| | (a) | graft versus host disease | (b) | protracted bloody diarrhoea | | | | |
| | (c) | EBV-associated malignancies | (d) | development of autoimmune disease | | | | |
| 23. | In patient with Chédiak-Higashi syndrome, the only curative therapy is hematopoietic stem cell transplantation which correct all the following EXCEPT | | | | | | | |
| | (a) | neuropathy | (b) | immunologic function | | | | |
| | (c) | hematopoietic function | (d) | natural killer cell deficiency | | | | |
| 24. | The | diagnosis of chronic granulomatous disease C | GD is | s MOST often made by | | | | |
| | (a) | DNA analysis | (b) | flow cytometry | | | | |
| | (c) | neutrophil G6PD assay | (d) | erythrocyte G6PD assay | | | | |
| 25. | All th | ne following conditions can induce lymphopeni | a EX | CEPT | | | | |
| | (a) | sepsis | (b) | typhoid | | | | |
| | (c) | brucellosis | (d) | corticosteroid use | | | | |

| 26. | A 7-year-old boy develops acute onset of high spiking fevers, lymphadenopathy, hepatosplenomegaly, and purpura; he has been diagnosed with systemic Juvenile idiopathic arthritis (JIA) since early childhood treated with anti-inflammatory drugs. The BEST test that distinguishes MAS from a flare | | | |
|-----|---|---|---------|---|
| | of the | e primary disease is | | |
| | (a) | fallingESR | | |
| | | hypofibrinogenemia | | |
| | (c) | hypertriglyceridemia | | |
| | (d) | evidence of hemophagocytosis in the bone ma | arrov | V |
| 27. | The | nicroorganism that is MOST likely causing ch | ronic | arthritis after UTI is |
| | (a) | Escherichia coli | (b) | Chlamydia trachomatis |
| | (c) | Proteus mirabilis | (d) | Pseudomonas aeruginosa |
| 28. | All th | ne following lab tests correlate with active dise | ase o | f Systemic lupus erythematosus EXCEPT |
| | (a) | positive anti-nuclear antibody titre | (b) | positive anti-double-stranded DNA level |
| | (c) | low serum complement level | (d) | high erythrocyte sedimentation rate |
| 29. | All th | ne following are common cutaneous manifestat | ions | of JDM EXCEPT |
| | | heliotrope rash of the eyelids | | photosensitivity to ultraviolet light |
| | | facial erythema sparing the nasolabial folds | (d) | Gottron papules |
| 30. | Predi | ctors of poor outcome across several studies of | Kaw | vasaki disease (KD) include all the following |
| | EXC | <u> </u> | | |
| | (a) | old age | (b) | male gender |
| | (c) | persistent fever | (d) | poor response to IVIG |
| 31. | The I | LEAST gastrointestinal manifestation that may | occu | r in children with HSP is |
| | (a) | abdominal pain | (b) | vomiting and diarrhoea |
| | (c) | paralytic ileus | (d) | intussusception |
| 32. | The | mainstay of therapy of Diphtheria is | | |
| | (a) | antitoxin | (b) | penicillins |
| | (c) | erythromycin | (d) | clindamycin |
| 33. | Rega | rding epidemiology of Neisseria meningitides, | all th | ne following are true EXCEPT |
| | (a) meningococci are transmitted during close contact via aerosol droplets or exposure to respiratory secretions | | | |
| | (b) | meningococci survive for long periods in the e | enviro | onment |
| | (c) | smoking and respiratory viral infection are disease | asso | ciated with increased rates of carriage and |
| | (d) | the highest rate of meningococcal disease occ | urs i | n infancy |
| 34. | Rega | rding disseminated gonococcal infection, the fo | ollow | ring statement is TRUE |
| | (a) | hematogenous dissemination occurs in 10-30 | % of | all gonococcal infections |
| | (b) | men account for the majority of cases | | |
| | (c) | skin lesions found in 75% of patients | | |
| | (d) | acute endocarditis is an uncommon but often to | fatal 1 | manifestation |
| 35. | Rega | rding diagnosis of typhoid fever, one of the foll | lowir | ng is TRUE |
| | (a) | blood cultures are positive in 65-80% of the J | patie | nts |
| | (b) | urine culture results become positive within the | he 1s | t wk. |

(c) thrombocytosis may be a marker of severe illness(d) diagnosis by WIDAL test alone is prone to error

| 36. | All th | ne following are true regarding Measles EXCE | PT | |
|-----|---|---|------------------|--|
| | (a) incubation period is 8-12 days | | | |
| | (b) | the rash begins on the forehead, behind the e | ears, a | and on the upper neck |
| | (c) | the rash fades over about 3 days in the same | prog | ression as it evolved |
| | (d) | in more severe cases, generalized lymphaden | opat | hy may be present |
| 37. | In patients with neonatal HSV infection who receive IV treatment for 2-3 weeks then suppressing treatment for 6 months, they should be monitored by | | | treatment for 2-3 weeks then suppressive |
| | (a) | absolute neutrophil count ANC | (b) | liver function tests |
| | (c) | renal function tests | (d) | platelet count |
| 38. | | tious mononucleosis is the best-known clinica characterized by | l syn | drome caused by Epstein-Barr virus (EBV). |
| | (a) | elevated liver enzymes | (b) | massive splenic enlargement |
| | (c) | huge hepatomegaly | (d) | occasional palatal petechiae |
| 39. | Hand | d-foot-mouth disease is MOST frequently cause | sed b | y |
| | (a) | coxsackievirus A6 | (b) | coxsackievirus A16 |
| | (c) | enterovirus 71 | (d) | coxsackievirus B2 |
| 40. | All tl | he following criteria must be met for the cons | ensu | s definition of cyclical vomiting syndrome |
| | (a) | recurrent episodes of intense vomiting and na 1 wk. apart | usea | lasting 1 hr to 10 days and occurring at least |
| | (b) | vomiting during episodes occurs 34 times/hi | for ³ | ³ 1 hr |
| | (c) | return to baseline health between episodes | | |
| | (d) | usually attributed to another disorder | | |
| 41. | | rast (usually barium) radiographic study of the sensitivity and specificity in the diagnosis of | e oeso | ophagus and upper gastrointestinal tract has |
| | (a) | achalasia | (b) | oesophageal strictures |
| | (c) | GERD | (d) | hiatal hernia |
| 42. | Conf | irmation of a Meckel diverticulum can be diffic | ult. C | of the following, the MOST sensitive study is |
| | (a) | plain abdominal radiographs | (b) | barium studies |
| | (c) | radionuclide technetium-99m scans | (d) | abdominal ultrasound |
| 43. | | zoar is an accumulation of exogenous matter in ollowing are true EXCEPT | n the | stomach or intestine. Regarding bezoar, all |
| | (a) | trichobezoars are composed of the patient's of | own l | nair |
| | (b) | lactobezoars can be attributed to the high casei | n or c | alcium content of some premature formulas. |
| | (c) | phytobezoars are composed of a combination | of p | lant and animal material |
| | (d) | sunflower seed bezoars are reported to cause | sma | ll bowel obstruction |
| 44. | | fants and very young toddlers, chronic diarrhoogenesis of the diarrhoea is not always clear as | | |
| | - | food protein allergy | | bacterial overgrowth |
| | ` ′ | giardiasis | ` / | Strongyloides stercoralis |
| 45. | In the | e blue diaper syndrome, symptoms can include | all th | ne following EXCEPT |
| | | vomiting | | diarrhea |
| | ` ′ | failure to thrive | ` / | nephrocalcinosis |

| 46. | The f | irst choice for diagnosis of pancreatic pseudoc | ysts | is |
|------------|--------|--|--------|---|
| | (a) | transabdominal ultrasonography | | |
| | (b) | CT scanning | | |
| | (c) | magnetic resonance cholangiopancreatograph | y | |
| | (d) | endoscopic retrograde cholangiopancreatogra | aphy | |
| 47. | Apht | hous-like lesions may be associated with the fo | llow | ing conditions EXCEPT |
| | (a) | Behcet disease | (b) | gluten-sensitive enteropathy |
| | (c) | SWEET syndrome | (d) | herpetic gingivostomatitis |
| 48. | | stent cough may need to be sought beyond the wing regions EXCEPT | lungs | s, because cough receptors also reside in the |
| | (a) | pharynx | (b) | paranasal sinuses |
| | (c) | stomach | (d) | nose |
| 49. | The I | MOST common congenital laryngeal anomaly | that 1 | produces stridor is |
| | (a) | vocal cord paralysis | (b) | laryngomalacia |
| | (c) | congenital subglottic stenosis | (d) | congenital laryngeal web |
| 50. | Rega | rding congenital lobar emphysema (CLE), the | follo | wing are true EXCEPT |
| | (a) | familial occurrence has been reported | | |
| | (b) | usually no cause of CLE can be identified | | |
| | (c) | usually become apparent in the neonatal period | od | |
| | (d) | many cases are diagnosed by antenatal ultrase | onog | raphy |
| 51. | Recu | rrent pneumonia is defined as | | |
| | (a) | 2 or more episodes in a single year, with radio | ograp | phic clearing between occurrences |
| | (b) | 2 or more episodes in a single year, without ra | adiog | graphic clearing between occurrences |
| | (c) | 3 or more episodes in a single year, with radio | ograp | phic clearing between occurrences |
| | (d) | 3 or more episodes in a single year, without ra | adiog | graphic clearing between occurrences |
| 52. | All th | ne following conditions are associated with fals | se-po | sitive sweat test results EXCEPT |
| | (a) | anorexia nervosa | (b) | hypothyroidism |
| | (c) | Klinefelter syndrome | (d) | malnutrition |
| 53. | The f | following are causes of diffuse alveolar hemorrha EPT | age (I | DAH) syndromes with pulmonary capillaritis |
| | (a) | Goodpasture syndrome | (b) | Henoch-Schonlein purpura |
| | (c) | Wegener granulomatosis | (d) | Heiner syndrome |
| 54. | The t | reatment of choice of idiopathic pulmonary her | mosi | derosis (IPH) is |
| | (a) | transfusion of blood products | (b) | systemic corticosteroids |
| | (c) | cyclophosphamide | (d) | chloroquine |
| 55. | Ofth | e following, the least likely cause of hemo-thor | ax in | children is |
| | (a) | intrathoracic neoplasms | (b) | costal exostoses |
| | (c) | blood dyscrasias | (d) | rupture of an aneurysm |
| | | | | |

| 56. | Physical examination and an upright, posteroanterior radiograph with subsequent measurement of the angle of curvature (Cobb technique) remain the gold standard for assessment of scoliosis. Scoliosis is | | | |
|------------|---|---|---------|--|
| | defined when curves | | | |
| | (a) | ³ 10 degrees | (b) | ³ 15 degrees |
| | (c) | ³ 20 degrees | (d) | ³ 25 degree |
| 57. | Pecti | us carinatum is characterized by all the followi | ng EX | KCEPT |
| | | accounting for 5-15% of congenital chest wa | _ | |
| | | females are affected 4 times more often than | | |
| | (c) | high familial occurrence | | |
| | (d) | common association of mild to moderate sco | liosis | |
| 58. | Нуре | ertrophic cardiomyopathy is a recognized asso | ciatio | n with |
| | (a) | infant of diabetic mother | (b) | Marfan syndrome |
| | (c) | William syndrome | (d) | trisomy 21 (Down syndrome) |
| 59. | cong | enital heart disease causing cyanosis without re | espira | tory distress include the following EXCEPT |
| | _ | tricuspid atresia | _ | aortic stenosis |
| | (c) | Ebstein anomaly | (d) | pulmonary atresia |
| 60. | Ofth | e following, the most common clinical sign of | coard | ctation of the aorta in older children is |
| | (a) | cardiac enlargement | | |
| | (b) | notching of the inferior border of the ribs | | |
| | (c) | a systolic ejection click or thrill in the suprast | ternal | notch |
| | (d) | differential blood pressure: arms > legs | | |
| 61. | The | most common cause of death from cardiac def | ects in | n the first month of life is |
| | (a) | d-Transposition without associated lesions | (b) | hypoplastic left heart syndrome |
| | (c) | pulmonary atresia | (d) | truncus arteriosus |
| 62. | SVT | in children differ from physiologic sinus tachy | cardi | a by all the following EXCEPT |
| | (a) | persistent ventricular rate of>180 bpm | | |
| | (b) | fixed RR interval on ECG | | |
| | (c) | abnormal P-wave shape or axis or absent P | wave | S |
| | (d) | evident change in heart rate with activity | | |
| 63. | The f | following factors are most strongly associated | with | the development of coronary artery disease |
| | - | tients with Kawasaki disease EXCEPT | | |
| | ` ' | duration of fever of >16 days | ` ′ | first-degree heart block |
| | (c) | cardiomegaly | (d) | male gender |
| 64. | All th | ne following are causes of chronic pulmonary | | * • |
| | (a) | congenital mitral stenosis with obstruction | (b) | total anomalous pulmonary venous return |
| | (c) | peripheral pulmonary stenosis | (d) | left atrial myxomas |
| 65. | | ero heart failure, often with fetal pleural and poune hydrops fetalis) may occur in | ericar | dial effusions and generalized ascites (non- |
| | | ventricular septal defect | (b) | coarctation of aorta |
| | (c) | d-Transposition of great arteries | (d) | Ebstein anomaly |

| 66. | Corti | cotropin-releasing hormone (CRH) and ACTI | H rele | ease are inhibited by |
|------------|--------|---|--------|--|
| | (a) | arginine vasopressin | (b) | oxytocin |
| | (c) | angiotensin II | (d) | atrial natriuretic peptide |
| 67. | Neor | nates and young infants with central diabetes in | nsipio | lus are often best treated with |
| | (a) | fluid therapy | (b) | vasopressin analogs |
| | (c) | thiazide diuretics | (d) | indomethacin |
| 68. | The I | MOST common brain lesion causing central pr | recoc | ious puberty is |
| | (a) | postencephalitic scar | (b) | tuberculous meningitis |
| | (c) | hypothalamic hamartoma | (d) | tuberous sclerosis |
| 69. | Thyr | oid peroxidase antibodies are absent in the follo | owin | g thyroiditis syndrome |
| | (a) | Hashimoto thyroiditis | (b) | painless sporadic thyroiditis |
| | (c) | painful subacute thyroiditis | (d) | acute suppurative thyroiditis |
| 70. | The I | MOST definitive test for adrenal insufficiency i | s mea | asurement of |
| | (a) | blood sugar | | |
| | (b) | cortisol before and after administration of AC | TH | |
| | (c) | serum sodium | | |
| | (d) | arterial blood gases | | |
| 71. | Waar | denburg syndrome is characterized by all the f | ollov | ving EXCEPT |
| | (a) | lateral displacement of the inner canthi | (b) | median white forelock |
| | (c) | defective hearing | (d) | hyperpigmentation of the skin |
| 72. | Epib | ulbar dermoids are choristomas found in 75% | of | |
| | (a) | craniosynostosis | (b) | Alport syndrome |
| | (c) | Goldenhar syndrome | (d) | Cogan syndrome |
| 73. | and t | isk factors associated with retinopathy of prema he associated retinal immaturity at birth represe e following EXCEPT | - | |
| | (a) | apnea | (b) | heart disease |
| | (c) | hypercarbia | (d) | polycythemia |
| 74. | All th | ne following are causes of sudden sensorineura | l hea | ring loss EXCEPT |
| | (a) | autoimmune disease | (b) | Epstein Barr virus infection |
| | (c) | thromboembolic event | (d) | Rubella virus infection |
| 75. | A ma | ijor physical examination point to differentiate | exter | na otitis from mastoiditis and otitis media is |
| | (a) | visualization of tympanic membrane | (b) | pus discharge from ear canal |
| | (c) | pain on manipulation of the auricle | (d) | periauricular lymphadenopathy |
| 76. | All th | ne following are common organisms in all varia | nts o | facute mastoiditis EXCEPT |
| | (a) | S. Pneumoniae | (b) | non-typable H. Influenza |
| | (c) | Pseudomonas aeruginosa | (d) | Klebsiella spp. |
| 77. | - | llary malformations (CMs) are present at birth. ed-dye laser. Therapy can begin | The | most effective treatment for CM is with the |
| | (a) | in infancy | (b) | after 5 years |
| | (c) | after 10 years | (d) | during puberty |

| 78. The most common agent implicated in the etiolog | gy of erythema multiforme (EM) is |
|--|--|
| (a) Mycoplasma pneumonia | (b) Herpes simplex virus (HSV) labialis |
| (c) Herpes simplex virus HSV genitalis | (d) Streptococcus pneumonia |
| 79. One of the most common causes of allergic conta | act dermatitis is |
| (a) neomycin | (b) topical antihistamines |
| (c) topical anesthetics | (d) topical corticosteroids |
| 80. All the following are features of acrodermatitis e | nteropathica EXCEPT |
| (a) a rare autosomal recessive disorder | • |
| (b) caused by an inability to absorb sufficient a | zinc from the diet |
| (c) Initial signs and symptoms usually occur in | the 2 nd years of life |
| (d) the cutaneous eruption consists of vesiculo | bullous, eczematous, dry, scaly, skin lesions |
| 81. The mostcommon precipitating event for cardiac | instability in infants and children is |
| (a) electrolyte disturbances | (b) trauma |
| (c) respiratory insufficiency | (d) poisoning |
| 82. The most common pre-arrest rhythms in young c | hildren is |
| (a) bradyarrhythmia | |
| (b) atrial flutter | |
| (c) ventricular fibrillation | |
| (d) supraventricular arrhythmia with WPW syn | ndrome |
| 83. All the following are an absolute indication for en | ndotracheal intubation EXCEPT |
| (a) inability to protect the airway against aspir | ation |
| (b) failing to maintain adequate oxygenation | |
| (c) complete airway obstruction | |
| (d) failing to control blood carbon dioxide leve | els |
| 84. All the following are signs of increased intracran EXCEPT | nial pressure (ICP) and impending brain herniation |
| (a) 4th cranial nerve palsy | (b) systemic hypertension |
| (c) bradycardia | (d) extensor posturing |
| 85. Of the following, the mandatory test/study for all | patients presenting for the first time with syncope is |
| (a) ECG | (b) EEG |
| (c) echocardiography | (d) holter monitoring |
| 86. In mechanical ventilation giving adequate PEEP | can mainly reduces |
| (a) volutrauma | (b) barotrauma |
| (c) oxytrauma | (d) pneumonia |
| 87. In pediatrics advanced life support (PALS) curricul are true EXCEPT | um, regarding the format of ABCDE, all the following |
| (a) A refers to assessment of airways | (b) B refers to assessment of breathing |
| (c) C refers to assessment of circulation | (d) D refers to assessment of dehydration |
| 88. MOST common specific learning disorder (SLD |) of childhood is |
| (a) attention-deficit/hyperactivity disorder (AI | OHD) |
| (b) reading disorder (dyslexia) | |
| (c) spelling disorder | |

(d) arithmetical skills disorders

| 89. | All the following are red flags in the history of children with specific learning disorders (SLD) EXCEPT | | | |
|-----|--|---|----------------|--|
| | (a) parents concern about academic performance | | | |
| | | inconsistency in marks report from grade to g | grade | |
| | | struggling with homework activities | | |
| | (d) | positive vision or hearing test | | |
| 90. | | neurodevelopmental function (cognition) is depetions EXCEPT | nden | t mainly on the development of the following |
| | (a) | sensory and motor | (b) | language |
| | (c) | visual-spatial | (d) | cerebellar |
| 91. | The | major chemical modulator of attention is | | |
| | (a) | dopamine | (b) | serotonin |
| | (c) | nor-epinephrine | (d) | troponin |
| 92. | | he following are true associations between psy EPT | chia | tric illness in childhood and their treatment |
| | (a) | attention deficit/hyperactivity (ADHD) and at | omoz | ketine |
| | | anxiety and antidepressant | | |
| | | aggression and atypical antipsychotic | | |
| | | psychosis and typical antipsychotic | | |
| 93. | Cons | stipation can be seen in poisoning with | | |
| | | iron | (b) | lead |
| | (c) | colchicine | (d) | cholinergics |
| 94. | | majority of poisonings in children are from in ational, dermal, and ocular routes. All the follow EPT | _ | |
| | (a) | whole-bowel irrigation | (b) | induced emesis with ipecac |
| | (c) | single-dose activated charcoal | (d) | multiple-dose activated charcoal |
| 95. | of so | 5 year-old- child brought to emergency room in time drugs (used by his grandfather). The child uation reveals a 13-kg child who has tachypned sugar=225mg/dl, pH=7.5, PCO2=20 mEq/L, is | has v ea an | romited once, fussy, and lethargic. Physical d tachycardia. Laboratory results include a |
| | (a) | iron | (b) | atropine |
| | (c) | salicylate | (d) | methylxanthine |
| 96. | • | ser-Fleischer (K-F) ring is a brown discoloration rue EXCEPT | n at t | he outer margin of the cornea; the following |
| | (a) | might not be present in younger children | | |
| | (b) | requires a slit-lamp examination | | |
| | (c) | is permanent even after treatment | | |
| | (d) | is present in 95% of patients with neurologic | symp | toms |
| 97. | - | patients with advanced liver disease, hepatic ation is technically feasible, it will prolong life as | | • |
| | (a) | tyrosinemia | (b) | galactosemia |

(d) Zellweger syndrome

(c) hereditary fructose intolerance

| 98. | 98. Autoimmune hepatitis is a clinical diagnosis based on certain diagnostic criteria; no single test will make this diagnosis. Important positive features include the following EXCEPT | | | |
|------|--|----------------------------|-----|---|
| | (a) | female gender | (b) | primary elevation in alkaline phosphatase |
| | (c) | elevated ã-globulin levels | (d) | presence of autoantibodies |
| 99. | 99. The IgM response occurs earlier in the illness, generally peaking at 7-10 days after infection, an usually disappears within a few weeks, but for some infections it can persist for months such as | | | |
| | (a) | measles | (b) | mumps |
| | (c) | rubella | (d) | hepatitis A |
| 100. | 100. All the following are recognized skin infections or infestations in children in childcare EXCEPT | | | |
| | (a) | impetigo | (b) | pediculosis |
| | (c) | erythrasma | (d) | tinea corporis |
| | | | | |

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