(A Deemed to be University)

Post Graduate Examination January 2025

Time: 180 Minutes Max Marks: 100 Marks

Paediatrics Paper I QP CODE: P3111

Your answer should be specific to the question asked Draw neat labelled diagrams wherever necessary

10X10=100

- 1. How do you assign APGAR score to a neonate? In which 5 conditions will you get a low score without associated hypoxia? What are fallacies of APGAR score? (3+4+3)
- 2. Write a note on amplitude EEG and its interpretation.
- 3. Describe the role of oxygen free radical in the pathogenesis of neonatal disorders.
- 4. Define the following terms: Rh incompatibility, Rh iso immunisation and Rh haemolytic disease. Write the management of neonate whose mother has a history of one neonatal and one intrauterine death (IUD) due to Rh haemolytic disease. (3+7)
- 5. What are the causes of acute kidney in new borns? Describe clinical features and management of Acute Kidney injury in neonates. (2+3+5)
- 6. Define hypoglycaemia and list the causes of hypoglycaemia. Describe clinical features & management of hypoglycaemia in the new born. (2+3+2+3)
- 7. Describe approach to a new born with bilious vomiting.
- 8. What is evidence-based recommendation about use of probiotics in neonatology?
- 9. A term child is born apnoeic. What information of the perinatal events would you like to know? What are the initial steps of management in the labor room? What are the possible complications in next 48hrs?
- 10. Write a note on recent advances in the diagnosis of neonatal sepsis. Describe the time sensitive goal directed stepwise management of septic shock. (3 +7)

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Time: 180 Minutes Max Marks: 100 Marks

Paediatrics Paper II QP CODE: P3112

Your answer should be specific to the question asked Draw neat labelled diagrams wherever necessary

- 1. Describe aetiology, clinical features and the treatment of zinc deficiency in children. (2+2+6)
- 2. Describe the differential diagnosis, clinical assessment and laboratory evaluation of an 8-year-old active intelligent boy weighing 13 kg and measuring 95 cm in height with bone age of 4 years. (3+4+3)
- 3. Describe biochemical and metabolic derangements in a child with severe malnutrition. Describe factors associated with high mortality in severe protein energy malnutrition (PEM). (5+5)
- 4. Describe precipitating factors, clinical features and management of a 2-yr. old girl presenting with 'acute severe asthma'. (2+2+6)
- 5. Describe the current management of tubercular meningitis and discuss its short term and long-term complications. (6+4)
- 6. Describe cerebro spinal fluid (CSF) circulation with a neat diagram. Describe CSF analysis and its interpretation in central nervous system (CNS) disorders in children. (3+7)
- 7. Write the peripheral smear findings in the following: a) Thalassemia major b) Lead poisoning c) Megaloblastic anaemia d) Sickle cell anaemia e) Acute lymphoblastic leukaemia. (2+2+2+2+2)
- 8. Describe the clinical practice guidelines in sick day management of children and adolescents with Diabetes.
- 9. What is sexual maturity rating? Describe the secular trend of sexual maturity over last century in adolescence. (6+4)
- 10. Provide a diagrammatic representation of urea cycle. Indicate and name related disorders of urea cycle metabolism at each step. (4+6)

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Paediatrics Paper IIII QP CODE: P3113

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- 1. Describe the hemodynamics, clinical presentations, management and complications in a child with Ventricular septal defects (VSD). (2+2+4+2)
- 2. A 3yr old child is brought with a history of jaundice since 2 months. She gives history of exchange transfusion at 2 days of age. Describe the differential diagnosis.
- 3. An 8-y old child with skin lesions is brought with oliguria and oedema of 2 days duration. How will you investigate and manage this child? (4+6)
- 4. Describe the causes of end stage renal disease in children and Describe its management. (4+6)
- 5. Describe pathology, clinical features, management and complications of meningococcal meningitis. (2+2+4+2)
- 6. Describe the mode of transmission and risk factors for perinatal transmission of HIV infection. What are the strategies which may be used to reduce transmission? (2+3+5)
- 7. Describe the differential diagnosis of chronic cough in a child and outline its management. (4+6)
- 8. Describe aetiology and management of upper Gastro-intestinal bleed in children. (6+4)
- 9. Tabulate the differentiating features of various types of JIA. Outline the diagnostic criteria of JIA. (7+3)
- 10. Describe etiopathogenesis of Rheumatic fever. Write recent updates on diagnosis and management of Rheumatic fever. (4+3+3)

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Time: 180 Minutes Max Marks: 100 Marks

Paediatrics Paper IV QP CODE: P3114

Your answer should be specific to the question asked Draw neat labelled diagrams wherever necessary

10X10=100

- 1. A one-year-old infant weighing 5.5kg presents with acute watery diarrhoea and severe dehydration. Describe its complete management.
- 2. An 8-year-old child is brought to emergency with history of being lost in extreme cold weather for 48 hours. Describe the assessment and management of cold injury. (5+5)
- 3. Enumerate various sedatives and analgesics recommended for children undergoing painful procedures. Describe their main action, indication in paediatric practice and important side effects in a tabular format. (3+2+2+3)
- 4. Explain the immunization schedule of 5-year-old un immunised child as per national immunisation schedule? Describe adverse events following immunization (AEFI). (5+5)
- 5. Describe recent advances in the management of thalassemia.
- 6. Describe the symbols used in pedigree chart. Draw pedigree charts over 4 generations depicting a) X linked dominant disease b) X linked recessive disease. (2+4+4)
- 7. Describe Reproductive, maternal, Newborn, Child and Adolescent health (RMNCH+A) programme in India.
- 8. Describe diagnostic criteria of brain death.
- 9. A 2yr old child with history of accidental ingestion of kerosene is brought to you for emergency treatment. Outline the management in this child.
- 10. Define child abuse and neglect. Describe various clinical manifestations, diagnostic work up and management of sexual abuse. (3+7)