

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Pediatric archive (first group 27/8/2024)

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Q1. 8 months baby come to the clinic complains from pallor and blood film show this

*What is the finding seen in blood film

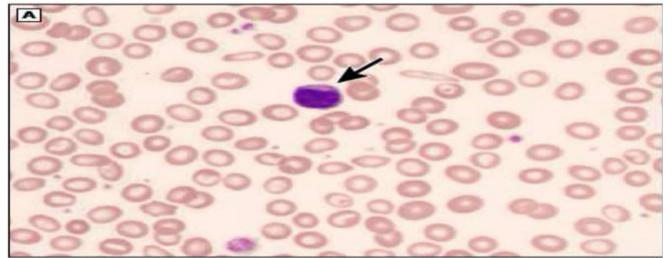
Microcytic hypochromic RBCs

*Write two differential diagnosis

1. Iron deficiency anemia

2. Thalassemia

Heme



Q2. Baby come with this non-blanchable rash on glass test

Write two differential diagnosis

1. HSP

2. ITP

What is the most important test to differentiate between DDX

CBC

Heme



Q3. Write two indications for this formula



GERD



GIT

Galactocemia

GIT

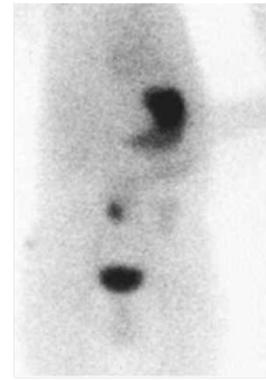
Q4. Baby complain from painless lower GI bleeding

What is the name of of this study

Meckels scan (technetium 99)

What is the traetment of chose

Surgical excision



Q5. CS baby ,his birth weight 4 kg , lethargic and delay passage of meconum assoiated with abnormal movement (jitteriness)

What is the condition present in this image

Short left colon sundrome

What is the cause of jitteriness

Hypoglycemia

Hypocalcemia



Neonate

Q6 Baby come with this lesion present on MRI

What is the diagnonsis

Subgaleal hematoma

What is the complications

Jaunidce

Anemia



Neonate

Q7 Child come with this presentation

Mention three test to confirm your differential diagnosis

Nephro

24 hours urine collection

Lipid profile

Albumin serum level

Mention two complication

Infection

Thrombosis



Q8. Mention two skills

Symbolic play Kissing

What is the developmental age

18 months



Developmental assesment

Q9. Mention two skills present in this image

Responsive smile Fix and follow 180

What is the developmental age

Six weeks

Mention skill in prone postion

Raise head to 45

Developmental assesment



Q10. CSF gram staining for 6 weeks baby show this organism

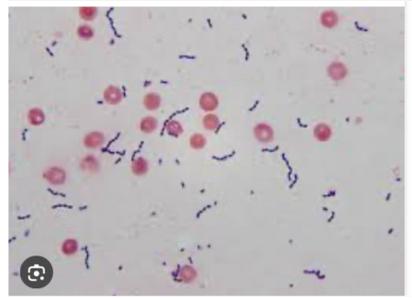
Nuro

What is the causative agent

GBS

What is the duration of treatment

14 days



Q11. VUR image for baby complain from fever

Nephro

Mention two findings on urine analysis support the UTI

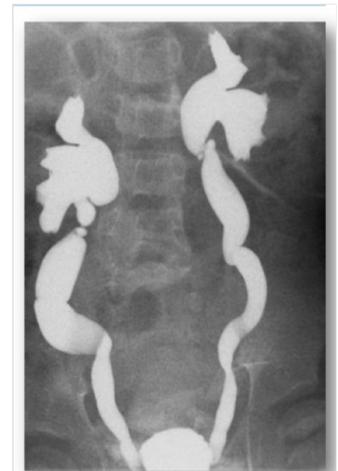
Leukocyte esterase

Nitrate

Mention two complications

Recurrent UTI

Reflex nephropathy



Q12. 2 weeks old baby present with fever, lethargy

What is the lab investigation to diagnose

17 hydroxy progesterone level

11deoxycorticosterone and corticosterone

Karyotype, SRY gene, electrolytes

Mention two lines of treatment

High level of corticosteroid (hydrocortisone)

Calcium gluconate if present with (hyperkalemia)

Endo



OSCE

Video station

Baby with stridor and barking cough , mention :

What is the findings in this video

Respiratory distress signs

What is the physical exam can do

Investigations

Finding out CXR

History

One year old infant presented with history of vomiting and diarrhea

Note :

The doctor ask about management if the baby hypotensive and lethargic + signs and symptoms of dehydration

How to calculate the maintenance and deficit fluid

Analysing vomiting					
Asking about onset	0	1			
Asking about frequency (or number)	0	1			
Asking about Character (forceful, projectile)	0	1			
Asking about content of vomitus/ bile or blood in vomitus	0	1			
Asking about relation to meals	0	1			
Analysing diarrhoea					
Asking about onset	0	1			
Asking about frequency (or number)	0	1			
Asking about amount of stool (large stools, watery, bulky)	0	1			
Asking about the presence of mucous	0	1			
Asking about the presence of blood	0	1			
Asking about associated symptoms					
Appetite/ food intake	0	1			
Activity	0	1			
Fever	0	1			
Abdominal pain/ colic/ crying episodes	0	1			
Asking about exposure to contaminated water or food	0	1			
Jaundice	0	1			
Respiratory/ viral symptoms (cough, runny nose)	0	1			
Seizure or abnormal movements	0	1			
Change of urine color or smell	0	1			
Asking about symptoms of dehydration					
Thirst	0	1			
Urinary amount and frequency	0	1			
Past history questions					
Previous history of vomiting and diarrhea	0	1			
Ask about family history					
Asking about contact with sick family members	0	1			
Asking about going to day care or not	0	1			
Drug history (antibiotics)					
	0	1			
<i>After 6 minutes of history taking, please stop the student and ask: If this infants examination was normal, what diagnostic investigations on the stool sample would you like to obtain?</i>					
Answer: Stool for Rotavirus, ova and parasite, and culture	0	1	2	3	
Overall (organization, systematic, polite, good communications skills..)	0	1	2	3	4

5/11/24 المجموعة الثانية

1# Patient come with chronic diarrhoea

1 /what type of rash ?atopic dermatitis

2 /diagnose ? Caw milk allergy



2# come with polyuria and polydipsia , fasting glucose

124

1/ mention 3 clinical presentation .

2/ what we do to role out DM



3#

1/Initial management if the baby defined as depressed respiratory effort, poor muscle tone,

and/or heart rate <100 bpm

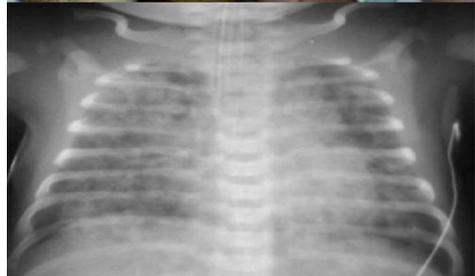
2/ ♦Mention 2 complications

o ARDS &

o Persistent pulmonary HTN

o Pneumothorax

o Pneumomediastinum



4#

1/What are the findings ?

asymmetrical facies with crying.

The mouth is drawn towards the normal side,

wrinkles are deeper on the normal side

2/What is your diagnosis ?

Left LMN lesion of facial nerve

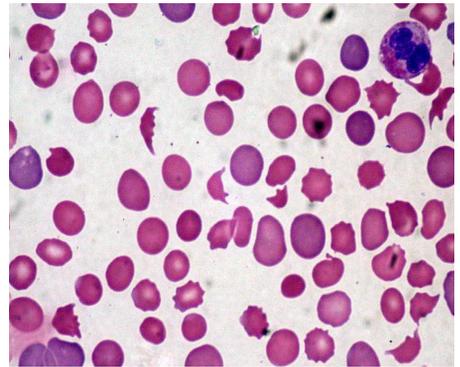


5#

1/What's the abnormality in

this blood film?

2/ treatment?



6#

1/ mode of inheritance

2/ mention 2 complications



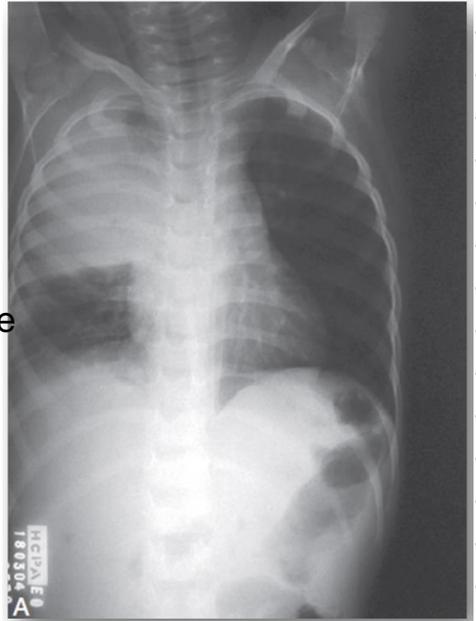
7#

- 1/ name this sign : target sign
- 2/ diagnosis: intussusception



- 8# 4 y old girl come to ED with high grade fever and sever cough and low oxygen saturation

- 1/ What's the finding of this X-ray ?
Right upper lobe consolidation
- 2/ after 2 days fever back and decrease air entry,what is the cause

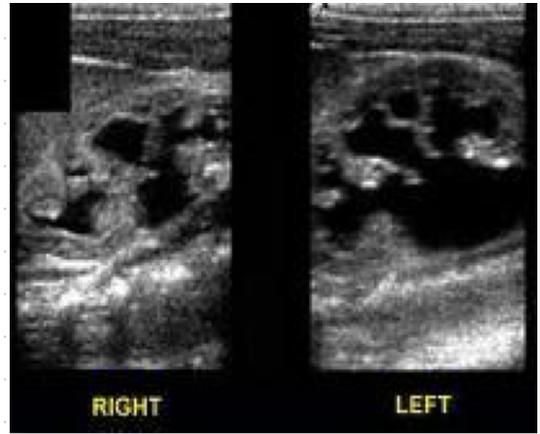


9# patient come with UTI ,
Proteus

1/Mention 2 causes

Vesicoureteral reflux, Neurogenic
bladder , Posterior urethral valve

2/ treatment



10# 2 indication to use this
solution



كان السؤال عبارة ٤ صور #11

البنيت قاعدة مع مساعدة/1

what is the developmental age

2/ sign name



3/ sign name



4/diagnosis : spastic diaplegic cerebral palsy

OSCE

4 minutes picture of HSP rash

6 minutes growth chart , type 2 failure to thrive diagnosed as cystic fibrosis

How to confirm diagnose

Pediatric Group 3

Mini OSCE

1. Hematology

- What is the sign shown?
- MCV?
- hematocrit level?



2. Development

- What is the skill shown?
- Age of development:
- fine motor skill:
- a game that she can play:



3. development

- a) development age:
- b) what is shape she can copy?
- c) 3 social skills:
- d) to what number she can count?



4. Endocrine

patient with this sign and very low vit D, write 4 findings you can see on Physical exam



5. Chromosomal Anomalies

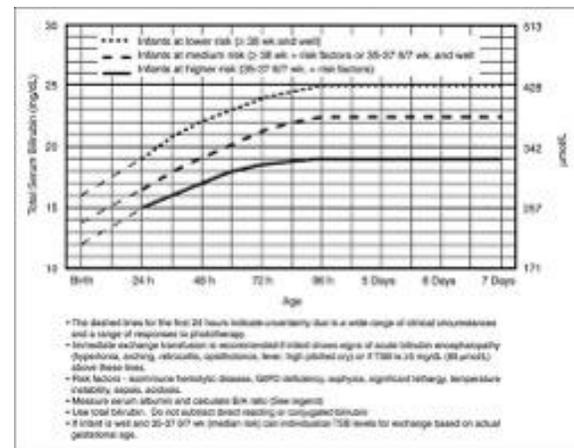
a) write two dysmorphic features:

b) what is anomaly they will have?



6. Neonate

35week gestational age infant admitted for sepsis and jaundice his mother blood group be negative and he is b positive, coombs test is positive



a) According to the criteria of exchange transfusion at which level of bilirubin should we exchange?

b) Mention a serious neurological complication?

c) Mention two long term complication?

7. GI

Malabsorption

❖ What is your diagnosis ?

- Acrodermatitis enteropathica

❖ What's the Most likely nutrient to be deficient?

- Zinc

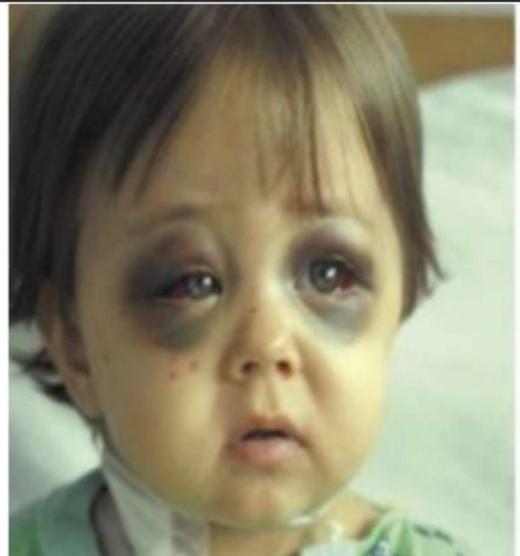


8. Hematology

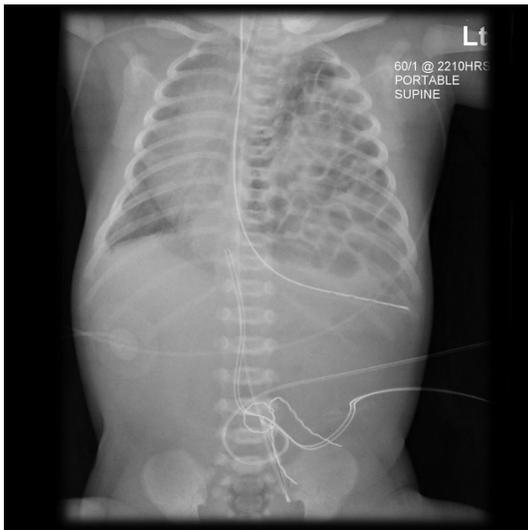
hx of abdominal mass

a) what's the finding shown?

b) diagnosis?



9. Neonate



a)



diagnosis for each one?

b) what is the immediate management for each?

10. Nephrology

dipstick test pic in a UTI case for a hyperactive baby that weight 8.3kg

a) two findings that can be seen:

b) fluid maintenance for him:



11. Immunization

A 12 months male baby has itchy rash

a) can he take any vaccine and when?

b) two complications?



12. GI:

RUQ pain with vomiting, diarrhea

And elevated in alkaline phosphatase

a) diagnosis:

b) blood test:



13. **respiratory**: 12 years old patient with wheezing, cough and high fever 39c

a) Diagnosis:

b) Organism:

c) Tx:



OSCE

1) case discussion: 8 months old patient presented with grunting and nasal canula.

a) Sign of respiratory distress , Management:

b) If the child x-ray was normal what is your diagnosis

And treatment?

c) Indication for ICU

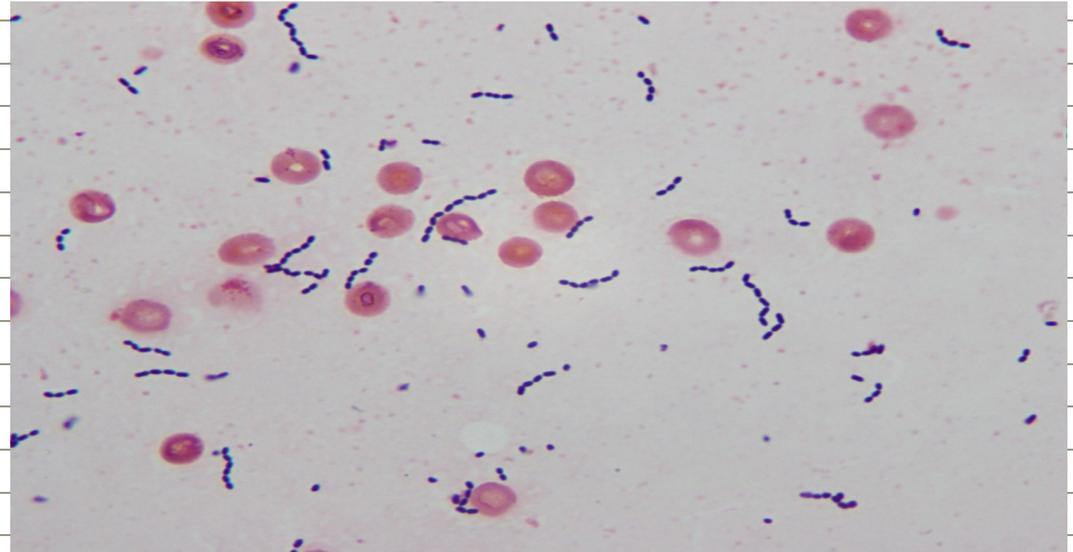
d) If they called you to the ICU what physical examination should you do for him ?

2) Taking a history

9 months old patient presented with abnormal movement

Archive

Q 1 :



What is the finding? Bulged anterior fontanelle

Type of organism? GBS

Treatment? Ampicillin + 3rd generation cephalosporin

Duration of treatment ? 14 days

Q2 : Development age ?



10 months



12 month



18 month



24 month

Q3 Complete the table

Age	Vaccine
Within 1 st month	BCG Vaccine
2 months Day 61	Hexaxim vaccine (Hexa) - first dose, ROTA vaccine - first dose
3 months Day 91	Hexaxim vaccine (Hexa) - second dose, ROTA vaccine - second dose, OPV - first dose
4 months Day 121	Hexaxim vaccine (Hexa) - third dose, ROTA vaccine - third dose, OPV - second dose
9 months	Measles vaccine, OPV - third dose, Vitamin A (100 thousand international units)
12 months	MMR-1, HAV
18 months	MMR-2, DaPT, OPV, HAV, Vit A (200 thousand international units)
6 years	Td
15 years	Td

Q4



Finding? Leukocoria

Diagnosis? Retinoblastoma

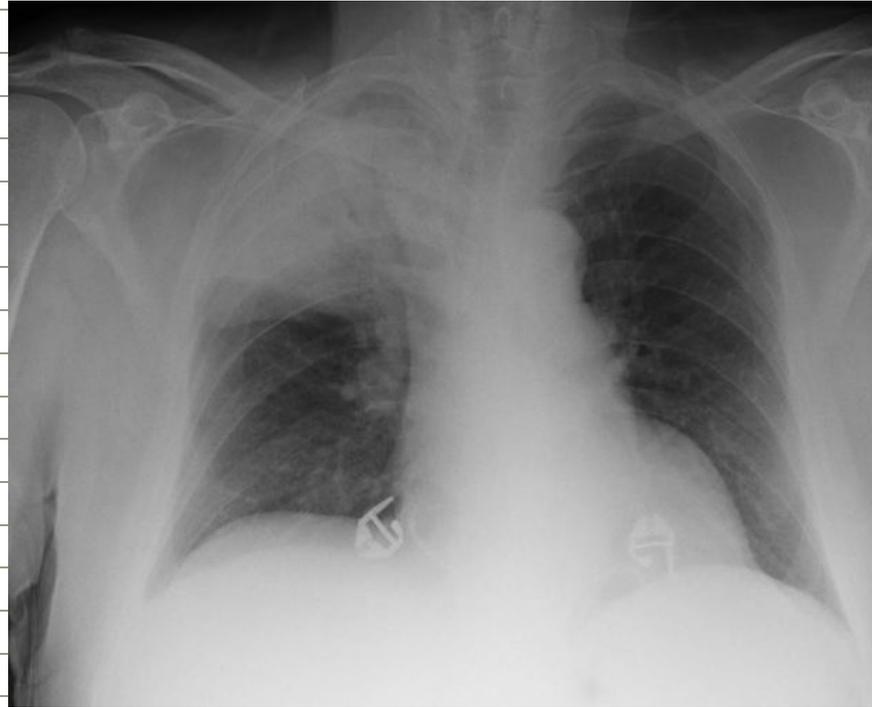
Q5



Finding ? Hypersegmented neutrophil

Diagnosis? Megaloblastic Macrocytic Anemia due to B12 or folate deficiency

Q6



Radiological finding ? Right upper lobe Consolidation

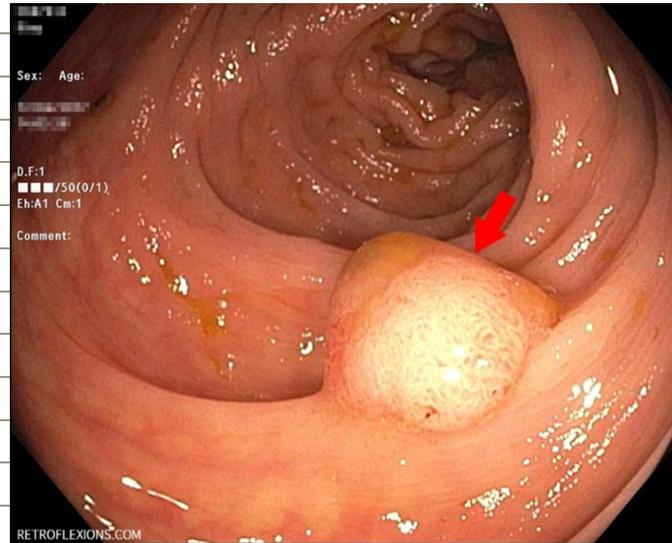
Two findings on Physical exam ?

Auscultation —> decrease breath sound

Percussion —> dullness

on Rt. side

Q7



Finding? Polyp

Management ? Remove by Surgery

Q8



Finding? Dermatitis herpetiformis

Lab ? Anti-TTG IgA + total serum IgA

Q9



Two findings in UTI 1) Leukocyte esterase
2) Nitrites

Q10



Findings ? On left side of face there is
1) loss of nasolabial fold
2) Incomplete closure of eye

Diagnosis? Left facial nerve palsy (LMN)

1) Dx

Meconium aspiration

2) Treatment (which was a case of non-vigorous meconium aspiration): HR < 100

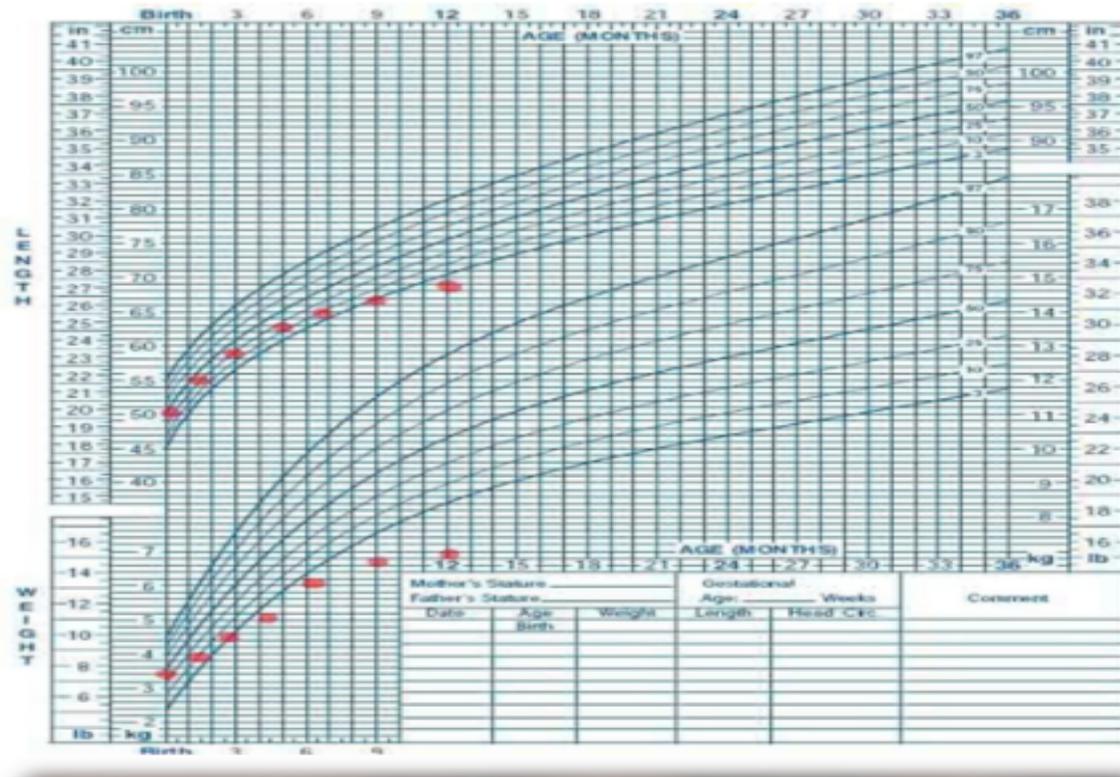
- Use direct laryngoscopy, intubate, and suction the trachea immediately after delivery.
- Suction for no longer than 5 seconds.
- Suction before his first breath

3) 2 Complications:

- Persistent pulmonary HTN
- Pneumothorax



Q12



What is the clinical findings? Failure to thrive type 2

Tests help in diagnosis? Sweat chloride
Genetic

Q13



Diagnosis ? Tetralogy of Fallot

How to manage

Knee-chest position
Supplemental O₂
Fluid bolus i.v.
Morphine i.v.
NaHCO₃ to correct metabolic acidosis (
Phenylephrin
b-blocker

Q14



Name of syndrome ? Williams syndrome

Most specific cardiac abnormality? Supra valvular Aortic stenosis

Osce

3 Stations

1) 12 year old with yellow skin

2) 24 hour (neonatal sepsis)

3) 3 year old Anemia differentiate between
(IDA and thslasemia)

❤️ (وَلَسَوْفَ يُعْطِيكَ رَبُّكَ فَتَرْضَى)

Pediatric

Osce+Miniosce Archive

The last group/wateen

Done by Batool frehat

- **Station 1 (2 points)**
- What is the type of each formula and
- write one indication for each?(2points)



- **Station 2(1.5 points)**
- write 2 dysmorphic feature you see in this photo?
- what is the diagnosis or the anomaly??



- **Station 3(2points)Random sugar =200**
- write 3 diagnostic criteria other than in the photo?
- write 2 associations with this disease?

- **Station 4(1 point)**

- what is the type of this study?
- what is the diagnosis?



- **Station 5(1 point)**

- **the tallest girl in her class**

- what is the diagnosis?
- write one cardiac association you see in her?



- **Station 6 (total bilirubin = 15mg/dl)**
- what investigations you want to order other than the above
- write 2 lines of management ?



- **Station 7(2points)**
- write what you see in each photo ?
- 1-
- 2-



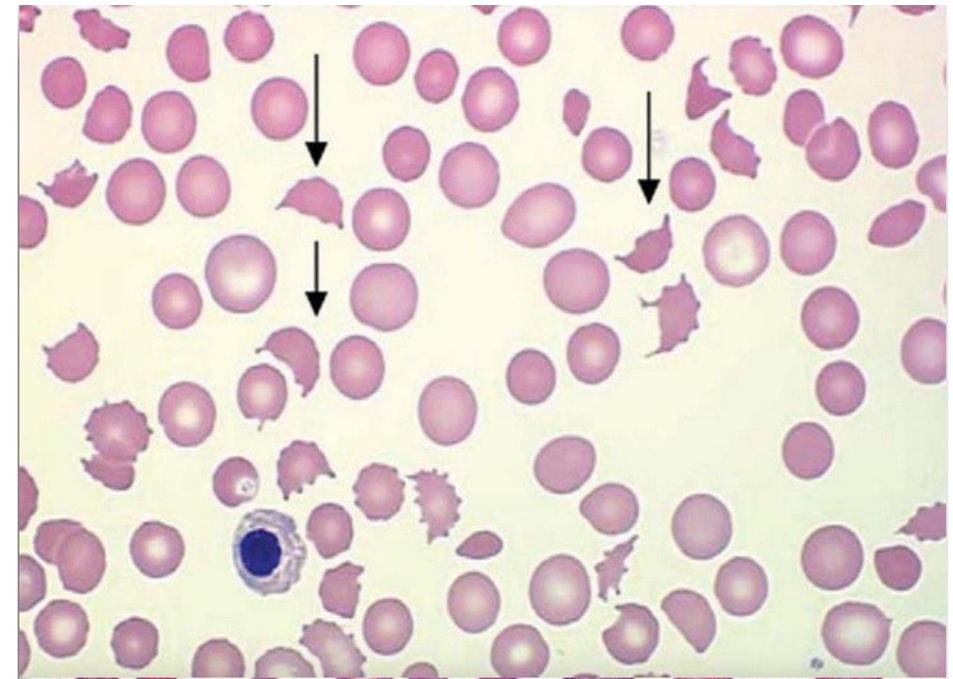
- **Station 8**

- diagnosis/ or what you see?(not sure exactly)
- The mode of inheritance ?
- treatment of inhibitors(0.5)



- **Station 9**

- The findings in this blood film (in great arrow)
- write 2 differentials?



- **Station 12**
- write the name of each skill?
- what the vaccines ,should be given to them
- if baby have this rash and conjunctivitis ,
- write 2 differentials?



OSCE

- STATION 1
- history of skin rash

- STATION 2
- video of tonic clonic seizure