

**Wateen archive - pediatric  
6th year  
4/1/2026**

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## GI

Q.1 1) what's the sign ?

Target sign

2) what's the diagnosis?

intussusception



Q.2 A 30-week preterm neonate, 1.3

kg, on day 8 of life develops

abdominal distension, feeding intolerance, and bilious vomiting.

There is blood in stools and increasing gastric aspirates after recent advancement of formula feeds.

The baby becomes lethargic with apnoea and temperature instability.

( not the exact case)

1) what's your diagnosis?

Necrotizing enterocolitis

2) mention one risk factor for this condition?

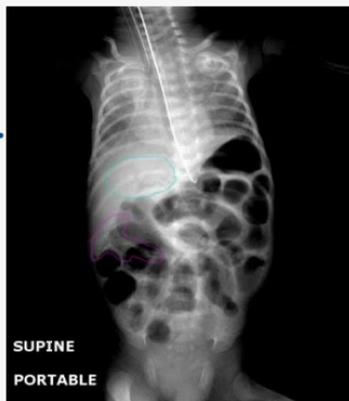
Premature

3) mention one conservative management?

NPO , gastric decompression, antibiotic

4) indication for surgical management?

Pneumoperitonium





**Dr Omar**

Q.3 developmental

Pic 1 18 months

Pic 2 2years

Pic 3 14-15 months

Pic 4 2years



Q.4 1) what's the sign in each pic

Pic 1 inverted v ship for lips

Pic 2 sternocleidomastoid wasted

Pic 3 scapular winging

2) what's your diagnosis?

Myotonic muscular dystrophy



من العيون من عيادة الدكتور  
صحة راقية نضمهم

Q.5 1) pt come with coryza and fever

2) pt come with this itchy rash sparing palms and soles

\_what's the diagnosis for each ?

1-measles. 2-chicken pox

\_vaccine time for each ?

1-12and 15 months

2-12months ,4 years





## Hematology

Q.6 pt come with wight loss fever night sweat . Normal CBC .

1) what's your diagnosis ?

Lymphoma

2) what you see in X-ray ?

Bulky disease (wide mediastinum)



Q.7 3years old , hb 6

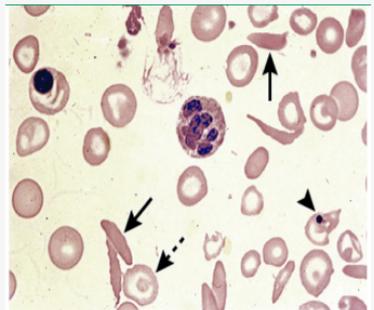
1) what do you see ?

Sickle cell , Howell jelly body

2) mention two prophylactic measures?

-penicillin until 5years

-pneumococcal and h influenza vaccine



Q.8 baby with lymphopenia

1) what's the diagnosis?

Digeorge disease

2)what's the contraindicated vaccine ?

Live attenuated vaccine



## Endocrinology

Q.9 case about short stature , no history of constitutional delay but there is a pathological cause

1) calculate MPH

2) what do you suspect about her bone age ?

3) what do you suspect about growth velocity if there is GH deficiency?

\*\* sorry I forgot the answers and numbers 🙄

Q.10 female pt come with this presentation

1) what's the deficient enzyme?

21 hydroxalaze

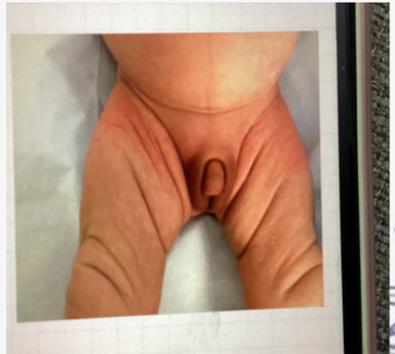
2) what is the steroid used to treat this case ?

Hydrocortisone and minercorticosteriod

3)mention 2 others clinical presentation ?

Hypoglycemia

Hypotension





## **RS**

Q.11

1) mention 2 findings on X-ray?

Thin wall cavity with fluid level

2) what's the diagnosis?

Parapneumonic abscess

2) what's the management?

IV antibiotics 4-6 weeks if no response surgery



## **Neonatology**

Q.12

1) what's the procedure in the pic ?

Endotracheal intubation

2) 2 indications?

Failed CPAP

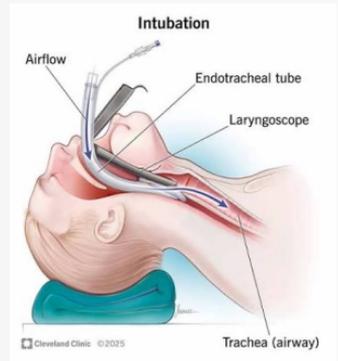
Apgar <3

3) how to ensure the correct place ?

Laryngoscope

Condensation

Baby not cry





## Long cases

Q.1 full term newborn with central cyanosis not response to 100% O<sub>2</sub> .

1) what's the most likely diagnosis?  
Transposition of great artery

2) mention blood test to differentiate btw cardiac and respiratory causes ?  
ABGs or deoxyhemoglobin (I'm not sure which one is right )

3) mention the result of that's test  
If cardiac cause ?  
At least 5g/dl

4) immediate drug in this case ?  
Prostaglandin

5) mention two complications if this anomaly lifted without surgical correction?  
RVH  
Arrhythmia



Q.2 Child present with frothy urine 1 week after URTI

Findings ;

Low albumin

Protein +4

Normal blood pressure

1)what's the pathological type ?

Minimal change disease (podocyte effacement)

2) mention 2 lines of treatment?

Steroids

Albumin effusion

3)mention 2 long term complications?

Thrombosis

Infections

4)if the child developed acute abdomen what's the appropriate next step ?

Peritoneal tap and broad spectrum

AB

