

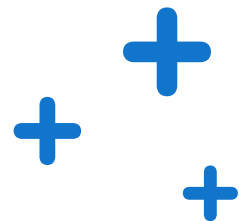
10-11/3/2026

PEDIATRIC ARCHIVE



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Station 1

Nephro / Nephritic syn

A 7-year-old boy is brought to the clinic by his mother because she noticed dark “cola-colored” urine after two week of pharyngitis

Question 1:

What is the most likely diagnosis?

Answer:

Acute Post-streptococcal glomerulonephritis.



Question 2:

What 2 investigations would you order to confirm the diagnosis?

Answer:

1. Urinalysis → hematuria, RBC casts, mild proteinuria

2. Blood tests:

- Elevated BUN and creatinine
- Low complement C3 level

3. Evidence of recent streptococcal infection:

- ASO titer (Antistreptolysin O)
- Anti-DNase B

4. CBC

5. Serum electrolytes

Station 2

RS / Pneumonia

12-year-old presents with fever, cough, and wheezing, X-ray of chest is shown below.

What is the diagnosis?

Bronchopneumonia (Atypical pneumonia).

What is the most likely infecting organism?

Mycoplasma pneumoniae.

What is the treatment?

Macrolides (e.g., Azithromycin).



Station 3

Developmental

Q1 ; **can count to** : 20

Q2 **can copy** :cross

Q3 : **developmental age** : 4 year



Station 4

Neonate / RDS

**newborn in the nicu with severe respiratory distress;
what is the name of this test?**

trans-illumination test

what is the probable diagnosis?

left-sided pneumothorax

what is your management?

chest tube insertion / needle decompression



Station 5

Endo / DM

Q1 3 criteria for diagnosis DM

1. Fasting Plasma Glucose (FPG) ≥ 126 mg/dL (7.0 mmol/L)
2. Random Plasma Glucose ≥ 200 mg/dL (11.1 mmol/L)
 - In a patient with classic symptoms of diabetes (polyuria, polydipsia, weight loss).
3. 2-hour Plasma Glucose ≥ 200 mg/dL (11.1 mmol/L)
4. HbA1c $\geq 6.5\%$

Q2 **one acute complication:**DKa



Station 6

GI / Chromosomal

young female with short stature

Q1 : **keryotyping** : 45 XO

Q2 : **most common cardiac disease** : bicuspid aortic valve

هان بالسيمنار مكتوب **aortic coarctation** بس الدكتور عكست بينه
وبين الجواب فوق ف انتبهوا



Station 7

Heme/ leukemia

mediastinum widening and his wbc were **100000**

Q1 **finding** : wide mediastinum

Q2 **complication related to this x ray** : superior vena cava syndrome



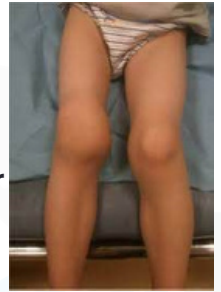
Station 8

Heme/ Hemophilia

A 5-year-old boy presented with painful swelling of his knee after a minor fall while playing. His mother reports that he had a similar episode of joint swelling after minor trauma a few months ago.

Q1 **thrombin time** : normal

Q2 **mode of inheritance**: X linked



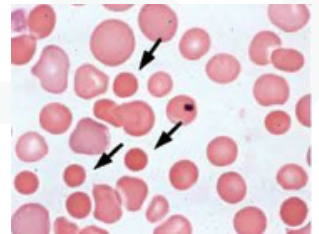
Station 9

Heme/ Anemia

Pt with splenomegaly (most prominent one)

Q1 **Reticulocyte count** :high

Q2 **Defenitive treatment**: splenectomy



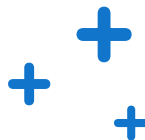
Station 10

GI/ FEEDING

A 1-year-old child presented with bloody diarrhea

Q1 **diagnosis**: cow milk protein allergy

Q2 **treatment** : extended hydrolized formula

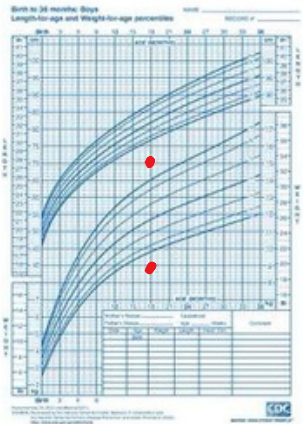


Station 11

GI / Malabsorption

Patient come to clinic complaining of diarrhea with wasted extremities when started weaning and distended abdomen ,according to image

- Q1 **your diagnosis;** celiac disease
- Q2: **two test for confirmed diagnosis:** anti tTg IgA and total IgA

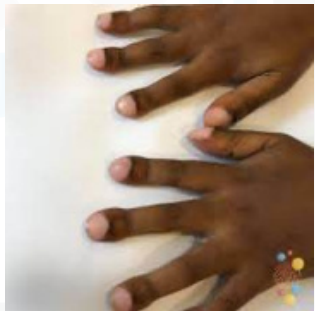


Station 12

Mixed

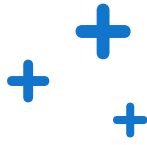
A 9-month-old infant presents with poor weight gain, chronic cough, and recurrent chest infections. According to image

- Q1 **two differantial diagnoses:** cystic fibrosis,celiac disease IBD
- Q2 : **confirmed diagnosis:** sweat chloride test and genetic studies



Station 13

- Q1 **against any organism ?** Pneumococcal disease
- Q2 **type of vaccine ?** Conjugated
- Q3 **contain serotype ?** 13
- Q4 **given on any age ?** 2 month, 4 month , 12 month



Station 14

Neonate / IODM

Case infant of diabetic mothers, seizures

- **What you described from photo ?**

hypoglycemia ركز من الصورة مش من الكيس وتقول
macrosomia

- **write two steps on management**

dextrose

correct electrolytes

والدكتور قال ABC

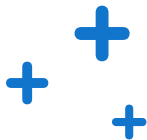


- **Mention one electrolytes abnormalities / blood**

hypoglycemia

hypomagnesemia

المطب والجراحة
الجنينة



OSCE HX 5 m

The mother of a two year old baby brings her child to emergency room complaining of abnormal breathing sound .Please take a focused history, and answer the examiner's questions.

الدكاترة نوعوا بال ddx
بس بالغالب كانوا هذول حسب الحالة +CF

LFT ANALYSIS 3m

وكذا سؤال متنوعات رح نكتب شو كانوا بالأغلب

liver cellular damage

Which lab deffirantiate between liver injury vs liver failure?

Pt , INR

which type ? (dark urine) =hepatoceller injury

diagnosis? Viral hepatitis(A)

other causes?drug toxicity,autoimmune hepatitis

if his brother have celiac which this pt could have ? Autoimmune hepatitis

which lab is important to diagnose liver function abnormalities ?

Albumins level

indication for admission?unstable patient , signe of dehydration,hypoglycemic,encephalopathy (ammonia level)

CSF ANALYSIS 3m

high RBCs : technical trauma , hemorrhage, **HSV**

wbcs200: 80 % lymphocytes, 20% neutrophils

your impression?abnormal value clue there is viral

meningioencephalitis

CSF sample ?

طلب ترتيب العينات , culture ,antigecty , gram stain , chemistry , cytology

