# FIFTH YEAR EXAMS

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- طب الأطفال
- أمراض النساء والتوليد
- الباطنة
- الجراحة
Final examination M.B.B.Ch.
PEDIATRICS

Answer the following short Essay questions: (120 marks)

1. Mention causes of neonatal jaundice and list five findings which differentiate between its physiological and pathological types. (20 marks)

2. Enumerate causes of acute abdominal pain in children, and mention five investigations to be done when it is recurrent. (20 marks)

3. a. Describe the clinical picture of Fallot’s tetralogy. (10 marks)
   
b. Mention common causes of wheezing in infancy and childhood. (10 marks)

4. a. Describe the clinical picture and diagnostic criteria of diabetes Mellitus in children. (10 marks)
   
b. List the investigations recommended for a case with recurrent urinary tract infections. (10 marks)

5. a. Mention Complications of bacterial meningitis. (10 marks)
   
b. Plan the laboratory approach to identify causes of cholestasis in infancy. (10 marks)

6. a. List essential investigations recommended for a suspected case of beta thalassemia. (10 marks)
   
b. List five obligatory preventive vaccines taken at first year of life (Time and Dose). (10 marks)
Final examination M.B.B.Ch.

PEDIATRICS

Multiple Choice Questions : (40 marks, 2 for each)

1. Persistence of Moro reflex at 12 weeks indicate :
   a. Brain damage   b. Normal child
   c. Hungry child   d. Irritable child

2. A child starts crawling at :
   a. 5 months   b. 7 months
   c. 8 months   d. 9 months

3. The average monthly weight gain in the first 4 months :
   a. 250 gm.   b. 500 gm.
   c. 750 gm.   d. 1000 gm.

4. In percentile growth cures, measurement below ..... is considered below normal.
   a. 50%   b. 25%
   c. 7%   d. 3%

5. Commonest cause of bacterial pneumonia in infancy:
   a. H.. influenza   b. Streptococcus
   c. Staphylococcus   d. Pneumococcus

6. The murmer denoting active carditis:
   a. Carey comb murmer   b. Early systolic murmer
   c. Pan systolic murmer   d. Machinary murmer

7. Basic steps in Cardiopulkmonary Resuscitations include all the following except :
   a. Keep open airway   b. Artificial breathing.
   c. Cardiac decompression.   d. Defibrilation.
8. The commonest electrolyte and acid/base disturbance in acute diarrhea include all the following except:
   a. Hyponatermia
   b. Hypokalemia
   c. Acidosis
   d. Alkalosis

9. The incubation period of hepatitis A:
   a. one week
   b. 2 to 6 weeks
   c. 2 to 6 months
   d. 3 months

10. The fat which disappears last in marasmus is:
   a. Buttock fat
   b. Fat in the back
   c. Buccal pad of fat
   d. Abdominal wall fat

11. The investigations required to diagnose Rickets, include all the following except:
   a. Serum calcium
   b. Serum phosphorous
   c. Alkaline phosphatase
   d. Serum magnesium

12. Closterum is Breast milk secreted in the first post natal:
   a. 2-3 days
   b. one week
   c. 3-5 days
   d. One month

13. The diphteritic membrance is mainly seen on:
   a. Tonsils
   b. Conjunctiva
   c. Skin
   d. Larynx

14. The fatal poliomyelitis is:
   a. Bulbar polio
   b. Spinal polio
   c. Encephalitis
   d. Cerebral polio

15. All the following are causes of cerebral palsy except:
   a. Rubella syndrome
   b. Hydrocephahtalus
   c. G6PD deficiency
   d. Kernicterus

16. All the following are complications of Nephrotic syndrome except:
   a. Peritonitis
   b. Shock
   c. Thrombosis
   d. Alkalosis
17. Iron deficiency anemia is characterized by all except:
   a. High total iron binding capacity.
   b. Low serum ferritin
   c. Macrocytic hypochromic anemia
   d. Low serum iron

18. Chromosomal aberration in Trisomy 21 can be one of the following:
   a. Structural
   b. Numeriacal
   c. Both
   d. None of the above

19. The most urgent management of hypovolemic shock is:
   a. Oxygen therapy
   b. Assisted ventilation
   c. IV. Fluids
   d. IV. antibiotics.

20. Short stature may be due to:
   a. Malnutrition
   b. Growth hormone deficiency
   c. Diabetes mellitus
   d. All the above
Problem Solving : (20 marks, 2 for each)

1. Five years old child developed maculopapular rash starting in the face and progressing downwards on the body, this was preceded by five days febrile illness with runny nose and congested red eyes. What is the most likely diagnosis?
   a. Scarlet fever
   b. Sweat rash
   c. Chicken pox
   d. Measles

2. Seven years old child was presented to emergency room with acute abdominal pain and tenderness. His eyes were puffy and his urine was dark in color. On examination there was purpuric spots over his buttocks. All the following steps should be done except:
   a. Liver functions test
   b. Urine analysis
   c. Platelet count.
   d. Immediate Renal biopsy.

3. One year old child presented for the first time with bloody diarrhea. His pulse and blood pressure were normal; no other sites for bleeding. Examination revealed no abdominal masses. Your investigations should initially include all the following except:
   a. Stool analysis
   b. Coagulation profile
   c. Colonoscopy
   d. Platelet count

4. Nine years old girl presented to emergency room with tachycardia. On examination her right knee was swollen and tender. Mid diastolic murmur was heard over the apex. What is the first step you will ask for?
   a. Start steroid therapy
b. Ask for Erythrocyte Sedimentation rate, and ECG.
c. Start intravenous digoxine
d. Start aspirin therapy

5. A young lady with normal prematerial ultrasound complained that her first male baby was diagnosed in utero to have bilateral renal enlargement, and her second labour ended with a twin (two girls), one of them suffered the same problem. Although her husband was apparently normal, his renal ultra sound was not. Which mode of inheritance you suggest?
   a. Autosomal dominant
   b. Autosomal recessive
   c. Sex linked
   d. Gene mutation

6. Two weeks after a viral illness a 2 year old child developed bruizing and petechiae, more prominent over the legs, he had neither hepatosplenomegaly nor lymph node enlargement Laboratory testing revealed a normal hemoglobin, hematocrit, and white cell count, platelet count was 15,000/mm3. what is the most likely diagnosis?
   a. Von Willebrand disease.
   b. A cute lymphoblastic Leukemia
   c. A plastic anemia
   d. Immune thrombocytopenia

7. A thirty hour old full term infant has jaundice of the face and chest. He is breast feeding and proved completely normal on examination except for the jaundice. His serum bilirubin is 15.5 mg/dl. What is the best course of action?
   a. Start physiotherapy
   b. Discontinue breast feeding
   c. Wait and retest bilirubin after 6 hours.
   d. Start exchange transfusion
8. A one year old boy presented to the emergency room with severe colicky abdominal pains associated with vomiting and bleeding per rectum. PR examination by the Surgeon revealed a mass and blood on the finger on withdrawal. What is the most likely diagnosis?
   a. Pyloric Stenosis  
   b. Volvulus  
   c. Intussusception  
   d. Gastroenteritis

9. A five years old boy was brought to emergency room with intractable convulsions. His mother said that he was playing in the swimming pool just before his friends noticed him convulsing and that he never had such condition before. On examination he was in coma with dilated non reactive pupils. All of the following are urgently indicated except:
   a. Blood sugar  
   b. C.T. scan for the head  
   c. C.S.F. examination  
   d. Skull X ray

10. A 22 month old boy presents with the chief complaint of pallor. He is a picky eater taking small amounts of fresh vegetables and fruits and drinks lots of tea caps. on examnatin he showed pale conjunctiva. Laboratory reports revealed, WBC 6100, Hemoglobin 8.2g/dl, Hct 19% and microcytosis with hypochromia. Which of the followings you do not recommend as one of your initial management plan?
   a. Give blood transfusion  
   b. Ask for stool analysis.  
   c. Start oral Iron and change his diet habits.  
   d. Ask for renal functions
IMCI Questions : (20 marks, 10 for each)
Write in front of each one (✓) if it is correct & (X) if it is wrong:

1. A four years child with fever 39.5C for last 2 days. On examination there is neck stiffness and no any other abonrmality apart from some pallor. According to IMCI:
   a. Start oral antibiotic therapy & send the patient home. ( )
   b. CNS infection can be excluded because there is no bulging fontanelle. ( )
   c. Anemia is a part of the child's clasification. ( )
   d. The child needs urgent referral to hospital. ( )
   e. Very severe febrile diseae is a part of the child's classification. ( )

2. An eight months old child with fever 38.5C, severe diarrhea & vomiting since yesterday, she can't keep any thing in her stomach except 2-3 spoons, of water you give her, her eyes are sunken, she is thirsty & irritable, and her skin pinch goes back very slowly. And there is no any other abnormality. According to IMCI :
   a. Start IV line immediately (plan C). ( )
   b. Start antibiotics immediately. ( )
   c. She is classified as very severe disease. ( )
   d. She is classified as some dehydration. ( )
   e. Her fever is classified as very severe febrile disease. ( )
Answer the following short Essay questions (150 marks)

1. Mention causes of neonatal respiratory distress and its treatment options. (15 marks)

2. Mention causes of persistent diarrhea in children. (15 marks)

3. a) Describe the clinical picture of Infective Endocarditis. (10 marks)

   b) State types of structural chromosomal aberrations (10 marks)

4. a) Describe diagnostic criteria for active nephrotic syndrome in children. (10 marks)

   b) Mention factors contributing to physical growth in children. (10 marks)

5. a) Mention causes and treatment of acute stridor in infancy (10 marks)

   b) Mention clinical and laboratory diagnosis of iron deficiency anemia. (10 marks)

6. a) List causes of portal hypertension in infancy and children. (10 marks)

   b) Mention maternal causes that make breast feeding difficult. (10 marks)

7. a) State the differential diagnosis of a floppy infant. (10 marks)

   b) Enumerate causes and investigations of congenital hypothyroidism. (10 marks)

8. a) Mention types of shock and basic steps in its treatment. (10 marks)

   b) Give short account on Oral polio vaccine. (10 marks)
PEDIATRICS

Multiple Choice Questions: Choose only one answer (60 marks: one for each)

1. Normal reflex patterns at birth may include:
   a) Grasp reflex.
   b) Rooting reflex.
   c) Moro's reflex.
   d) all of the above.

2. A child starts to support his head at
   a) 1 month.
   b) 2 months.
   c) 3 months.
   d) 4 months.

3. The early recovery in kwashiorkor is
   a) Disappearance of edema.
   b) Increased weight.
   c) Increased appetite.
   d) interest in surroundings.

4. In percentile growth curves, measurement persistently below 3% is suggestive of
   a) Malnutrition.
   b) Endocrinal disease.
   c) Chronic infection.
   d) All the above.

5. Serious complications of staphylococcal pneumonia include all the following Except:
   a) Lung abscess.
   b) Bronchitis.
   c) Empyema.
   d) Lung collapse.

6. The Carey Coomb murmur is due to:
   a) Inflammation of the mitral valve.
   b) Increased diastolic flow across the mitral valve.
   c) Cardiac decompression.
d) Defibrillation.

8. Paroxysmal stage of pertussis persists for :
   a) 2 weeks.
   b) 3 weeks.
   c) 4 weeks.
   d) 6 weeks.

9. The fat which disappears last in marasmus is :
   a) Abdominal fat.
   b) Buttocks fat.
   c) Buccal pads of fat.
   d) Subscapular fat.

10. The daily requirement of vitamin D3 is :
    a) 200-400 IU.
    b) 400-800 IU.
    c) 800-1000 IU.
    d) 1000-1500 IU.

11. Which of the following is correct about breast milk:
    a) Iron is low in breast milk.
    b) It should be stopped during diarrhea.
    c) Its caloric content is much higher than cow milk.
    d) It is poor in vitamin A.

12. Measles rash begins :
    a) On chest and back.
    b) Behind ear.
    c) Behind neck.
    d) On the face.

13. The CNS area commonly affected in poliomyelitis is:
    a) Anterior horn cells of spinal cord.
    b) Cranial nerve nuclei.
    c) Sensory roots of spinal nerves.
    d) Motor part of cerebral cortex.

14. All of the following are characteristics of cerebral palsy Except:
    a) Non progressive motor deformity.
    b) Peripheral insult.
c) Peripheral sensory loss.
d) Non curable.

15. All the following are complications of post streptococcal glomerulonephritis Except:
a) Acute renal failure.
b) Septicemia.
c) Pulmonary edema.
d) Hypertensive encephalopathy.

16. All of the following are characteristic of Immune thrombocytopenic purpura Except:
a) Intracranial hemorrhage is a serious complication.
b) Always associated with splenomegaly.
c) Anti platelets antibodies are the main cause.
d) Is preceded by upper respiratory infection in more than 60% of cases.

17. All of the following are examples of sex linked diseases Except:
a) G-6-P-d deficiency.
b) Galactosemia.
c) Hemophilia.
d) None of the above.

18. All of the following are true about febrile convulsions Except:
a) Commonly seen between 6 months to 5 years age.
b) Usually does not last more than 10 minutes.
c) Long term anticonvulsants are usually not needed.
d) Seizures are classically focal.

19. Complications of diabetes mellitus in children include all the following Except:
a) Hypoglycemic coma.
b) Ketoacidotic coma.
c) Uremic coma.
d) Skin infections.
20. Complications of diphtheria include all the following Except:
   a) Squint.
   b) Flaccid paraplegia.
   c) Heart failure.
   d) Ataxia.

21. All the following are true about microcephaly Except
   a) It may be primary or secondary.
   b) Congenital cytomegalovirus infection may be a cause.
   c) It is always associated with motor deficit.
   d) Hypoxic ischemic brain damage may be a cause.

22. Juvenile rheumatoid arthritis is characterized by one of the following:
   a) Commonly affects large joints.
   b) Rheumatoid factor is always positive.
   c) Excellent response to steroids in all cases.
   d) Commonly affects small joints.

23. Suppurative lung diseases include all of the following Except
   a) Bronchiectasis.
   b) Lung abscess.
   c) Tuberculosis.
   d) Empyema.

24. Asthma triggers include all the following Except:
   a) Viral respiratory infections.
   b) Tobacco smoke.
   c) House dust mite.
   d) Steroids.

25. Weaning is characterized by all the following Except:
   a) It should be gradual.
   b) Should begin with hypoallergenic diet.
   c) You can add two types of food simultaneously.
   d) Not to be tried immediately after vaccination.

26. Emergency treatment of esophageal varices include:
   a) Blood transfusion.
b) Nasogastric tube placement.
c) Vitamin K.
d) All of the above.

27. Common presentations of chronic renal failure in children include:
   a) Anemia.
b) Bone deformity.
c) Hypertension
d) All of the above.

28. Repeated blood transfusion is indicated in thalassemia children to:
   a) Achieve better growth.
b) Decrease cardiac dilatation.
c) Both a and b.
d) None of the above.

29. Hemophilia A is characterized by ONLY one of the following:
   a) Decreased activity of factor VIII.
b) An autosomal dominant disease.
c) Less common than hemophilia B.
d) Normal partial thromboplastin time.

30. Type 1 diabetes mellitus is characterized by all of the following Except:
   a) Genetic susceptibility.
b) Mumps and chicken pox are common triggering factors for its onset.
c) Is treated only by insulin.
d) Oral hypoglycemic drugs have a therapeutic role.

31. The most commonly used growth curve in children, although its not
    the most accurate is:
   a) Velocity growth curves.
b) Distance growth curves.
c) Percentile growth curves.
d) Standard growth curves.

32. Genetic counseling is indicated in:
   a) Families with inherited disorders.
b) Pregnant mothers in contact with German measles.
c) Pregnant mothers exposed to irradiations..
d) All the above.

33. The recurrence risk in autosomal recessive diseases is:
   a) 75%.
   b) 25%.
   c) 50%.
   d) 100%.

34. Which of the following is true about craniocynostosis?
   a) Mental function is commonly affected.
   b) Skull is deformed.
   c) Child has urinary incontinence.
   d) Always associated with convulsions.

35. Infectious mononucleosis is characterized by all the following Except:
   a) Generalized lymphadenopathy and splenomegaly.
   b) Elevated liver enzymes.
   c) Convulsions.
   d) Aplastic anemia.

36. Which of the following is true about Eisenmenger syndrome?
   a) Usually a primary congenital cyanotic heart disease.
   b) Considered a high indication for surgery in a baby with congenital heart disease.
   c) Represents a serious complication of non cyanotic heart disease.
   d) Pulmonary hypertension is not always present.

37. Prevention of rheumatic fever includes all the following Except:
   a) Accurate treatment of acute tonsillitis in children.
   b) Antistreptococcal vaccine.
   c) Intramuscular penicillin for children with rheumatic heart disease every 3 weeks.
   d) Community eradication of streptococcal infections.
38. Incubation period for hepatitis A is:
   a) 10 days.
   b) 2 to 6 weeks.
   c) 2 months.
   d) 6 months.

39. All the following statements about Tuberculosis in children are true Except:
   a) Chest TB is more common than other types.
   b) Tuberculin test is always positive in any tuberculous child.
   c) Should be included in differential diagnosis of all chronic chest problems.
   d) BCG does not give full protection against Tb.

40. Animal transmitted diseases include all Except:
   a) Rabies.
   b) Tuberculosis.
   c) Avian flue.
   d) Poliomyelitis.

Problem Solving: (40 marks: 4 for each) Choose only one answer for each:

1. A mother complained to her doctor that her nine-month-old baby is not growing well like his age matched relatives. Revising his weight and height growth curves revealed that he was persistently below third percentile on both curves.

   A. What is your first step in management?
      a) Do stool analysis.
      b) Hormonal essay.
      c) Revise his parents' weight and height
      d) Good clinical examination.

   B. Which of these data contribute to his growth delay?
      a) He is receiving 50 Kel/kg/day.
      b) He is receiving 100 gm proteins daily in his diet.
      c) He is receiving 400 unit vitamin D daily.
      d) His parents show normal built.
2. An anxious father who is having G6PD deficiency asked you, can I feed my 9 months old son beans?

A. Which should be your answer?
   
a) Test his mother enzyme level, if normal, feed him.
   
b) Feed him one spoon only and check urine color.
   
c) Do not give him, it is a male dominant disease.
   
d) All are not correct.

B. What is the most accurate test?
   
a) Hemoglobin level.
   
b) Reticulocytic count.
   
c) G6PD level.
   
d) Osmotic fragility of RBCs.

3. Six year-old-child presented with fever, runny nose and a rash on his chest and back. It was papular in some areas and vesicular in others. Two days after, his brother developed the same rash, apart from being hemorrhagic and more fulminant.

A. What is the most likely diagnosis?
   
a) Herpes zoster.
   
b) Small pox.
   
c) Chicken pox.
   
d) Measles.

B. What contributed to the fulminant course in his brother?
   
a) Malnutrition.
   
b) Younger in age.
   
c) Immune compromised.
   
d) Having congenital heart disease.

4. A five-year-old physically active boy, developed sudden paralysis of his left arm and leg. His mother believed that he had poliomyelitis because she was not regular with his vaccinations. On examination, in
Emergency room, he showed spasticity, hyperreflexia and absent sensations on his left upper and lower limbs. Cardiac examination revealed systolic parasternal murmur.

A. What is your diagnosis?
   a) Poliomyelitis.
   b) Post diphtheritic paralysis.
   c) Cerebral palsy.
   d) Embolic hemiplegia.

B. What investigation you need to confirm your diagnosis?
   a) Echocardiography.
   b) Cranial ultrasound.
   c) TORCH screen.
   d) All the above.

5. An RH negative lady have just delivered her first baby following repeated miscarriages. He is neither pale not jaundiced.

A. What is your first step towards the baby?
   a) RH testing.
   b) Hemoglobin level.
   c) Serum bilirubin level.
   d) All the above.

   and

B. Towards the mother?
   a) Blood picture.
   b) Give her anti-D.
   c) Blood transfusion.
   d) Exchange transfusion.

6. Two weeks after a viral illness a 2-year-old child developed skin rash, more prominent over the legs. His urine was dark with excess proteins and RBCs. His ankles were swollen and tender. His plasma creatinine was 1.5 mg/dL.

A. What is the most likely diagnosis?
   a) Idiopathic thrombocytopenic purpura.
   b) Poststreptococcal glomerulonephritis.
c) Schönlein glomerulonephritis
d) Rheumatoid arthritis

B. **What therapy do you recommend?**
   
a) Aspirin
b) Steroids
c) Renal transplantation
d) None of the above

7. A mother complained that her two-month-old boy is not putting on weight because he has persistent projectile vomiting that follows each meal. On examination there was an olive-like mass on palpating his upper abdomen.

A. **What is your diagnosis?**
   
a) Umbilical hernia
b) Congenital pyloric stenosis
c) Rumination
d) None of the above

B. **Which investigation do you recommend?**
   
a) Abdominal ultrasound
b) Endoscopy
c) Barium enema
d) None of the above

8. Two-year-old child presented to the Emergency room with acute onset of respiratory distress that followed recent change of residence. His mother said that this happened after she left him playing in the garden with his toys. On examination, there were right basal lung wheezes, and intercostals retractions. The left side of his chest was totally free.

A. **What is the most likely diagnosis?**
   
a) Bronchial asthma
b) Foreign body inhalation
c) Immune deficiency
d) Bronchiolitis
B. Which investigation will be the most helpful?
   a) Pulmonary function tests.
   b) Sputum examination.
   c) Serum immunoglobulins.
   d) Bronchoscopy

9. A five-year-old boy was brought to the Emergency room with
   intractable convulsions. His mother said that he was playing in the
   kitchen alone two hours before. On examination he was drowsy, with
   pin point pupils.
   A. What investigation you recommend?
      a) CT head.
      b) Screening for toxins.
      c) Blood glucose.
      d) All the above.
   B. What is your first action towards the child?
      a) Give anticonvulsants.
      b) Give antidote for organophosphorus toxicity.
      c) Wait to see investigations results.
      d) Both a and b.

10. Two year-old-child failed to walk unsupported. He was resistant to
    repeated vitamin D injections. On examination he showed bow legs
    with intact reflexes and sensations.
    A. What investigation is most helpful?
       a) EMG.
       b) EEG.
       c) X-ray ankles.
       d) X-ray skull.
    B. Which of the following will diagnose the cause?
       a) Renal functions.
       b) Urine tests for amino acids.
       c) Both a and b.
       d) None of the above.
Final examination M.B. B.Ch.
PEDIATRICS

Answer the following short easy questions: (120 marks)

1. a. Describe normal neonatal reflexes and their clinical significance. (15 marks)
   b. List causes of neonatal anemia. (5 marks)

2. Mention the advantages of breast feeding and the protective mechanisms of human milk. (20 marks)

3. Enumerate the complications of acute severe gastroenteritis. State briefly the mechanism(s) and treatment of each one. (20 marks)

4. a. Describe the diagnostic criteria of febrile convulsions. (10 marks)
   b. Mention management and complications of mumps. (10 marks)

5. a. Differentiate between Fallot's tetralogy and transposition of great arteries. (10 marks)
   b. Mention the diagnosis and complications of pneumonia. (10 marks)

6. a. Mention the different crises in sickle cell anemia (1 marks)
   b. Describe the prevention and treatment of cognital hypothyroidism. (10 marks)
Final Examination M.B.B. Ch

PEDIATRICS

Answer the following short essay questions: (150 Marks)

1. Describe diagnosis and treatment of neonatal sepsis. (15 Marks)

2. List causes and differential diagnosis of acute cough in an infant. (15 Marks)

3. a. Mention the different types of milk formulas and their clinical use. (10 Marks)

   b. Describe the management outline of a febrile infant or child. (10 Marks)

4. a. List the causes of persistent diarrhea and how to manage each. (10 Marks)

   b. Describe clinical and laboratory differentiation of the causative agent of viral hepatitis. (10 Marks)

5. a. Mention the diagnostic work-up of a case of urinary tract infection. (10 Marks)

   b. State early and late manifestations of congenital hypothyroidism. (10 Marks)

6. a. Describe the clinical picture and therapy of immune thrombocytopenic purpura (ITP). (10 Marks)

   b. List features of X-linked recessive inheritance and give examples. (10 Marks)

7. a. Define acute respiratory failure and differentiate between its 2 types. (10 Marks)

   b. Describe the cerebrospinal fluid (CSF) findings in different types of meningitis. (10 Marks)

8. a. Mention the diagnostic features and management of patent ductus arteriosus (PDA) in children. (10 Marks)

   b. Give reason(s) for: (Short answer in about 1 - 2 lines) (10 Marks)

   i. Mental changes occur constantly in cases of kwashiorkor.

   ii. Karyotyping is indicated for a girl with short stature.

   iii. Checking the femoral pulse is essential during examination if every newborn.

   iv. Delayed feeding is not recommended during management of acute gastroenteritis.

   v. Diagnosis if chronic renal failure requires a high index of suspicion.
Final Examination M.B.B. Ch
PEDIATRICS

Multiple Choice Questions: (40 marks: 2 for each) Choose ONLY one answer:

1) Which of the following is correct about Hemoglobin F?
   a. It is forms of 2 alpha and 2 delta polypeptide chains.
   b. At birth it reoresent about 70% of the total hemoglobin.
   c. It reaches less than 2% by the age of 3 months.
   d. It is the main hemoglobin in sickle cell anemia.

2) All of the following are known causes of acute abdominal pain EXCEPT:
   a. Streptococcal pharyngitis.
   b. Acute pancreatitis.
   c. Acute glomerulonephritis.
   d. Henoch-Schonlein vasculitis.

3) Birth length doubles at the age of:
   a. 1 year.
   b. 2 years.
   c. 3 years.
   d. 4 years.

4) Dysentery is caused by:
   a. Enterotoxigenic E. coli.
   b. Shigella.
   c. Cholera.
   d. Rotavirus.

5) Which of the following is true about rheumatic chorea?
   a. Commoner in males.
   b. Early onset rheumatic manifestation.
   c. Hypertonia is common.
   d. Self-limited condition.

6) The less likely cause of comiting in a newborn during the first few days of life:
   a. Amniotic gastritis
   b. Oesophageal atresia.
   c. Pyloric stenosis
   d. Swallowed maternal blood.

7) Which of the following conditions can be complicated by lung absecess?
   a. Acute bronchiolitis.
   b. Hydropneumothorax.
   c. Bronchial asthma.
   d. Foreing body aspiration.

8) Which of the following is a complication of post streptococcal glomerulonephritis?
   a. Hyertensive encephaolopathy.
   b. Pyelonephritis.
   c. Pulmonary embolism.
   d. Hypovolemic shock.
9) Neck stiffness occurs in all EXCEPT:
   a. Cerebral palsy.  b. Pneumonia.

10) Pneumothorax may occur with all EXCEPT:
   c. Bordetella pertussis infection.  d. Mechanical ventilation.

11) Caphalhematoma:
   a. Is subgaleal.  b. Resolves by 48 hours.
   c. Limited by margin of bones.  d. Usually leads to severe anemia.

12) Concerning childhood asthma:
   a. Inhaled steroids are useful treatment  b. Hospitalization is usually needed.
   c. Exacerbations usually occur with food.  d. Sufferers are excluded from sports.

13) The risk of neonatal jaundice is increased by all EXCEPT:

14) All about ventricular septal defect are correct, EXCEPT:
   a. A left to right shunt become more severe with time.
   b. Spontaneous closure might occur  c. Pulmonary congestion is common.
   d. Prophylaxis against endocarditis is not needed if asymptomatic and small lesion.

15) In pyloric stenosis:
   a. Surgery may be needed.  b. Constipation can be a feature.
   c. Infants often have metabolic acidosis.  d. Prognosis is usually not good.

16) Concerning chickenpox:
   a. The incubation period is 7 day.  b. Aspirin is a useful anti-pyretic.
   c. Transmission is by contact or airborne.  d. There is no effective vaccine.

17) The following are causes microcytic anemias EXCEPT:
   c. Cooley's anemia.  d. Marrow hypoplasia.
18) Advantages of self-inflating (Ambu) bags include:
   a. Delivers 100% oxygen at all time.
   b. Any leak is determined.
   c. Stiff lung can be recognized.
   d. Easy to use.

19) Most infant formulas contain kcal/100 ml and most infants need kcal/kg/day:
   a. 80, 150.
   b. 67, 100.
   c. 30, 90.
   d. 150, 200.

20) Features of congenital hypothyroidism include all EXCEPT:
   a. Periorbital edema.
   b. Loose motions.
   c. Umbilical hernia.
   d. Slow feeding.

Problem Solving Questions: (40 marks: 2 for each) Choose ONLY one answer:

1) A 12 year old boy develops petechiae and papules, some of which become purulent over his buttocks and legs, associated with painful swollen knees. There is microscopic hematuria on testing. The platelet-count is normal.

   All of the following are correct EXCEPT:
   a. This condition is due to vasculitis.
   b. Abdominal pain may occur.
   c. Splenomegaly is usual.
   d. Prognosis is excellent.

2) A preterm infant weighs 1500 gm at birth. Physical exam reveals a small infant with a disproportionately larger head. Apgar score was 4 and 6 at 1 and 5 min respectively. Two hours delivery the baby developed rapid respiration with increasing breathing difficulty and grunting.

   All of the following may explain the respiratory illness EXCEPT:
   a. Respiratory distress syndrome.
   b. Broncho-pulmonary dysplasia.
   c. Hypoglycemia.
   d. Birth asphyxia.

3) A 15 month old infant presents with a history of watery, loose stools for the past 4-5 days. The diarrhea occurs about 10 times per day. He has temperature of 38.4°C, heart rate 160/m, RR 55/m and BP 60/40 mmHg. On examination, he has sunken eyes and anterior fontanelle. He had delayed, capillary refill.
Which of the following is true about this patient?
a. Rapid respiration is mostly due to acidosis.
b. He is suffering from mild to moderate dehydration.
c. Tachycardia is mostly due to heart failure.
d. He has compensated hypovolemic shock.

4) A 3-year-old child is prone to episodes of restlessness, cyanosis, and gasping. Symptoms resolve when he is placed in the knee chest position. Examination reveals an underbuilt child, with a harsh holosystolic murmur and a single second heart sound.
Management may include all of the following EXCEPT:

5) As a part of the newborn examination prior to discharge from hospital, a pediatrician notices that one baby is hypotonic and also finds a systolic murmur on auscultation of the heart. He also has upward slanting palpebral fissures, epicanthal folds, and a small with a protruding tongue. What is the most likely nature of this genetic disease?

6) An 8 years boy has short stature. He has little or no energy, sleeps more than normal, and complains of being cold. His growth curve has fallen from the 50th percentile to the 5th percentile for height. His school achievement over the last year is below average. On examination, he has dull facies, and slow reflexes.
What is the most appropriate action for this child?
a. Check thyroid profile.  b. Chromosomal analysis.
c. Follow up growth after 3 months.  d. Determine bone age.

7) An 8-year-old boy presents to pediatric clinic with hematemesis. There is no bleeding from other orifices. On examination, there is splenomegaly, no ascites, and no hepatomegaly. Abdominal ultrasound shows homogenous liver pattern. Upper endoscopy reveals esophageal varices.
What is the likely diagnosis?


8) A 19-month-old infant is brought to clinic for routine checkup. Developmental assessment reveals that he is to crawl and stand with support. He waves bye-bye, understands several words and can say about 10 words.

What is the most likely diagnosis?

c. Delayed mental development.       d. Delayed motor and mental development.

9) A 10-month-old male infant presents to clinic with puffy face and limb edema. The baby is formula fed. The mother gives history of severe diarrheal illness last week during which she gives diluted milk, rice water and a lot of herbal liquids. The infant is apathetic infant not interested to eat.

All of the following are useful therapies EXCEPT:

a. Increased protein intake.       b. An oral antibiotic.

10) A 4-day old female is brought to the pediatric doctor because she has a blood-tinges discharge coming from her vagina. According to the mother, the infant has been afebrile, and is feeding and sleeping well.

What is the most appropriate action?

a. Check hemoglobin.       b. Reassure the mother.
c. Obtain a urine analysis.       d. Consult the endocrinologist.

11) A one year old infant presented to clinic because of delayed motor and mental milestones. On examination, weight 9.5 kg, and head size is 50 cm. There is widely separated sutures, patent fontanel and dilated scalp veins.

What is most relevant during history taking?

a. Nutritional history.       b. Family history of large head.
c. previous history of CNS infection.       d. History of drug intake.
12) A 3-year-old girl presents with recurrent epistaxis over the past few weeks. Further history reveals that she bruises easily and she has excessive gum bleeding a month ago. She denies any joint complaints and is otherwise healthy. Laboratory results indicate that prothrombin time is normal, an activated partial thromboplastin time is prolonged, and bleeding time is prolonged.

What is the most likely diagnosis?

a. von Willebrand disease.  
b. Hemophilia A.  
c. Vitamin K deficiency.  
d. Immune thrombocytopenia.

13) A 12-year-old girl presents with symmetrically painful wrists. She has had intermittent episodes of fever and malaise associated with arthralgia and myalgia. Laboratory results demonstrate anemia, elevated ESR, positive antinuclear antibodies and urinalysis with +2 blood and +2 protein. Recently, on returning from the beach, she was found to have a facial rash.

What is the most likely diagnosis?

a. Systemic lupus erythematosus.  
b. Rheumatoid arthritis.  
c. Acute rheumatic fever.  
d. Henoch-Schönlein purpura.

14) A 9-month-old male is presents with history of episodes of paroxysms of cough since one month. Each paroxysm of cough is followed by vomiting and usually associated with inspiratory characteristic sound and intense congestion of the face. Examination of the chest is unremarkable and chest x-ray is normal.

What is the most likely diagnosis?

a. Tuberculosis.  
b. Whooping cough.  
c. Bronchial asthma.  
d. Viral croup.

15) A 4-month-infant is brought to the pediatrician by his mother because he is not feeding well. Examination of the mouth reveals curd-like plaques on the tongue and buccal mucosa that do not scrape off easily.

Which of the following sites may be involved with this condition?

a. Eyes.  
b. Scalp.  
c. Perineum.  
d. Umbilicus.
16) A 4-year-old male came to clinic with one week new history of daytime enuresis. Over the past week his family noticed that he would be playing, then ran for the bathroom but often would have urinary incontinence. He denied dysuria and itching. Parents said that he seemed to be drinking more for the past 3 weeks. His weight was 16.4 kilograms which was the same as 6 months previously.

Which of the following is the suitable advice?

a. Check urine for glucose.  
b. Try an anti-cholinergic drug.  
c. Examine stool for pinworms.  
d. Avoid punishments and give simple rewards.

17) A 4-day-old male infant weighing 3,600 kg is brought to emergency room because his skin and sclerae are icteric. A blood test indicates elevated unconjugated bilirubin in serum. Otherwise the infant is doing well, has good suckling and normal temperature. Examination of other body systems is unremarkable.

What is the most likely mechanism of his jaundice?

a. Decreased destruction of red blood cells.  
b. Dilatation of the common bile duct.  
c. Deficiency of an enzyme regulating bilirubin conjugation.  
d. Increased hepatocyte uptake of bilirubin.

18) A healthy 2-month-old infant is brought to clinic for routine care. The infant has a normal growth curve. She received the first dose of hepatitis B vaccine at birth as well as a dose of hepatitis B immunoglobulin. She is now scheduled for the second dose of hepatitis B vaccine.

What is the most likely reason this infant was vaccinated at birth?

a. The baby is hepatitis B surface antigen positive.
b. The mother is hepatitis B surface antigen positive.
c. Hepatitis B infection is prevalent in the country.
d. The father is a drug addict.

19) A month-old infant presents to emergency department because of increased agitation and restlessness. Auscultation reveals crackles and decreased breath sounds bilaterally. Chest x-ray films show bilateral pneumonia. Arterial blood gas analysis reveals an oxygen tension of 45 mmHg and a carbon dioxide tension of 65 mmHg.

What is the most appropriate next step in management?

a. Obtain blood cultures. 
   b. Administer oxygen by mask.
   c. Administer antibiotics.
   d. Start assisted ventilation.

20) A 12-year-old boy is seen in the emergency room because of fever and lethargy for 1 week. Examination reveals marked cervical and inguinal adenophathy, enlarged, tonsils with exudate and a palpable spleen 2 cm below the left costal margin. The white blood cell count is 16,000/mm³ with 50% lymphocytes, of which 10% are atypical.

What is the most likely diagnosis?

a. Infectious mononucleosis. 
   b. Streptococcal throat infection.
   c. German measles. 
   d. Tuberculosis.
Final Examination M.B.B. Ch
PEDIATRICS

Answer the following short essay questions: 150 Marks

1- A. list causes of cyanosis with respiratory distress in a newborn infant. (10 marks)

B. Mention neonatal problems associated with maternal diabetes mellitus. Discuss, briefly, their management. (10 marks)

2- A- Enumerate the common bacterial causes of septicemia in infants and children, Discuss its clinical features. (10 marks)

B- Discuss the diagnostic work - up (investigation) of tuberculosis in children. (10 marks)

3- A. Discuss the cytogenetics of Down's syndrome (10 marks)

B. List prenatal, perinatal and postnatal causes of developmental delay and learning disability (mental retardation). (10 marks)

4- List the causes and describe the pathogenesis of rickets. (10 marks)

5- Describe the treatment of hypercyanotic spells in infants with Fallot's tetralogy. (10 marks)

6- Discuss bronchodilator therapy in childhood asthma. (10 marks)

7- Discuss the etiology, clinical features and investigations of acute post - infectious polynuropathy (Guillain - Barrsyndrome) (10 marks)

8- Describe, preferably as a table, the clinical assessment of different grades of dehydration. (10 marks)

9- Describe the laboratory diagnosis of acute viral hepatitis in children. (10 marks)

10- List causes of congenital hypothyroidism Describe its clinical features. (10 marks)

11- Describe the complications of sickle cell disease, and their management. (10 marks)

12- List the causes and investigations of hematuria in children. (10 marks)
Final Examination M.B.B. Ch

PEDIATRICS

Answer the following short essay questions: (120 Marks, 15 Marks for each)

1. Discuss the clinical features and management of neonatal respiratory distress syndrome.
2. Discuss the advantages of breast feeding to the infant.
3. Enumerate the bacterial causes of meningitis according to age. Discuss the laboratory investigations of a case suspected of bacterial meningitis.
4. Discuss the diagnosis and treatment of large ventricular septal defects.
5. Describe the clinical features and treatment of a case of hemophilia A.
6. Describe the clinical features and differential diagnosis of roseola infantum.
7. List the early and late signs of shock in pediatric patients.
8. Discuss the diagnosis and management of recurrent ono-organic abdominal pain.
Final Examination M.B.B. Ch

PEDIATRICS

Multiple choice questions (60 marks, one for each) Choose one answer.

1- In the full - term infant, the term persistent ductus arteriosus is used if the ductus has failed to close by:
   A- 10 hours of age.
   B- 3 Days of age.
   C- 1 Week of age.
   D- 1 month of age.

2- Hypoglycemia in the first 24 hours of life is more likely in any of the following conditions EXCEPT
   A- Babies with intrauterine growth retardation.
   B- Preterm babies.
   C- Maternal diabetes mellitus.
   D- ABO incompatibility.

3- Metabolic causes of neonatal seizures include any of the following EXCEPT
   A- Hypoglycemia.
   B- Hypothyroidism.
   C- Pyridoxine dependency.
   D- Hypocalcemia.

4- The commonest cause of precocious puberty in a female is
   A- Premature onset of normal puberty.
   B- Androgen secreting suprarenal tumor.
   C- Iatrogenic.
   D- Congenic adrenal hyperplasia

5- The commonest cause of intestinal obstruction in infants is:
   A- Malrotation of the intestine.
   B- Ileocecal intussusception.
   C- Epstein Barr virus.
   D- Diphtheria.

7- A vesicular eruption can be caused by any of the following EXCEPT
A- Chicken pox.
B- Herpes zoster.
C- Rubella.
D- Hand, foot and mouth disease.

8- Complications of Measles include all the following EXCEPT
A- Encephalitis.
B- Myocarditis.
C- Congenital anomalies.
D- Subacute sclerosing panencephalitis.

9- One of the following is NOT a live vaccine
A- Sabin.
B- MMR.
C- BCG.
D- Pneumococcal.

10- An absolute indication for tonsillectomy in children is
A- Recurrent tonsillitis.
B- Obstructive sleep apnea.
C- Recurrent otitis media.
D- Enlarged tonsillar lymph nodes.

11- A cardiac murmur is considered significant (as opposed to innocent) if any of the following is true EXCEPT
A- It is accompanied with a thrill.
B- It is heard all over the precordium.
C- It is mostly on the upper sternal border.
D- It is diastolic.

12- Common findings in infants with congestive heart failure include all the following EXCEPT
A- Tachypnea.
B- Tachycardia.
C- Excessive sweating.
D- Splenomegaly.

13- In the assessment of gross motor development the limit edge for sitting unsupported is
A- 6 months.
B- 7 months.
C- 8 months.
D- 9 months.
14- in the assessment of vision and fine motor development the (median age) for transferring objects for hand is
   A- 6 months.
   B- 7 months.
   C- 8 months.
   D- 9 months.

15- Infants are at particular risk of dehydration because they have:
   A- Greater weight to surface area ratio.
   B- Less insensible water losses than older children.
   C- Immature renal tubular re-absorption process.
   D- About 15-20% of their body weight is water.

16- Manifestations of dehydration include all of the following
   A- Weight loss
   B- Fontanel affection.
   C- Decreased urine flow.
   D- Shortened capillary refill time.

17- One of the following is correct about human colostrum
   A- Its mineral content is about 4 gm/dt.
   B- Its pH is acidic.
   C- Its protein content ranges between 3-3.5 gm%.
   D- It has a higher fat content than mature breast milk.

18- Hemiplegic type of spastic cerebral palsy is characterized by:
   A- Leg is more affected than arm
   B- Fisting of the affected hand is common.
   C- True bulbar palsy.
   D- Complete affection of one half of the face.

19- A weight measurement falling on the 10th Percentile for a given age indicates that:
   A- 10% of normal children of the same age will have the same weight.
   B- The patient weight is 10% below the mean value for the age.
   C- The patient weight is 10% above the mean value for the age.
   D- 10% of normal children of the same age would have the same or smaller weight.

20- In autosomal dominant disorders.
   A- Such disease is not manifested in the heterozygous.
   B- Phenylketonuria is a good example.
   C- Variability of expression is very uncommon.
   D- The offspring of apparently healthy individuals are usually unaffected.
21- In which of the following conditions are infantile body proportions seen in a 5 year old child?
   A- Malnutrition.
   B- Untreated congenital hypothyroidism.
   C- Down syndrome.
   D- Klinefelter syndrome.

22- Fluid of choice for hypovolemic shock is:
   A- Glucose 10%.
   B- Half normal saline.
   C- Sodium bicarbonate.
   D- Ringer's lactate.

24- All of the following conditions can be complicated by lung abscess EXCEPT:
   A- Lobar pneumonia.
   B- Salmonella typhi.
   C- Meningococci.
   D- Staph aureus.

26- Which of the following is highly suggestive of infection of the lower urinary tract?
   A- Flank pain.
   B- Hematuria which is gross.
   C- Dysuria and foul smelling urine.
   D- Abdominal pain with vomiting & diarrhea.

27- Liver cell failure is characterized by all of the following EXCEPT:
   A- Gynecomastia.
   B- Encephalopathy.
   C- Hypo-ammonemia.
   D- Bad oral smell.

28 Pre-hepatic portal hypertension may be due to:
   A- Umbilical sepsis.
   B- Wilson disease.
   C- Budd chiari syndrome.
   D- Autoimmune hepatitis.

29- All of the following may be a predisposing factor for vitamin D deficiency rickets EXCEPT:
   A- Dark skin infants.
   B- Excessive wrapping of the infants.
C- Excess leafy green vegetables in diet.
D- Feeding fortified milk formula.

30- One of the classical presenting features of type 1 diabetes mellitus is:
A- Enuresis.
B- Diarrhea.
C- Weigh gain.
D- Loss of appetite.

31- In iron deficiency anemia:
A- Decreased iron binding capacity is expected.
B- Maked hepatomegaly is a common finding.
C- Mebendazole is sometimes used during management.
D- A diastolic murmur is commonly audible.

32- Beta thalassemia major is characterized by:
A- Normochromic RBCs.
B- Target cells usually seen in the blood film.
C- Narrow Medull of long bones.
D- Anisocytosis of RBCs is constant in the bone marrow.

33- Which of the following is true about autosomal recessive disorder?
A- Affected person married to a homozygous normal individual has an equal chance of producing either normal or affected offspring.
B- Most of the affected offspring.
C- After the birth of one affected offspring, the recurrence risk is 50%.
D- The parents of affected person are usually not consanguineous.

34- Biochemical abnormalities in kwashiorkor includ:
A- Hypernatremia.
B- Hyperkalemia.
C- Low serum protein
D- Hyperglycemia.

35- Which of the following is correct about glucose 6 phosphate dehydrogenase (G6PD) deficiency?
A- It is an x-linked dominant disorder.
B- Stool is black in severe cases.
C- Hemolysis may be due to ingestion of certain drugs.
D- It has no sexy predilection.

36- Which of the following is correct about kericterus?
A- It is likel to occur if serum bilirubin exceeds 10 mg/dl in the 1st 24 hous in preterm.
b- Bilirubin is deposited mainly in cerebral hemispheres.
c- It is more likely to occur in infants with Rh positive mothers.
d- Extra-hepatic biliary atresia is a common cause.

37- Which of the following is true about Down syndrome?
a- Incidence increases with increased paternal age.
b- Incidence increases with increased paternal age.
c- Hypertonia a common finding.
d- Delayed milestones of development is nearl a constant finding.

38- Neonatal screening could prevent mental retardation in:
   A- Galactosemia.
   B- Brain malformations.
   D- Hydrocephalus.

39- Features of chronic renal failure DO NOT include:
   A. Azotemia.
   B. Hypophosphatemia.
   C. Rickets.
   D. Anemia.

40- A possible cause short stature is:
   A. Congenital cyanotic heart disease.
   B. Infant of diabetic mother.
   C. Acute renal failure.
   D. Acute infections.

41- In ronchiolitis:
   A. Coryzal symptoms usually follow the illness.
   B. Wheezing is often but not always present.
   C. Bronchiolitis obliterans is the most common complication.
   D. It is usually caused by parainfluenza virus.

42- Cholestasis is NOT characterized by:
   A. Pale clay colored stools.
   B. Vitamin E deficiency.
   C. Increased serum albumin.
   D. Increased total serum bilirubin.

43- Peripheral muscle disease is suggested by the following EXCEPT:
   A. Limb hypotonia.
   B. Gower's sign.
   C. Positive Babinski reflex.
   D. Absent deep tendon jerks.
44- The following are true about lymphadenopathy EXCEPT:
   A. Discrete small mobile nodes are common and not significant.
   B. An enlarged liver and spleen should be looked for.
   C. A focus of infection may be found proximal to the node.
   D. A blood count may be helpful in diagnosis.

45- Clubbing is usually associated with the following conditions EXCEPT:
   A. Bronchial asthma.
   B. Ulcerative colitis.
   C. Cystic fibrosis.
   D. Bronchiectasis.

46- Causes of microcytic anemia include all of the following EXCEPT.
   A. Thalassemia trait.
   B. Sickle cell disease.
   C. Lead poisoning.
   D. Iron deficiency.

47- Causes of metabolic acidosis include all of the following EXCEPT:
   A. Pyloric stenosis.
   B. Severe gastrenteritis.
   C. Diabetic ketoacidosis.
   D. Shock.

48- A lumbar puncture should be carried out in the following circumstances:
   A. Febrile convulsion in a 3-year old child.
   B. Presence of papilloedema.
   C. Urine for microscopy and culture.
   D. A referral to a psychologist.

49- The initial management of a child with nocturnal enuresis is to do:
   A. Renal ultrasound scan.
   B. Serum creatinine.
   C. Urine for microscopy and culture.
   D. A referral to a psychologist.

50- The differential diagnosis of joint swelling in a child includes:
   A. Renal failure.
   B. Sickle cell disease.
   C. Cerebral palsy.
   D. Veno-occlusive disease.

51- One of the following statements is true about short stature in children:
   A. In most cases it is a variant of normal.
   B. There is often early puberty.
C. A history of preterm birth is irrelevant.
D. May be caused by acute renal failure.

52- A large head needs urgent investigation if one of the following is present:
   A. Previous head trauma.
   B. One parent with a large head.
   C. Depressed fontanelle.
   D. A family history of epilepsy.

53- The following is an important cause of language delay:
   A. Cleft lip.
   B. Turner's syndrome.
   C. Visual impairment.
   D. Deafness.

54- An abnormal EEG is commonly seen in:
   A. Cyanotic spells.
   B. Simple febrile seizures.
   C. Breath-holding spells.
   D. Infantile spasms.

55- Important complications of a ventricular septal defect include:
   A. Hyper-cyanotic spells.
   B. Cardiac failure at birth.
   C. Pulmonary hypertension.
   D. Intellectual impairment.

56- Possible causes of acute respiratory failure include:
   A. Cerebral palsy.
   B. Drug intoxication.
   C. Acute bronchitis.
   D. Diabetic ketoacidosis.

57- Features suggestive of an acute surgical abdomen in a 1-year-old infant include all EXCEPT:
   A. Periumbilical pain.
   B. Guarding.
   D. Red currant jelly stool.

58- The need for neonatal resuscitation should be anticipated in the following EXCEPT:
   A. Elective caesarean section.
   B. Thick meconium staining of the amniotic fluid.
   C. Multiple gestations.
   D. Delivery at 31 weeks' gestation.
59- The most serious complication of small for gestational age infants is:
A. Polycythemia.
B. Neonatal jaundice.
C. Hypothermia.
D. Hyperglycemia.

60- In neonatal jaundice, the following suggests hemolysis as its cause:
A. Low neonatal T4.
B. Mother group A, baby group o.
C. Coombs positive.

Answer the following problem solving questions, Choose only one answer:
(40 Marks, 2 for each case)

A 42 week gestational age, 3800g breast fed female infant is noted to have persistent hyperbilirubinemia at 2 weeks of age. The infant has not gained weight since birth, has hoarse cry, dry skin, hypotonia, an umbilical hernia, constipation, and an anterior fontanel measuring 6 cm

61- What is the most likely diagnosis?
A. Hypothyroidism.
B. Hereditary spherocytosis.
C. Biliary atresia.
D. Galactosemia.

62- This condition can be prevented by:
A. Early exchange transfusion.
B. Neonatal screening.
C. Genetic counseling.
D. A special milk formula.

An infant is born with perinatal asphyxia. At birth he is apneic with a heart rate 70 per minute. So bag and mask positive pressure ventilation with 100% O2 was immediately instituted. After 30

63- The most appropriate next step is:
A. Chest compression.
B. Tactile stimulation.
C. To continue ventilation.
D. Intravenous sodium bicarbonate.

64- The most likely complication is:
A. Early onset sepsis.
B. Hyperbilirubinemia.
C. Hyperthermia.
D. Early onset seizures.
A 9-year old female is referred to the hematology department with a chief complaint of acute onset of easy bruising and rash for 3 days she had upper respiratory infection symptoms approximately. Clinical examination is otherwise unremarkable.

**65- The most probable diagnosis is:**
- A. Immune thrombocytopenic purpura.
- B. Bone marrow failure.
- C. Hemophilia A.
- D. Acute lymphoblastic leukemia.

**66- Treatment options include:**
- A. Bone marrow transplantation.
- B. Plasma transfusion.
- C. Corticosteroids.
- D. Vitamin K injection.

A 2-hour-old, 32-week-gestational-age infant develops progressive cyanosis, grunting nasal flaring and chest retractions. The chest radiograph reveals a ground glass-air bronchogram pattern. The infant now requires oxygen therapy with continuous positive airway pressure to maintain adequate oxygenation.

**67- The most likely diagnosis is:**
- A. Respiratory distress syndrome.
- B. Intra-natal asphyxia.
- C. Congenital pneumonia.
- D. Pneumothorax.

**68- One of the following is true about diagnosis:**
- A. Less common with maternal diabetes
- B. X-ray findings are typically bilateral
- C. Assisted ventilation is the only available therapy
- D. Maternal antibiotics can decrease severity

A mother of a previously healthy 3-year-old male complains of cough and wheeze. The boy had been playing with a small toy. During examination the right side of the chest shows hyperresonance, diminished vocal resonance and poor air entry.

**69. The most probable diagnosis is:**
- A. Foreign body aspiration.
- B. Bronchial asthma.
- C. Lobar pneumonia.
- D. Acute bronchiolitis.
70- One of the following is typical about diagnosis
A. Being healthy Before illness.
B. The local chest findings.
C. Both.
D. None.

A full term newborn has developed jaundice at 10 hours of age Blood group of the mother is O negative and of the baby is A-positive. Two hours later the infant has an indirect serum bilirubin level of 16 mg/dl

71. The most appropriate for treatment is:
A. Exchange blood transfusion.
B. Phototherapy.
C. Phenobarbital.
D. Ceftriaxone.

72- The main determinant of cause of jaundice is
A. The level of bilirubin
B. The rate of rise.
C. The sex of the baby.
D. The onset of jaundice.

A 10 years old boy suffered from acute tonsillitis two weeks ago. Now he complains of general weakness, oedema of eyelids, headache, nausea and vomiting. Skin is pale, appetite is reduced, and vomiting. Skin is pale, appetite is reduced, and daily urine output is 600 ml. In urinalysis: protein 1+ wbc 4–6/HPF, RBCs are too numerous to count but no red cell casts are detected.

73. What is the most probable diagnosis?
A. Minimal change nephrotic syndrome.
B. Acute pyelonephritis.
C. Acute glomerulonephritis.
D. Posterior urethral valve.

74. Helpful diagnostic tests include:
A. Serum complement.
B. Serum proteins.
C. Urine culture.
D. Renal ultrasound.

A 6-year-old girl has had a dry cough without sputum for months. The cough is getting worse after exercise and at night, Family history revealed that the parents have eczema On physical examination, a wheeze in both lung fields is detected.
75. What is the most likely diagnosis?
   A. Bronchial asthma.
   B. pertussis.
   C. Bronchiectasis.
   D. Interstitial pneumonia.
A baby was born by vaginal delivery following a term gestation Apgar score was 5 and 7 physical examination reveals scaphoid abdomen, rapid respiration (80/minute) and reduced chest movement on the left side. Breath sounds are absent in the lower part of the left lung. Chest radiograph reveals shift of mediastinum to the right side.

77. What is the most likely diagnosis?
   A. Diaphragmatic hernia.
   B. Respiratory distress syndrome.
   C. Transient tachypnea of newborn.
   D. Congenital pneumonia.

78. All of the following are indicated EXCEPT
   A. Oxygen.
   B. Bag and mask ventilation.
   C. Nothing per mouth.
   D. Surgical consultation.
A 1-year-old girl has history of tachypnea, tiredness, and frequent respiratory infections. On examination, the 2nd heart sound in the 2nd left intercostal space is accentuated and there is a harsh systolic diastolic murmur in the second left intercostal space and below the clavicle similar to a machine noise.

79. What is the most probable diagnosis?
   A. patent ductus arteriosus.
   B. Aortic Stenosis.
   C. Atrial septal defect.
   D. Ventricular septal defect.

80. One of the following is true:
   A. The condition is more common in boys.
   B. Corrective treatment should be done early.
   C. Hypercyanotic spells are common.
   D. Femoral pulses cannot be felt.
An 8-month-old infant presents with the primary complaint of irritability. He has been exclusively breastfed since birth. His mother was not interested in providing any supplemental foods because her milk supply has been
adequate physical examination reveals a fussy infant who has frontal bossing and whose weight and height are both at the 25th percentile. The infant becomes irritable with movement of the left arm.

81- To manage the infant's irritability:
   A. Check his body temperature.
   B. Do an arm radiograph.
   C. Arrange for CSF examination.
   D. Give an anti-spasmodic.

82- Possible associations include:
   A. Hydrocephalus.
   B. Generalized Oedema.
   C. Iron deficiency anaemia.
   D. Atopic eczema.

A 2-week old infant presents to the emergency department with a 1 history of decreased feeding and lethargy. He was born at term, and the delivery was uncomplicated. On physical examination, his temperature was 39°C, his heart rate is 150 beats/min, his respiratory rate is 60 breaths/min, his blood pressure is 50/30 mm Hg, and his extremities are cool and pale with poor pulses.

83- The most appropriate test is:
   A- ECG and echocardiography.
   B- CBC and blood culture.
   C. Lumbar puncture and CT head.
   D. Serum electrolyte and CT chest.

84- The most likely diagnosis is:
   A- Septic shock.
   B- Hypovolemia.
   C. Acute hemolysis.
   D. Cardiogenic shock.

A 5-year-old girl is presenting with drowsiness and vomiting. She has no significant medical history. On examination, she appears unwell and has diffuse abdominal tenderness. Her temperature is 37.8°C, respiratory rate 45, heart rate 170, and BP 90/50. Her breath smells strange.

85- What is the most important investigation you need to perform?
   A. Chest X-ray.
   B. Blood culture.
   C. Checking urine for glucose.
   D. Echocardiography.
86- **Dehydration in this patient is mainly due to:**
   A. Diarrhea.
   B. Polyuria.
   C. Anorexia.
   D. Tachypnea.

A 17-month-old boy presented with a 12-hour history of fever, lethargy, and a spreading purpuric rash. The lesions are irregular in size and shape with a necrotic center. In hospital, he required immediate resuscitation, colloid and inotropic peritoneal dialysis for renal failure. He made a full recovery.

87- **How would you describe the skin lesion?**
   A. Immune thrombocytopenia.
   B. Purpura fulminans.
   C. Henoch Schonlein purpura.
   D. Drug-induced purpura.

88- **The inotrope that had been used is most likely:**
   A. Adrenaline.
   B. Noradrenaline.
   C. Digoxin.
   D. Dopamine.

89- **What is the most likely diagnosis?**
   A. Acute bronchitis.
   B. Acute epiglottitis.
   C. Acute laryngitis.
   D. Acute laryngotracheitis.

90. **The most likely responsible agent is:**
   A. Hemophilus influenza.
   B. Respiratory syncytial virus.
   C. Parainfluenza virus.
   D. Staphylococcus aureus.

A 5-week-old female infant was referred to hospital because of poor feeding and poor weight gain during the previous 2 weeks. Before this, she had been well. On examination, she was tachypneic and having intercostal recessions. There was a thrill, and a loud pansystolic murmur at the lower left sternal...
edge. The chest x-ray showed cardiomegaly and increased pulmonary vascular markings.

91. What is the most likely diagnosis?
   A. Ventricular septal defect.
   B. Coarctation of aorta.
   C. Tetralogy of Fallot.
   D. Atrial septal defect.

92. One of the following is false about this:
   A. Diuretics and captopril are useful treatment.
   B. Cyanosis may develop in chronic untreated cases.
   C. Spontaneous closure is rare.
   D. Endocarditis prophylaxis is essential.

A 2-month-old infant stopped feeding and had a high intermittent fever. He was referred to the hospital where he had an infection screen. Urine examination showed 100 white blood cells and 10 E. coli/ml. He was treated with intravenous antibiotics. An ultrasound showed an enlarged right kidney with a dilated pelvis.

93. What is the diagnosis?
   A. Urinary tract infection.
   B. Glomerulonephritis.
   C. Renal tumour.
   D. Posterior urethral valve.

94. Investigations to be done include all EXCEPT:
   A. DMSA scan.
   B. Micturating cystourethrogram.
   C. Follow up urine culture.
   D. Serum complement 3 level.

A 12-week-old infant presented with poor feeding and vomiting and a history of bruising on his forehead and shoulders. His urine had become dark and stools pale. He was pale jaundiced, had several bruises and hepatomegaly. Investigations showed bilirubin of 11 mg/dl. 80% conjugated. The radionuclide scan showed no excretion at 24 hours and a liver biopsy was done.

95) What is the most likely diagnosis?
   A. Billiary atresia.
   B. Neonatal hepatitis.
   C. Choledochal cyst.
   D. Hypothyroidism.
96) The cause of bruising in this patient is:
   A. Hypoprothrombinemia.
   B. Thrombocytopenia.
   C. Hyperbilirubinemia.
   D. Vitamin E malabsorption.

A 4-year old girl was generally unwell, feeling lethargic, looking pale and occasionally febrile over a period of 9 weeks. Two courses of antibiotics for recurrent sore throat failed to result in any benefit. Examination showed pallor, petechiae, modest lymphadenopathy, and mild hepatosplenomegaly. Initial laboratory results showed: Hb 8.3g/dL and platelets 44*10^9/L.

97) What is the most likely diagnosis?
   A. Immune thrombocytopenia.
   B. Acute leukemia.
   C. Acute leukemia.
   D. Henoch Schonlein purpura.

98) How to confirm this diagnosis?
   A. Skin biopsy.
   B. Bone marrow examination.
   C. Atypical lymphocytes in blood film.
   D. Anti-platelets antibodies.

An otherwise normal 1.5-year old boy went to his bed as usual, but after midnight, his mother noticed that he was flushed and convulsing. During convulsions, his eyes rolled up and his arms and legs started jerking. The fit lasted one minute. His examination revealed a high fever of 39.2°C and severe otitis media.

99) What is the most likely diagnosis?
   A. Epilepsy.
   B. CNS infection.
   C. Cerebral hypoxia.
   D. Febrile convulsions.

100) Which of the following investigations is indicated?
   A. CT scan of the head.
   B. Echocardiography.
   C. Electroencephalogram.
   D. None of the above.
Final Examination M.B. B. Ch. 
PEDIATRICS

Answer the following short essay questions: (120 Marks, 15 Marks for each question)

1. Explain how to differentiate between physiological and pathological neonatal jaundice.

2. Enumerate causes and complications of pneumonia.

3. Mention maternal causes that make breast feeding difficult and how to manage each.

4. Discuss tive obligatory vaccines to be taken during the first year of life.

5. List indications of renal biopsy in a case of nephrotic syndrome.

6. Enumerate types of shock and mention 2 causes for each type.

7. Describe the clinical picture and diagnostic criteria of type 1 diabetes mellitus.

8. State the different crises in sickle cell anemia.
Final Examination M.B. B. Ch.

PEDIATRICS

Answer the following short essay questions: (150 Marks)

1. a. Discuss phototherapy option for management of neonatal hyperbilirubinemia. (10 Marks)
   b. Enumerate 10 clinical features of neonatal sepsis. (10 Marks)

2. a. Explain how to differentiate clinically between measles and roseola infantum. (10 Marks)
   b. Mention the advantages of breast feeding for the infant. (10 Marks)

3. a. Describe the mechanisms of airway obstruction during an asthmatic attack. (10 Marks)
   b. Discuss the clinical significance of growth curves. (10 Marks)

4. Mention different lines of management for treating juvenile idiopathic arthritis (JIA). (10 Marks)

5. Describe the clinical consequences of portal hypertension. (10 Marks)

6. Define and list causes of acute congestive heart failure. (10 Marks)

7. State the different clinical types of cerebral palsy. (10 Marks)

8. Mention the clinical presentations of urinary tract infection in infancy and childhood. (10 marks)

9. Discuss the differential diagnosis for children with anemia and splenomegaly. (10 Marks)
10. Explain how the degree of dehydration can be estimated in a child.

(10 Marks)

11. List clinical features in an infant that suggest congenital hypothyroidism.

(10 Marks)

12. Describe the genetic types of Down syndrome.

(10 Marks)
Final Examination M.B. B. Ch.
PEDIATRICS

Multiple choice questions (60 marks, one for each). Choose ONLY ONE answer:

1- Which of the following is correct about Moro reflex?
   A. It starts with shoulder adduction of the arms.
   B. A cry may follow the response.
   C. It is associated with fisted hands.
   D. Trunk flexion occurs initially.

2- The following are commonly seen in vitamin D deficiency rickets EXCEPT.
   A. Normal serum calcium
   B. Normal urine appearance
   C. Anorexia and irritability
   D. Normal alkaline phosphatase

3- A skin rash is NOT an essential part of diagnosis in
   A. Infectious mononucleosis
   B. Varicella zoster infection
   C. Rubella
   D. Measles

4- Rheumatic carditis is characterized by
   A. Shorter P-R interval on ECG
   B. Apical high-pitched, early diastolic murmur
   C. Decrescendo systolic murmur along the left sternal border (aortic murmur)
   D. Tachycardia disproportionate to the degree of fever

5- Neonatal hypoglycemia is defined as blood glucose level ....... in the 1st 72 hours of life.
   A. < 50 mg/dl
   B. < 45 mg/dl
C. < 40 mg/dl.
D. < 35 mg/dl.

6- Complications of gastro-oesophageal reflux in infants include the following EXCEPT:
   A. Iron deficiency anemia.
   B. Aspiration pneumonia.
   C. Metabolic acidosis.
   D. Oesophageal stricture.

7- Causes of early neonatal hypocalcemia (1S' 3 days of life) include the following EXCEPT:
   A. Hypoparathyroidism.
   B. Prematurity.
   C. Infant of diabetic mothers.
   D. Birth asphyxia.

8- All of the following may be normal in cerebral palsy EXCEPT:
   A. Cognitive abilities.
   B. Sensory functions.
   C. Motor functions.
   D. Auditory functions.

9- The most critical event during transition from intra-uterine to extra-uterine life is:
   A. Clear liquor.
   B. Cord clamping.
   C. Placenta] separation.
   D. Lung expansion.

10- Glucose in oral rehydration solution (ORS) is added to:
    A. Improve the taste.
    B. Meet the childís energy requirements.
    C. Prevent malnutrition.
    D. Facilitate sodium absorption.

11- Choose the correct answer about infant weight:
    A. Weight is doubled at 4 months and tripled at 12 months.
    B. Weight is doubled at 3 months and tripled at 12 months.
    C. Weight is doubled at 6 months and tripled at 15 months.
    D. Weight is doubled at 4 months and tripled at 15 months.
12- The colostrum is characterized by:
   A. Lower pH than mature breast milk.
   B. Protein content of about 3.5 gm/100ml.
   C. Fat content of about 8 gm/100ml.
   D. Specific gravity ranging from 1040-1060.

13- For developmental assessment, the limit age for transferring objects between hands is:
   A. 6 months.
   B. 7 months.
   C. 8 months.
   D. 9 months.

14- All of the following are later medical problems in Down syndrome EXCEPT:
   A. Hearing impairment due to secretory otitis media.
   B. Hyperthyroidism.
   C. Visual impairment due to cataract.
   D. Increased incidence of leukemia.

15- Concerning weaning:
   A. Peanuts and nuts should be avoided.
   B. Egg white and not egg yolk should be used in the 1st year of life.
   C. Salty and spicy food is allowed.
   D. B12 deficiency anemia commonly occurs with introduction of cow's milk in the 1st year of life.

16- Hypervitaminosis D is characterized by
   A. Nausea and vomiting.
   B. Oliguria.
   C. Hypocalcemia.
   D. Secondary hyperparathyroidism.

17- Prolonged febrile illness occurs most likely in I
   A. Pneumonia.
   B. Brain abscess.
   C. Stomatitis.
   D. Tonsillitis.

18- An innocent murmur is characterized by
   A. Harsh murmur.
B. Mostly systolic T.
C. It is a loud one.
D. Appearance of clinical symptoms only with exertion.

19- BCG vaccine is formed of:
A. Live attenuated bovine strain.
B. Live attenuated human strain.
C. Inactivated human strain.
D. Inactivated bovine strain.

20- Drug therapy in diarrhea:
A. Is highly effective.
B. Shortens the duration of bacterial excretion in stools.
C. Helps rehydration.
D. Adds an unnecessary cost.

21- Scarlet fever:
A. It is caused by group B hemolytic streptococcus.
B. It is most common between 6 months -2 years.
C. Its incubation period is 2 - 4 days.
D. The rash appears on the 4th day of fever.

22- All of the following are manifestations of hypokalemia EXCEPT
A. Hyper-retlexia.
B. Abdominal distension.
C. General weakness.
D. Cardiac arrhythmia.

23- Which of the following is correct about lung abscess?
A. Bronchoscopy is used to aspirate pus.
B. Antibiotic therapy for 6 weeks is usually indicated.
C. Metastatic lung abscess is common in children.
D. Its clinical picture starts acutely.

24- Hypotonic dehydration is characterized by:
A. Fluid movement from intracellular to extracellular compartment.
B. Skin turgor is mildly affected.
C. The tongue is moist.
D. Serum sodium is normal.

25- Non nutritional wasting may occur with all of the following EXCEPT:
A. Congenital heart disease.
B. Chronic renal failure.
C. Steroid resistant nephrotic syndrome N.
D. Recurrent urinary tract infections.

26- Which of the following may be seen in rickets?
A. Cranjotabes.
B. Fixed kyphosis.
C. Winging of scapula.
D. Expansion of medullary spaces of long bones.

27- About Rota virus vaccine:
A. It is a trivalent vaccine.
B. It is given subcutaneous.
C. The 1st dose is given at the age of 4 months.
D. Vaccination should be completed before 8 months of age.

28- Postóenteritis (persistent) diarrhea may be caused by all of the following EXCEPT:
A. Sugar intolerance.
B. Cow’s milk allergy.
C. Bacterial colonization.
D. Pancreatic dysfunction.

29- Concerning viral hepatitis as a primary illness:
A. There are four famous hepatotropic viruses.
B. Hepatitis A virus is a DNA virus.
C. Hepatitis D virus is transmitted by feco-oral route.
D. The incubation period of hepatitis B virus is 50-150 days.

30- Ankylostoma anemia is due to:
A. Iron deficiency.
B. Red cell hypoplasia in the bone marrow.
C. Shortening of the red cell life span.
D. Associated infections.

31- Ring chromosome is a special type of chromosomal:
A. Deletion.
B. Duplication.
C. Translocation.
D. Inversion.
32- Hemophilia A is characterized by:
   A. It is an X-linked dominant disorder.
   B. Circumcision may endanger life.
   C. Decreased activity of factor X.
   D. Abnormal bleeding time.

33- Small VSD (up to 3 mm) is characterized by:
   A. Barely audible pan systolic murmur.
   B. Loud pulmonary second sound.
   C. May be asymptomatic.
   D. Wide QRS complex in ECG.

34- The suprahepatic portal hypertension may be due to:
   A. Umbilical catheterization.
   B. Viral B hepatitis.
   C. Bilharziasis.
   D. BuddóChiari syndrome.

35- Which of the following is correct about kernicterus?
   A. Bilimbin is deposited mainly in cerebral hemispheres.
   B. Can be prevented by proper management.
   C. It is caused by early neonatal cyanosis.
   D. Extra-hepatic biliary atresia is a common cause.

36- Ostium secondum defect is characterized by:
   A. Left ventricular hypertrophy.
   B. Heart failure is a common complication in early childhood.
   C. Symptoms usually appear since birth.
   D. Wide fixed splitting of the 2”d sound.

37- One the following is correct about absence seizures:
   A. It has a poor prognosis.
   B. The attacks can be triggered by holding breath for a minute or two.
   C. The attacks are characterized by impaired consciousness for 5 ó 20
      seconds.
   D. Genetic predisposition has no role in the disease.

38- In nocturnal enuresis:
   A. Prognosis is worse than that of diurnal enuresis.
   B. Girls are more affected than boys.
   C. It is due to developmental delay in acquiring sphincter control.
   D. Most children are psychologically affected.
39- In dietetic management of type 1 diabetes mellitus:
   A. Fat content should be < 30% of total calories.
   B. Fiber content should be decreased.
   C. Snacks are given between meals to avoid hyperglycemia.
   D. Refined sugar is recommended.

40- Which of the following is true about bronchiolitis?
   A. It is one of the atopic disorders.
   B. Most of the cases are caused by adenovirus.
   C. Oxygen therapy is the main line of management.
   D. Recurrence is very common.

41- All of the following are true about congenital spherocytosis EXCEPT:
   A. It is transmitted as an autosomal dominant trait.
   B. Hb electrophoresis is the best tool for diagnosis.
   C. It can manifest in neonatal period.
   D. Examination often reveals splenomegaly.

42- Which of the following is typical of minimal lesion nephrotic syndrome?
   A. Hematuria.
   B. Elevated blood urea nitrogen.
   C. Proteinuria.
   D. Hypocholesterolemia.

43- CSF examination in bacterial meningitis classically shows:
   A. Clear appearance
   B. Lymphocytis
   C. Normal glucose level
   D. Increased protein level

44- Which of the following is correct about very low birth weight infants?
   A. Naso-gastric tube feeding is suitable for all infants.
   B. Hypoglycemia is a rare complication.
   C. The lower the O2 concentration given, the higher the incidence of retinopathy.
   D. Humidity is important to control temperature.

45- Werdnig Hoffmann disease is characterized by:
   A. An X-linked recessive disorder.
   B. Tongue fasciculations.
C. Psudo-hypertrophy of muscles.
D. Subnormal mentality.

46- About Fallotís tetralogy:
A. The most common congenital heart disease.
B. Valvular pulmonary stenosis is classic.
C. Iron therapy is contraindicated.
D. Squatting increases pulmonary blood flow.

47. Regarding natural immunity:
A. Transplacental immunity is a form of natural active immunity.
B. Transplacental immunity protect newborns against measles.
C. Transplacental immunity disappears completely by the 2"d month of life.
D. Infection with Influenza virus gives long life immunity

48- Recognized features of acute nephritis include the following EXCEPT:
A. Hypertension.
B. Normal urine volume.
C. Mild proteinuria.
D. Microscopic hematuria.

49- The commonest cause of pneumonia in infancy is:
A. Tuberculous.
B. Aspiration.
C. Viral.
D. Pneuniococcal.

50- The following are causes of ascites EXCEPT:
A. Malnutrition.
B. Congestive heart failure T.
C. Portal hypertension.
D. Nephrotic syndrome.

51- The causative agent of infectious mononucleosis is
A. Epstein Barr virus.
B. Human herpes virus 6.
C. Parvovirus B19.
D. Rubeola virus.

52- In girls the first sign of puberty is:
A. Development of the external genitalia.
B. Development ofthe breast.
C. Onset of menstruation.
D. Appearance of axillary hair.

53- **Common causes of stridor during infancy include the following EXCEPT:**
   A. Laryngeal foreign body.
   B. Acute spasmodic laryngitis.
   C. Large adenoids.
   D. Hypocalcemic tetany.

54- **A 4 kg infant with severe dehydration (10% loss of his body weight) needs the following:**
   amount of intravenous fluid in the first 24 hour.
   A. 1200 ml.
   B. 800 ml.
   C. 600 ml.
   D. 400 ml.

55- **A child can copy a circle at:**
   A. 5 years.
   B. 4 years.
   C. 3 years.
   D. 2 years.

56- **In the management of an unconscious child due to poisoning, the first thing to do:**
   A. Take a detailed history.
   B. Chemical analysis of stools.
   C. Gastric wash.
   D. Establish airway.

57- **The following are features of cephalhematoma EXCEPT:**
   A. Usually crosses suture lines.
   B. Usually appears a few days after birth.
   C. Associated neonatal jaundice is possible.
   D. It usually takes few weeks to disappear.

58- **Guillain Barre syndrome may be related to:**
   A. Direct bacterial neuritis.
   B. Autosomal recessive disorder.
   C. Post viral sequel.
   D. Spinal cord trauma.
59- Iron deficiency anemia is characterized by all of the following EXCEPT:
A. Increase total iron binding capacity.
B. Increased serum ferritin.
C. Microcytic hypochromic anemia
D. Anisocytosis (increased red cell distribution width; RDW).

60- Suppurative lung diseases include:
A. Asthma.
B. Bronchiolitis.
C. Emphysema.
D. Empyema.

Answer the following problem solving questions. Choose ONLY ONE answer:

(40 Marks; 2 for each case)

A 12-year-old boy is evaluated for short stature. He has no significant past medical history and is considered otherwise healthy by his patents. He eats a normal diet and has regular meals. His height and weight have been consistently at the 5th percentile since early childhood. His physical examination is normal.

61) The most likely diagnosis is
A. Familial short stature.
B. Constitutional delay of growth.
C. Under-nutrition.
D. Hypothyroidism.

62) Expected findings in this child include
A. Delayed puberty.
B. Short parents.
C. Normal final adult height.
D. Delayed bone age.

A 1-month-old boy is brought to the emergency department by his mother, who states that he has projectile vomiting for the past several days. She states that he vomits every time she feeds him and the vomitus is non-bilious. On examination, the infant is mildly dehydrated and there is a palpable firm movable mass in the right upper quadrant.

63) The most likely diagnosis is
A. Duodenal atresia.
B. intussusception.
C. Hirschsprung disease.
D. Pyloric stenosis.

64) Expected findings do NOT include
A. Metabolic alkalosis.
B. Constipation.
C. Double bubble sign.
D. Visible peristaltic waves.
A 6-day-old girl who was born at home is being evaluated for bruising and gastrointestinal bleeding. Laboratory findings include prolonged partial thromboplastin time and prothrombin time; normal alanine aminotransferase; serum bilirubin of 4.7 mg/dL; platelet count of 330,000/mm³; and hemoglobin of 16.3 g/dL.

65) The most likely cause of her bleeding
A. Factor VIII deficiency.  
B. Vitamin K deficiency.  
C. Immune thrombocytopenic purpura.  
D. Liver disease.

66) Bleeding in this girl may be exacerbated by
A. Early feeding.  
B. Formula milk.  
C. Antibiotic use.  
D. Constipation.

A 7-year-old boy is brought to the clinic for a lifetime history of bedwetting. He has otherwise been completely healthy and has met all development milestones. The patient has been wetting every night but not during the daytime. He has no incontinence.

67) The most appropriate next step
A. Renal Ultrasound.  
B. Urinalysis.  
C. 24-hour urine collection.  
D. CT of pelvis.

68) The following may be of therapeutic benefit
A. Corticosteroids.  
B. Multivitamins.  
C. Parasympathomimetics.  
D. Desmopressin.

A 6-year-old boy is brought to the pediatrician because of a 3-day history of skin lesions. On physical examination, he has multiple yellow, crusted erosions below the nares and on the cheeks, chin, and upper extremities. Vital signs are within normal limits. The rest of the examination is normal.

69) The most appropriate treatment is
A. Oral cephalexin.  
B. Topical hydrocortisone.  
C. Oral acyclovir.  
D. Topical ketoconazole.

70) Complications do NOT include
A. Acute glomerulonephritis.  
B. Rhusitic fever.  
C. Lymphadenitis.  
D. Cellulitis.

71) The most likely diagnosis is
A. Pulmonary stenosis.  
B. Transposition of the great arteries.  
C. Atrial septal defect.  
D. Tetralogy of Fallot.

72) The LEAST likely useful drug is
A. Propranolol.  
B. Morphine.  
C. Phenylephrine.  
D. Furosemide.
An 8-year-old male presents to the emergency department with decreased mental status. He has been drinking and urinating more frequently over the past several weeks. He was hard to wake up this morning and complained of abdominal pain. Physical examination reveals dry mucous membranes and cracked lips. His abdomen is mildly tender to palpation diffusely, but there is no rebound or guarding.

A 2-month-old infant was noted at birth to have an upper left sternal border ejection murmur. The infant at that time was not cyanotic, but slowly developed cyanosis over the next two months. An ECG showed right axis deviation and right ventricular hypertrophy. A chest x-ray film showed a small heart with a concave main pulmonary artery segment and diminished pulmonary blood flow.

73) Expected findings do NOT include

A. A blood glucose level of 560 mg/dL.           A. IV normal saline.
B. A blood pH value of 7.18.                            B. IV sodium bicarbonate.
C. Clear chest x-ray.                                         C. IV mannitol.
D. Low serum osmolality.                                D. IV potassium.

Over the past 3 to 4 days, a 7-year-old boy has become progressively ill with mild, mid-abdominal pain that have become steadily worse. On physical examination he has an elevated rash on his thighs, feet and buttocks. The rash does not blanch and he has semi-soft dark stool, which is guaiac-positive.

75) The most likely diagnosis is

A. Acute appendicitis.                             A. Marked leukocytosis.
B. Henoch-Schonlein Purpura.                B. Blast cells in peripheral blood.
C. Acute leukemia.                                   C. Normal platelet count.
D. Shigella dysentery.                              D. Positive stool culture.

A 4-year-old boy presents with severe pains in both of his legs. On physical examination, he is noted to have marked pallor on his lips and palpebral conjunctiva. Numerous purpura and petechiae are noted on his skin. His spleen is palpable 3 cm below his left costal margin. Laboratory evaluation reveals a white blood cell count of 1600/mm3; hemoglobin of 6.1 g/dL; and platelets of 36,000/mm3.

74) The most immediate initial therapy is

A. A blood glucose level of 560 mg/dL.           A. IV normal saline.
B. A blood pH value of 7.18.                            B. IV sodium bicarbonate.
C. Clear chest x-ray.                                         C. IV mannitol.
D. Low serum osmolality.                                D. IV potassium.
77) The most likely diagnosis is
   A. Acute leukemia.
   B. Aplastic anemia.
   C. German measles.
   D. Immune thrombocytopenic purpura.

78) The following is NOT an expected finding
   A. Hematuria.
   B. Repeated infections.
   C. Lymphadenopathy.
   D. Reticulocytosis.

A young couple brings their first child to their physician for a well-child examination. The child is a 3 month-old healthy-appearing infant, whose weight is at the 45th percentile of the normal growth curve.

During examination, the physician observes an area of blue-black pigmentation over the buttocks. The parents say that it was present from the time of birth.

79) The most appropriate next step
   A. Tell parents that this is a normal finding
   B. Tell parents that this is caused by trauma
   C. Order CT/MRI scans to rule out anomalies
   D. Make a report of suspected child abuse

80) The following is true EXCEPT
   A. The sacral area is the classic site of the lesion
   B. Diagnosis is mainly based on clinical features
   C. It usually disappear after a few years
   D. The lesion is usually itchy

A previously healthy 7-year-old girl comes to the office with complaints of episodic abdominal pain over the past several months. The pain is periumbilical that does not wake her from sleep or interfere with play. She has no fever, joint complaints, or constipation or diarrhea. Growth and development have been normal. The physical examination is within normal limits.

81) The most likely diagnosis is
   A. Acute appendicitis.
   B. Acute cholecystitis.
   C. Parasitic infestation.
   D. Functional abdominal pain.

82) The most appropriate next step is
   A. CT scan of abdomen.
   B. Anti-parasitic medication.
   C. Reassurance and follow up.
   D. Surgical consultation.

A 4-year-old male is brought to the emergency room being carried by his mother. He started to convulse 30 minutes ago. On examination, the patient is still convulsing in a generalized tonic-clonic fashion. Vital signs are taken: HR 160/m, RR 28/m, BP 88/50 mmHg, T 38.5°C, Oxygen saturation 90% in room air.
83) What is this presentation called?  
A. Simple febrile seizure  
B. Grand mal seizure  
C. Status epilepticus  
D. Breath holding spells

84) What is the FIRST step of treatment?  
A. Give anti-seizure medication  
B. Check airway and give 100% oxygen  
C. Start IV access.  
D. Check blood glucose.

A couple comes to see a pediatrician with their second son who has Down syndrome. Their first son is unaffected. They tell that there is a strong family history of Down syndrome, with one of their son’s cousins also being affected and his uncle is also being affected.

85) What is the most likely cause of the Down syndrome in this family?  
A. Non-disjunction  
B. Balanced translocation  
C. Robertsonian translocation  
D. Mosaic

86) The following tests would be advised if this mother got pregnant EXCEPT  
A. Maternal ABO and Rh typing  
B. Maternal alpha-fetoprotein  
C. Estriol level in mother’s urine  
D. Maternal human gonadotropin

87) The most likely diagnosis is  
A. Viral myocarditis  
B. Pleural effusion  
C. Foreign body aspiration  
D. Diaphragmatic hernia

88) The next step in management is  
A. Obtain an x-ray of the chest  
B. Perform an echocardiogram  
C. Arrange for bronchoscopy  
D. Ask for a surgical consultation

A 6-year-old patient with severe pneumonia is being treated with intravenous cefuroxime and is doing well until day 3 of hospitalization, when he develops a temperature of 39.2°C and complains of unilateral pleuritic chest pain and associated shortness of breath.

A 1-month-old term infant has persistent jaundice. His stools were green 2 weeks ago and now are pale in color. Physical examination findings are unremarkable, except for a liver that is palpable 2 cm below the costal margin. The infant’s total bilirubin is 6.1 mg/dL and direct bilirubin is 4.2 mg/dL.
89) The most likely diagnosis is  
A. Biliary atresia  
B. Hypothyroidism  
C. Congenital spherocytosis  
D. Wilson disease  

90) The initial step of management is  
A. Refer to ophthalmologic consultation  
B. Give parenteral vitamin K  
C. Order a complete blood count  
D. Start thyroxine therapy

A 3-year-old boy’s parents complain that their child has difficulty walking. The child first stood and first walked at essentially normal ages. Over the past several months, the family has noticed an increased lordosis of the lower spine as he walks and that his gait has become more "waddling" in nature.

91) The most likely diagnosis is  
A. Vitamin D deficiency rickets.  
B. Muscular dystrophy.  
C. Cerebral palsy.  
D. Guillain-Barre syndrome.  

92) The following is NOT an expected finding  
A. Selective muscle atrophy.  
B. Learning difficulties.  
C. Enlargement of the calves.  
D. Recurrent seizures.

During a well-baby visit, a young mother brings her male infant for check-up. On examination the infant is active, doing well and has an adequate weight gain and an appropriate developmental milestones. The mother asks when she should start giving her infant solid foods.

During a well-baby visit, a young mother brings her male infant for check-up. On examination the infant is active, doing well and has an adequate weight gain and an appropriate developmental milestones. The mother asks when she should start giving her infant solid foods.

93) The ideal time to start solid foods is at  
A. 3 months.  
B. 6 months.  
C. 9 months.  
D. 12 months.

94) She should be instructed to start by giving  
A. Chicken breast.  
B. Egg yolk.  
C. Rice cereal.  
D. Yoghurt.

A 4-hour-old newborn, who weighs 1,890 g, was born at 39 weeks’ gestation. The infant was admitted to the special care nursery and some laboratory tests were ordered. The complete blood count reveals a hemoglo-
bin of 23 g/dL, hematocrit of 68%, platelet count of 150,000/mm³, and white blood cell count of 7000/mm³ with a nonnal differential count.

95) The best description for this infant is being

A. Preterm.  
B. Very low birth weight.  
C. Small for gestational age.  
D. Appropriate for gestational age.

96) The LEAST likely possible complication is

A. Hyperbilirubinemia.  
B. Respiratory distress syndrome.  
C. Hypoglycemia.  
D. Hypothermia.

A 5-month-old infant is brought to emergency as he has fever and a high pitched cry. He has been irritable and has taken less than half of his normal feeds and has not wet his nappy for many hours. He is floppy and lethargic but responsive to pain. Kernig's and Brudzinski's signs are both negative. His anterior fontanelle is tense. His temperature is 38.1°C, pulse 170/m, BP 80/60 mmHg, and RR 30/m.

97) What is the LEAST likely causative agent?

A. Neisseria meningitides.  
B. Haemophilus influenzae.  
C. Streptococcus pneumoniae.  
D. Listeria monocytogenes.

98) Complications of this illness include

A. Deafness.  
B. Otitis media.  
C. Lung abscess.  
D. Obstructive shock.

An infant comes to the well baby health care visit. He sits with only minimal support, attempts to attain a toy beyond reach, laughs and rolls over, but does not have a pincer grasp.

99) What is the likely age of this infant?

A. 4 months  
B. 6 months  
C. 8 months  
D. 10 months

100) This infant can NOT

A. Raise head from prone position  
B. Smile responsively  
C. Recognize mother  
D. Creep or crawl
Cairo University
Faculty of Medicine

June/July 2013 Exam
Time allowed: 3 hours
Total marks: 150 marks

Date: 29-6-2013

Final Examination M.B.B.Ch.
Pediatrics

Answer all the following questions

1- A. Give a full account on neonatal reflexes and their significance (10 marks)
1- B. Discuss the diagnosis of a case of neonatal hyperbilirubinemia (10 marks)
2- A. Enumerate the causes of stridor and discuss management of stridor (10 marks)
2- B. Give a full account on Oxygen therapy (10 marks)
3- A. Discuss the clinical picture and the diagnosis of Hepatitis A (10 marks)
3- B. Enumerate the causes and discuss the types of dehydration (10 marks)
4- Discuss the recommended vaccination schedule in the first year of life with contraindications and possible complications. (10 marks)
5- Give a full account on febrile seizures (10 marks)
6- Discuss Jones criteria for the diagnosis of rheumatic fever (10 marks)
7- Give a full account on Haemophilia A (10 marks)
8- Enumerate causes and metabolic abnormalities of acute renal failure (10 marks)
9- Enumerate causes of polyarthritis in children (10 marks)
10- Discuss the anti-infective properties of breast milk (10 marks)
11- Discuss drugs used in the treatment of bronchial asthma (10 marks)
12- Discuss X-like recessive inheritance (10 marks)
Final Examination M.B.B.Ch.
Pediatrics

Answer all the following 10 questions
15 Marks for Each Question

1. Discuss the etiology, patterns and differential diagnosis of neonatal seizures.
2. Discuss the etiology and management of cholestasis.
3. Discuss, in full details, oxygen therapy for the critically ill child.
5. Mention the cause, clinical manifestations, complications, diagnosis and treatment of scarlet fever.
6. Mention the classification of genetic disorders and the clinical situations suspecting chromosomal abnormalities.
7. Discuss the diagnosis, investigations and management of infective endocarditis.
9. Discuss the etiology, clinical picture, laboratory investigations and treatment of the different types of hemophilia.
10. Define short stature. Mention the main causes, clinical evaluation and investigations of short stature.
1-How to ensure successful breastfeeding for the healthy newborn?
2-Define neonatal polycythemia, mention its causes, clinical picture and its management.
3-Discuss the management of the comatose child.
4-Discuss the cause, clinical picture and management of Guillain-Barre syndrome.
5-Mention the cause, clinical manifestations, complications, diagnosis and treatment of Mumps.
6-Enumerate the modified Duke criteria used in the diagnosis of infective endocarditis.
7-Enumerate the causes of vomiting in the different age groups.
8-Mention the cause of cystic fibrosis, its clinical picture in the different pediatric age groups and the lab findings.
9-Discuss the causes, clinical presentations, complications, and management of chronic hepatitis.
10. Define autosomal dominant inheritance. Describe its characteristic features and give 5 examples to diseases inherited by that way.
Cairo University
Faculty of Medicine

July 2015
Time allowed: 2 hours (15 Pages)
Total marks: 100 marks

Date: 6-7-2015

Final Examination M.B.B.Ch.
Pediatrics

Part 1: Multiple choice questions
60 Questions-One mark for each question-Choose only one answer

1- Hemorrhagic disease of the newborn is characterized by all of the following except
a- Usually presents around the age of 3 weeks
b- It is the most common cause of bleeding in newborns
c- The GIT is among the commonest sites of bleeding
d- Better prevented by prophylactic Vitamin K administration at delivery room

2- Regarding Hemolytic disease of the newborn caused by A and B incompatibility
which of the following is not true
a- It is less common but more severe than Rh incompatibility
b- Seen only in infants with blood groups A or B born to group O mothers
c- It may be seen in the first born infants because the maternal antibodies are natural
d- It is rare to be complicated by kernicterus

3- The risk factors for neonatal birth injuries include all of the following except
a- Oligohydramnios
b- Macrosomia
c- Multigravida
d- Short maternal stature

4- To ensure successful breastfeeding for the healthy newborn you need to encourage
all of the following except
a- Rooming in
b- Scheduled feeding
c- Avoid the use of pacifiers
d- Ensure perfect positioning of baby on the breast
5- Neonatal hypothermia is defined as body temperature that is below
a- 36.5 °C
b- 36 °C
c- 35.5 °C
d- 35 °C

6- Which of the following is wrong about neonatal apnea
a- Almost all newborns below 35 weeks of gestation develop apnea
b- It is defined as cessation of respiration for more than 20 seconds
c- It may be accompanied by bradycardia
d- An apneic spell in the full-term infant is always abnormal

7- Which of the following is wrong about neonatal hypoglycemia
a- It may be a cause of neonatal apnea
b- It is defined as blood glucose level of ≤ 40mg/dl in the first 72 hours of life
c- More common in newborns with intrauterine growth retardation (IUGR)
d- When symptomatic, it is treated by 10% dextrose IV in a dose of 2 ml/kg

8- Surfactant production is accelerated in all of the following situations except
a- Premature rupture of membranes greater than 48 hours
b- Infants with erythroblastosis fetalis
c- Infants of mothers receiving steroids 48 hours prior to delivery
d- Infants suffering from placental insufficiency

9- The onset of cyanosis in a patient with Tetralogy of Fallot is usually delayed till
a- 3 weeks of age
b- 6 weeks of age
c- 3 months of age
d- 6 months of age

10- According to the revised Jones criteria for the diagnosis of rheumatic fever, all of the following are minor manifestations except:
   a- Fever
   b- Arthralgia
   c- Previous rheumatic fever
   d- High ASO (Antistreptolysin O) titer

11- All of the following are seen in patients with coarctation of the aorta except:
   a- Radio-femoral delay
   b- Pansystolic murmur at upper left sternal border
   c- Systemic hypertension in right arm
   d- ECG finding of left ventricular hypertrophy
12- According to the modified Duke criteria for the diagnosis of infective endocarditis, all of the following are minor manifestations except:

a- Positive echocardiographic findings with new valvular regurgitation
b- Predisposition e.g. congenital heart disease or history of IV drug use
c- Immunologic phenomena e.g. Glomerulonephritis, Osler nodes
d- Fever with a temperature of more than 38 °C

13- Which of the following is not true about Klinefelter syndrome?

a- It is a chromosomal disorder of males
b- It causes infertility in males
c- Affected males are usually taller than the average
d- It is transmitted by autosomal recessive inheritance

14- All of the following diseases are transmitted by X-linked recessive inheritance except:

a- Glucose-6-phosphate dehydrogenase deficiency
b- Galactosemia
c- Hemophilia B
d- Duchenne muscular dystrophy

15- In genetic counseling, which of the following statements is not correct:

a- The recurrence risk of nondisjunction types of Down syndrome increases with higher maternal age
b- The recurrence risk is generally very low (1%) in chromosomal abnormalities
c- The recurrence risk is quite high (25-50) in single gene inheritance
d- The recurrence risk in multifactorial (Polygenic) inheritance is between 15-25%

16- All of the following statements are true about chickenpox (Varicella) except:

a- The incubation period is 5-10 days
b- Dry scales are non-infective
c- The rash appears in successive crops over 3-4 days
d- The rash has a centrifugal distribution

17- All of the following statements are true about Herpes simplex meningoencephalitis except:

a- It may occur even in the absence of skin lesions
b- The illness is severe with high mortality
c- EEG shows occipital lobe abnormalities
d- Acyclovir is the drug of choice
18- In tetanus, which of the following is not correct
   a. It is caused by anaerobic gram-positive spore-bearing organism
   b. Its incubation period is 3-14 days
   c. The management includes anticonvulsants and tetanus immune globulin
   d. The aminoglycosides are the antibiotics of choice

19- The Meningococcal vaccine is
   a. A capsular polysaccharide vaccine
   b. A live attenuated vaccine
   c. A killed vaccine
   d. A recombinant DNA vaccine

20- All the following anti-tuberculous drugs are given orally except
   a. Isoniazid (INH)
   b. Rifampicin
   c. Pyrazinamide
   d. Streptomycin

21- Regarding cystic fibrosis, which of the following statements is wrong
   a. A gene located on chromosome 7 is defective
   b. Most patients have pancreatic endocrine insufficiency
   c. There is excessive concentrations of sodium and chloride in sweat
   d. The respiratory secretions are higher in viscosity

22- The most important drug that may be life-saving in a child with anaphylaxis is
   a. IM epinephrine (adrenaline)
   b. IV Corticosteroid
   c. IM antihistamine
   d. Oral corticosteroid

23- Regarding childhood bronchial asthma, which of the following statements is wrong
   a. It is a chronic inflammatory disease of the airways
   b. All asthmatic children should be advised to avoid certain foods e.g. eggs, chocolate
   c. Viral respiratory infections are among the important asthma triggers
   d. Most patients needs controller medications as well as bronchodilators

24- Regarding the Tuberculin test, which of the following statements is not correct
   a. The dose of purified protein derivative (PPD) injected is 0.1 ml
   b. The PPD is injected intradermally
   c. The reaction should be read within 36 hours
   d. It is the induration and not the erythema that counts in the interpretation
25- Which of the following is **not correct** about Type 1 diabetes mellitus?
   a. It is the most common type of diabetes in children
   b. The onset is usually acute and rapid
   c. It is strongly associated with obesity
   d. Insulin dependence is life-long (permanent)

26- The main clinical presentations of acquired hypothyroidism include all of the following except
   a. Short stature
   b. Goiter
   c. School underachievement
   d. Precocious puberty

27- The diet of the diabetic child should fulfill the following requirements except
   a. Rich in fibers
   b. Fat need to provide 25% of total calories
   c. Animal fat is preferable than plant fat
   d. Carbohydrates need to provide 55-60% of total calories

28- The mentally retarded child is described to be **trainable** if his IQ is
   a. Below 20
   b. Between 20 and 35
   c. Between 35 to 50
   d. Between 50 and 75

29- Werdnig-Hoffmann disease is a disease of:
   a. Anterior horn cells
   b. Nerve fibers
   c. Neuromuscular junction
   d. Muscles

30- About hydrocephalus, which of the following statements is **not correct**
   a. It is defined as dilatation of the ventricular system of the brain
   b. Dandy-Walker malformation causes obstructive hydrocephalus
   c. Subarachnoid hemorrhage causes obstructive hydrocephalus
   d. Choroid plexus papilloma causes communicating hydrocephalus

31- Positive Kernig's sign in a child with meningitis means
   a. If the neck is flexed, the hips and knees will be flexed too
   b. If the neck is flexed, the hips and knees will be extended
   c. Inability to straighten the leg when the hip is flexed to 90 degrees
   d. Inability to straighten the leg when the hip is flexed to 45 degrees
### Question 32
The term status epilepticus is used when the clonic phase of a tonic-clonic seizure exceeds
- a. 10 minutes
- b. 15 minutes
- c. 20 minutes
- d. 30 minutes

### Question 33
As regards viral hepatitis, which of the following is **not correct**
- a. The incubation period of Hepatitis B is between 2-6 months
- b. Till today there is no vaccine available for Hepatitis C
- c. Hepatitis A can not be prevented by vaccination
- d. Chronicity is not likely with hepatitis A and hepatitis E

### Question 34
All of the following are consequences of cholestasis **except**
- a. Deficiency of vitamins A, D and K
- b. Dark colored stool
- c. Fat malabsorption
- d. Intense pruritus

### Question 35
Which of the following is a cause of posthepatic portal hypertension
- a. Veno-occlusive disease
- b. Sclerosing cholangitis
- c. Congenital hepatic fibrosis
- d. Portal vein thrombosis

### Question 36
During an acute attack of gastroenteritis, a 14 kg boy lost 520 gms of his weight, accordingly he is believed to be
- a. Not dehydrated
- b. Mildly dehydrated
- c. Moderately dehydrated
- d. Severely dehydrated

### Question 37
The patient is described to be hypernatremic when his serum Sodium is **above**
- a. 130 mEq/L
- b. 140 mEq/L
- c. 150 mEq/L
- d. 160 mEq/L

### Question 38
Which of the following statements about congenital pyloric stenosis is **not true**
- a. It usually presents between 2-7 weeks of age
- b. It is more common in boys
- c. The vomiting is projectile and bile-stained
- d. It results in hypochloremic alkalosis
39- Which of the following criteria meets the definition of pediatric chronic kidney disease (CKD)
   a- Glomerular filtration rate <60mL/min/1.73m² for more than 3 months
   b- Glomerular filtration rate <60mL/min/1.73m² for more than 6 months
   c- Glomerular filtration rate <90mL/min/1.73m² for more than 3 months
   d- Glomerular filtration rate <90mL/min/1.73m² for more than 6 months

40- All of the following are possible causes of intrinsic acute renal failure except
   a- Nephrotoxic drugs e.g. aminoglycosides
   b- Hemolytic-uremic syndrome
   c- Bilateral urinary stones
   d- Prolonged renal ischemia (hypoperfusion)

41- Nephrotic syndrome is characterized by all of the following except
   a- Heavy proteinuria
   b- Gross hematuria
   c- Hypoproteinemia
   d- Hyperlipidemia

42- The presence of dysuria, urgency and frequency are suggestive of:
   a- Acute glomerulonephritis
   b- Acute cystitis
   c- Acute pyelonephritis
   d- Acute renal failure

43- Phase 1 of the coagulation cascade is assessed by:
   a- Partial thromboplastin time (PTT)
   b- Prothrombin time (PT)
   c- Thrombin time (TT)
   d- Platelet count

44- In Aplastic anemia, which of the following statements is not correct
   a- Anemia and purpura are the main findings
   b- Fever and evidence of infections may be present
   c- Splenomegaly is rather common
   d- Complete blood count (CBC) shows pancytopenia

45- In beta thalassemia major, which of the following statements is not correct
   a- It is an autosomal recessive disorder
   b- The spleen is always enlarged and can be huge
   c- Hemoglobin electrophoresis shows elevated hemoglobin F (10-90%) and hemoglobin A2 (7-15%)
   d- Anemia is microcytic hypochromic
46- In iron metabolism, all of the following statements are correct except
a- Iron is absorbed more efficiently from human milk than from cow's milk
b- Iron is absorbed in the ferric form by the mucosal cells of the duodenum
c- When Apoferritin is fully saturated with iron, further iron absorption stops
d- Serum ferritin is low in iron deficiency anemia

47- The main site of hemopoiesis from 2-7 months of fetal life is
a- The Yolk sac
b- The liver
c- The spleen
d- The bone marrow

48- The caloric supply from each of the 3 macronutrients for the healthy child is about
a- Carbohydrate: Fats: Proteins (3:2:1)
b- Carbohydrate: Fats: Proteins (1:2:3)
c- Carbohydrate: Fats: Proteins (2:2:1)
d- Carbohydrate: Fats: Proteins (3:1:2)

49- Compared to mature human breast milk, colostrum has all of the following except
a- Higher specific gravity
b- Higher protein content
c- Higher fat content
d- Higher minerals content

50- Regarding the composition of mature human breast milk, which of the following is not correct
a- Its water content is 87.5%
b- It provides 67 calories per 100 ml
c- Its protein content is 3.5 gm/dl
d- Its carbohydrate content is 7 gm/dl

51- Between 8 and 12 months of age, the weight gain of the healthy infant is about
a- 250 gm per month
b- 450 gm per month
c- 650 gm per month
d- 750 gm per month

52- After its reconstitution with water, the Potassium concentration in the oral rehydration solution (ORS) is
a- 20mEq/L
b- 30mEq/L
c- 80mEq/L
d- 90mEq/L
53- During the rehydration of a child who weighs 17 kg, the amount of maintenance therapy will be
a- 1250 ml
b- 1350 ml
c- 1500 ml
d- 1700 ml

54- The child who can not be aroused by painful stimuli, but responds by moaning or withdrawal movements is described to be in which grade of coma
a- Grade 1
b- Grade 2
c- Grade 3
d- Grade 4

55- Regarding febrile convulsions, which of the following statements is not correct
a- Affects 2-5% of all children
b- Peak age is between 1 and 2 years
c- The benign febrile seizures constitute 80-85% of all febrile seizures
d- It can be caused by meningitis

56- In which grade of respiratory distress grunting is heard?
 a- Grade 1
 b- Grade 2
 c- Grade 3
 d- Grade 4

57- In respiratory failure all the following statements are true except:
 a- Can be caused by upper airway obstruction
 b- PaCO₂ is always elevated in type 2 respiratory failure
 c- All hypoxic patients need endotracheal intubation and mechanical ventilation
 d- Acute metabolic acidosis is the typical in type 1 respiratory failure

58- In shock all the following statements are true except:
 a- CVP (Central venous pressure) is elevated in cardiogenic shock
 b- Blood pressure is not decreased in Grade 1 (early) shock
 c- The cardiac output is decreased in distributive (kinetic) shock
 d- CVP is low in hypovolemic shock

59- All of the following are signs of poor peripheral perfusion except:
 a- Peripheral cyanosis
 b- Increased core-peripheral temperature difference > 2° C
 c- Capillary refill of 4 seconds
 d- Skin mottling
60. Large patent ductus arteriosus (PDA) causes the following type of heart failure
   a. Preload failure
   b. Contractility failure
   c. Afterload failure
   d. Arrhythmic failure

**Part 2: Problem Solving**

**20 Cases - 2 Questions per case - One mark for each question**

Choose only one answer for each question

A 6-week-old boy was referred from the neonatologist to the Hepatology clinic with a provisional diagnosis of prolonged neonatal jaundice. According to the mother, the jaundice was recognized on the 3rd day of life. However, she believes that in the last few weeks, the urine is getting darker, stool color is becoming more pale and the jaundice is becoming more intense. On examination, the liver is enlarged 4 cm below the right costal margin, but not tender. Total serum bilirubin was 16mg/dl with 80% of the direct type.

61. All of the following can be expected in this infant expect
   a. Thiamin deficiency
   b. Pruritus
   c. Fat malabsorption
   d. Progressive liver damage

62. HIDA scan is used to
   a. Accurately assess the size of the liver
   b. Accurately assess the liver cell functions
   c. Assess dye delivery to the intestine
   d. Replace the percutaneous liver biopsy

A 3-year-old boy presented to the ER with impaired level of consciousness and shallow irregular breathing. The PaCO₂ was 62mm Hg and the PaO₂ was 98 mm Hg at room air. There was a history of blunt trauma to the head since 3 hours.

63. The blood gases shows that the child has
   a. Type 1 respiratory failure
   b. Type 2 respiratory failure
   c. Metabolic alkalosis
   d. Metabolic acidosis

64. The most likely cause is
   a. Intracranial hemorrhage
   b. Drug intoxication
   c. Respiratory muscle fatigue
   d. Profoundly severe

A 3-year-old boy presented to the ER with gum bleeding that did not stop over 2 hours of local compression. On examination, multiple bruises and hematomas were seen over the abdomen and along the chin of tibia. The mother recalls extensive bleeding after circumcision, the family attributed that bleeding to faulty procedure and doctor's incompetence. Laboratory results showed significantly prolonged PTT. The specific coagulation factor VIII assay was 3% of the normal level.

65. This disease is
   a. An autosomal dominant disease
   b. An autosomal recessive disease
   c. An X-linked dominant disease
   d. An X-linked recessive disease

66. The degree of disease severity in this child is
   a. Mild
   b. Moderate
   c. Severe
   d. Profoundly severe
A 1-year-old girl was brought to the ER with temperature of 39 °C, watery diarrhea (6 times in the last 24 hours) and vomiting (4 times in the last 24 hours). On examination, the girl has sunken eyes, lost skin turgor, mottling, cold extremities and the capillary refill time was 7 seconds. Serum electrolytes: Na 140 meq/l and K 4 meq/l.

67- The most appropriate diagnosis is
a- Acute gastroenteritis
b- Hypovolemic shock complicating gastroenteritis and dehydration
c- Septic shock complicating gastroenteritis and dehydration
d- Hyponatremic dehydration

68- Which of the following is not expected in this child
a- Low CVP
b- Paralytic ileus
c- Weight loss of > 10%
d- rehydration by ORS (oral rehydration solution)

A 5-year-old boy repeatedly visited his pediatrician complaining of difficulty initiating sleep, daytime tiredness and headache. During the frequent visits, the doctor records show normal chest and heart examination, normal temperature, heart rates and respiratory rates for age and gender. The femoral pulse were felt well on both sides. There was no radio-femoral delay. A battery of investigations was done, namely CBC, fasting blood sugar, BUN and serum creatinine, liver functions, serum electrolytes, urine analysis and culture; all were normal. ECG was done and showed left ventricular hypertrophy. Ophthalmologic evaluation showed no abnormalities.

69- What important item was missed in the doctor's records
a- The Blood pressure
b- Oxygen saturation
c- Lipid profile
d- Results of ENT examination

70- The current condition can be caused by all of the following except
a- Renal artery stenosis
b- Coarctation of the aorta
c- Essential hypertension
d- Pheochromocytoma

A 4-year-old girl presented to the ER with severe irritability and non-stop crying of 2 hours duration. The mother said that her girl had a runny nose since 5 days. On examination, the girl was febrile (Temperature 38.7 °C), a yellowish discharge was seen coming from the right ear and the left tympanic membrane was congested and bulging.

71- The most likely diagnosis is:
a- Acute otitis externa
b- Acute otitis media
c- Acute mastoiditis
d- Acute labyrinthitis

72- The common bacteria that causes this condition is
a- Staphylococcus aureus
b- Streptococcus pneumoniae
c- Pseudomonas aeruginosa
d- Group A beta-hemolytic Streptococcus
You are called to attend the delivery of a boy at 42 weeks GA with thick meconium-stained fluid and type II decelerations. The obstetrician rapidly delivers the baby and hands him to you. The boy is hypotonic, cyanotic, apneic, and bradycardic.

73- The most appropriate action is to
   a- Stimulate the infant to breath
   b- Administer epinephrine
   c- Provide positive-pressure bag-and-mask ventilation
   d- Intubate and apply negative-pressure suction

74- After performing all measures of resuscitation for 10 minutes, the baby showed improvement of tone and color, but still having tachypnea with a RR of 80/minute and a HR of 160/minute. You refer to the NICU for the following possible complications except:
   a- Hypoxic Ischemic encephalopathy (HIE)
   b- Meconium aspiration syndrome (MAS)
   c- Air leak syndromes (e.g. pneumothorax)
   d- Oxygen toxicity

A 5 year old boy presented to the ER with disturbed level of consciousness, persistent vomiting with blood stained vomitus and progressive jaundice of 2 days duration. On Examination the liver was enlarged and tender, and a lot of bruises are seen scattered over his skin. Lab results showed elevated serum transrases (AST and ALT), elevated blood ammonia, low serum albumin, low blood sugar and prolonged prothrombin time (PT).

75- Which of the following describes the current boy’s situation
   a- Acute viral hepatitis
   b- Acute hepatic failure
   c- Coma for differential diagnosis
   d- Acute hemolytic crisis

76- Reduction of blood ammonia can be achieved by all of the following except
   a- Neomycin (oral)
   b- Lactulose (oral or enema)
   c- Reduction of protein intake
   d- IV vitamin K

A 6-year-old girl presented to the hematology clinic because of significant pallor. On examination, the girl had many petechiae on her skin. CBC showed a total white cell count of 950/mm³, Hemoglobin of 6 gm/dl and platelet count of 20,000/mm³. The spleen was not enlarged. The mother attributed her weakness to the many antibiotics she received for recurrent throat infections.

77- The most likely diagnosis is:
   a- Immune thrombocytopenic purpura
   b- Acute leukemia
   c- Aplastic anemia
   d- Systemic lupus erythematosus

78- The anemia is expected to be
   a- Normocytic normochromic anemia
   b- Microcytic hypochromic anemia
   c- Macrocytic hyperchromic anemia
   d- Macrocytic hypochromic anemia
A 17-month-old girl presented to her pediatrician with fever 40°C of 2 days duration. On examination there were no signs to explain this fever. The doctor prescribed antipyretics only. On the fourth day of illness, the fever disappeared suddenly, and a maculopapular rash appeared in the same day. The rash started over the trunk then spread to the neck, arms and face. The rash faded within 24 hours.

79- The most likely diagnosis is
a- Measles
b- Rubella
c- Roseola infantum
d- Scarlet fever

80- The most likely complication in this patient is
a- Acute rheumatic fever
b- Encephalitis
c- Secondary bacterial infections
d- Febrile convulsions

A 3.5-year-old girl presented to the endocrinology clinic with abnormally enlarged breasts of 4 months duration. There were no other signs of puberty (no pubic hair and no axillary hair). Growth velocity and bone age were normal.

81- This girl suffers from:
 a- Premature thelarche
 b- Premature adrenarche
 c- Pseudoprecocious puberty
 d- True precocious puberty

82- The physician needs to:
 a- Reassure the parents (condition usually regresses spontaneously)
 b- Ask for abdominal CT
 c- Ask for cranial CT
 d- Ask for hormonal studies

A 4-year-old boy was referred to a pediatric rheumatologist with a provisional diagnosis of Juvenile rheumatoid arthritis. He was asked to do CBC, which showed significant anemia, and Hemoglobin electrophoresis, which was diagnostic.

83- What is the diagnosis
 a- Beta-thalassemia major
 b- Sickle cell anemia
 c- Hemoglobin C disease
 d- Acute lymphoblastic leukemia

84- The pains in hands and feet in this disease are due to
 a- Vascular occlusion
 b- Severe anemia
 c- Concomitant Vitamin D deficiency
 d- Sequestration crisis

A 10-year-old boy presented with fever of 39.2°C, chills and abdominal pain in the flanks that started 3 days ago. CBC showed a TLC of 28,000/cmm, with band cells 25% of total. CRP was >96mg/dl. Urine was turbid but its color was normal. Urine culture was positive with a bacterial colony count of >100,000 CFU/ml in a freshly voided clean urine catch.

85- What is the most likely diagnosis
 a- Acute cystitis
 b- Acute glomerulonephritis
 c- Acute pyelonephritis
 d- Acute pancreatitis

86- The duration of antibiotic therapy in this condition is usually
 a- 5-7 days
 b- 10-14 days
 c- 3 weeks
 d- 4-6 weeks
A mother brought her 6-month-old infant saying that he experienced sudden flexion of the neck and limbs that lasts for few seconds only, but occurring in clusters that lasts for about 15-30 minutes. EEG was done and was diagnostic.

87- The description of the attacks matches with
a- Myoclonic seizures
b- Infantile spasms
c- Tonic-clonic seizures
d- Complex partial seizures

88- This epileptic disorder is classified among the
a- Generalized seizures
b- Simple partial seizures
c- Complex partial seizures
d- Behavioral disorders

A 5-week-old infant was brought to the pediatrician because of what was described by the mother as persistent vomiting that started at the age of 2 weeks. The vomiting used to be forceful and white-yellow in color. It follows every meal. Revising the weight of the child, it was found to be 3400 gm at birth, 3350 gm at the age of 2 weeks, 3000 gms at the age of 4 weeks. An oval mass could be palpated in the right upper quadrant of the abdomen.

89- The most likely diagnosis is:
a- Congenital pyloric stenosis
b- Duodenal atresia
c- Inborn error of amino acid metabolism
d- Milk allergy

90- Which of the following is likely in this child
a- Double bubble appearance in plain abdominal X-ray
b- Metabolic acidosis
c- Need for surgical intervention
d- Bile-stained vomitus

A 11 month old boy was brought to the neurology clinic by his parents who felt he is weaker than his sibs. In supine position, the baby's limbs were abducted and flexed. When the baby was pulled from his hands, the head lagged backwards.

91- All of the following can cause this condition except
a- Spastic diplegia
b- Atonic cerebral palsy
c- Werdnig Hoffmann disease
d- Hereditary polynephropathy

92- Which of the following is not expected in this patient
a- Weak cough and cry
b- Tongue fasciculations
c- Abnormal eye movement
d- Late respiratory paralysis

A 6-year-old boy presented with impaired level of consciousness of 6 hours duration. The patient had no response at all to painful stimuli. The mother said he was drinking a lot of water and juices in the last 10 days and passing plenty of urine. The child is not known to be diabetic. On arrival his oral temperature was 37.2 °C, HR 115/minute, BP 80/50. Respiration was deep at a rate of 39 breaths/min. CBC was normal apart from a slightly high hemoglobin level (17 gm/dl).

93- This child is described to have
a- Stupor
b- Delirium
c- Light coma
d- Deep coma

94- The most likely diagnosis is
a- Diabetic ketoacidosis
b- Intracranial hemorrhage
c- Hypoglycemia
d- Renal failure
A 4-year-old girl presented to the ER with severe grade 3 respiratory distress with slight bluish tinge in the lips on crying. The girl looked toxic, her temperature was 39.6 °C, HR 128 bpm and RR 42/min. Her mother gave a history of high fever in the last 4 days and severe cough. Chest examination revealed diminished air entry over the right lung, scattered fine consonating crepitations, and a patch of bronchial breathing. The left lung was totally normal. Chest X-ray revealed a total opacification of the right lung with no mediastinal shift. CBC showed leukocytosis, shift to the left with toxic granulations.

95- The most likely diagnosis is:
- Acute bronchitis
- Acute bronchiolitis
- Bacterial pneumonia
- Pneumonia complicated with pleural effusion

96- All of following are to be anticipated (expected) in that baby except:
- Low oxygen saturation
- High CRP (C reactive protein)
- Immediate mechanical ventilation
- Immediate oxygen and antibiotics

A male baby was delivered by an elective Cesarean section at 33 weeks of gestation due to severe eclampsia. The mother is a 32-year-old primipara with infrequent antenatal care. The baby's birth weight is 1350gms (below 10th percentile), length 41cms (at 25th percentile) and head circumference 30cms (at 25th percentile) on the growth curves.

97- The proper description of this baby is:
- A preterm, SGA (small for gestational age) newborn who is an extremely low birth weight (ELBW)
- A preterm, SGA (small for gestational age) newborn who is a very low birth weight (VLBW)
- A preterm, AGA (appropriate for gestational age) newborn who is a VLBW
- A preterm, AGA (appropriate for gestational age) newborn who is an ELBW

98- All of following problems are to be anticipated (expected) in that baby except:
- Hypoglycemia.
- Respiratory distress syndrome.
- NECrotizing enterocolitis (NEC)
- Cephalhematoma

A 8-month-old girl presented to the ER with tachycardia, tachypnea, and poor feeding for 3 months. Physical examination reveals a continuous machinery murmur and a wide pulse pressure with a prominent apical impulse.

99- The most likely diagnosis is:
- VSD
- ASD
- PDA
- TGA

100- Which of the following is not expected in this baby?
- Cardiomegaly
- Clubbing
- Left to right shunt
- Recurrent chest infections
OBSTETRICS & GYNECOLOGY

All questions are to be attempted

OBSTETRICS

1. You are on duty in the obstetric emergency room. The following two cases came at the same time: (14 marks)
   I. A woman in the second stage of labour came with the breach hanging out of the vulva while the head and shoulders still in the vagina. The cord is pulsating.
   II. Another woman delivered at home since two hours came with the umbilical cord ligated and the placenta still inside. She looks pale.
   a) Which of them you are going to deal with first? Why?
   b) What are the steps you are going to follow in the management of each of them? (no surgical details are required)

2. A pregnant woman at twenty weeks gestation with rupture of membranes since four days presented to the emergency room with marked hypotension, flushed face and fever. (7 marks)

3. A primigravida 35 years old pregnant 38 weeks came to the hospital in the first stage of labour. Uterine contractions were very frequent and painful with high basal tone. The fetus presents as cephalic with no disproportion. The cervix is slowly dilating. (7 marks)
   a) What is the term given to this type of contraction?
   b) How to manage such case?

4. A recently married couple came to the outpatient clinic very worried as routine blood testing revealed that the husband blood group is (A) Rh +ve while the wife is 9B) Rh -ve. (6 marks)

5. A patient with irregular cycles presented with delayed menses for one week. Serum level of B-HCG was 310 mIU/mL, when repeated after 48 hours it became 632 mIU/mL. Vaginal ultrasound showed an empty uterine cavity.
   a) What is the most probable location of the pregnancy, why?
   b) What would be the next step? (5 marks)

6. Mention five differences between puerperal septic and putrid endometritis. (5 marks)

7. Compare between symmetrical and asymmetrical intrauterine growth restriction as regards actiology and ultrasound findings. (5 marks)

8. What are the steps followed for active resuscitation of asphyxiated neonate and what are the drugs should be at hand for resuscitation? (5 marks)
9. What are the fetal complications of shoulder dystocia? (5 marks)

10. Regarding the general examination of a pregnant woman at 38 weeks gestation, how can you expect that she has contracted pelvis? (5 marks)

11. What are the parameters studied by ultrasound for fetal biophysical profile scoring? (5 marks)

12. Causes of secondary post-partum haemorrhage. (5 marks)

**GYNECOLOGY**

1. A patient 32-years old presented with primary infertility 2 years. She complains of an increasing dysmenorrhea for 3 years. Husband semen in fertile and her cycles are regular. Pelvic ultrasonography showed right ovarian swelling 5cm in diameter. (7 marks)
   a) What is the most likely diagnosis of this case?
   b) What is the most wanted investigation and its value?

2. A 48 year old woman (Para 3) presented with menorrhagia for one year. Pelvic ultrasonography showed two interstitial myomas 3cm and 2 cm in diameter. Blood tests showed haemoglobin level of 10.3 gm/dL and serum FSH 20mIU/mL.
   What is the most accepted line of management of this case? Justify your answer. (7 marks)

3. A 28 year old nulliparous woman presented with secondary infertility four years. She gives history of unilateral salpingectomy for tubal ectopic pregnancy. She had previous attacks of pelvic inflammatory disease. Discuss management of this case? (7 marks)

4. The ureter is at risk during gynecological surgery. Give two common sites for injury. (5 marks)

5. Compare cervical mucous in the preovulatory to the postovulatory period. (5 marks)

6. What is the common clinical and hormonal finding in Polycystic Ovarian Syndrome? (5 marks)

7. Give the actiology and clinical picture of bacterial vaginosis. (5 marks)

8. How can you test clinically for levator ani function? (5 marks)

9. Give the name and principles of two operations for treatment of vaginal vault prolapse. (5 marks)

10. Mention 5 clinical signs for diagnosis of old complete perineal tear. (5 marks)

11. What is the definition and pathology of red degeneration of fibroids, why it is more common in pregnancy? (5 marks)

12. Clinical features suggesting malignancy in ovarian tumours. (5 marks)

13. Mention five causes for purulent offensive vaginal discharge. (5 marks)

14. Give one example for each of the following and the line of treatment of each:
   a) Painless ulcer of the vulva.
   b) A very painful shallow ulcer of the vulva. (4 marks)
OBSTETRICS & GYNECOLOGY

MCQ
(Only one best answer)

1. The vagina:
   a) Contains muscus secreting glands.
   b) Relates posteriorly to the rectum in its middle third.
   c) Relates anteriorly to the bladder base in its lowest third.
   d) Is entirely derived from the paramesonephric duct.

2. The uterus:
   a) The uterine index in adult uterus is 1.
   b) Anteflexion is maintained mainly by the tone of the uterosacral ligament.
   c) The round ligament is attached to the posterior surface just below the cornua.
   d) The uterine artery passes below the ureter (in the ureteric canal) to reach the uterus.

3. The cervix:
   a) Loses its lining during menstruation.
   b) Has columnar epithelium lining the canal.
   c) Produces a thick scanty discharge at ovulation.
   d) Has the same proportion of muscle in its wall as the corpus uteri.

4. The following associations of types of epithelium and organs is NOT correct:
   a) Ciliated and uterine body.
   b) Stratified squamous and vagina.
   c) Transitional and bladder.
   d) Columnar and cervis.

5. Imperforate hymen:
   a) Can lead to hematocolpos.
   b) Is usually identified earlier in life than at puberty.
   c) Is often found with uterus didelphis.
   d) Generally requires reconstructive surgery.

6. Clinical findings of imperforate hymen include all of the following EXCEPT:
   a) Primary amenorrhea.
   b) Cryptomenorrhea.
c) Oligomenorrhea.
d) Pelvi-abdominal swelling.
e) Retention of urine.
7. Bicornuate uterus might predispose to all of the following EXCEPT:
   a) Recurrent preterm labor.
   b) Primary amenorrhea.
   c) Recurrent oblique lie.
   d) Retention of the palcenta after delivery
   e) Menorrhagia.
8. Estrogen:
   a) is not produced in the corpus luteum.
   b) Cannot be detected in the blood of postmenopausal women.
   c) Is mainly secreted by the ovary as estrone in young women.
   d) Is responsible for secretory changes in the endometrium.
   e) Is the dominant gonadal hormone at puberty.
9. In a normal human menstrual cycle the corpus luteum:
   a) Remains active for 3-4 weeks.
   b) Is maintained by human chorionic gonadotrophin.
   c) Secretes progesterone.
   d) Secretes pregnanediol.
   e) Does not secret estrogen
10. In the first half of a normal menstrual cycle:
    a) Serum progesterone levels are high.
    b) The endometrium is rich in glycogen.
    c) The corpus luteum begins to degenerate.
    d) Some ovarian follicles degenerate.
11. The average blood loss resulting from menstruation is:
    a) 10 to 15 ml.
    b) 25 to 50 ml.
    c) 75 to 100 ml.
    d) 101 to 125 ml.
    e) 130 to 150 ml.
12. With which of the following is tubal pregnancies NOT increased?
    a) assisted reproduction.
    b) history of pelvic infection
    c) previous tubal surgery
    d) abnormal embryos
13. Premature menopause is NOT associated with:
    a) Chromosomal abnormalities.
b) Radio therapy.
c) A positive family history.
d) Polycystic ovarian syndrome.

14. Menopause:
a) The last period is referred to as the climacteric.
b) After the menopause, there is an increase in bone demineralization.
c) The rise in FSH is not relatively greater than that of LH.
d) Prolactin levels increase after the menopause.
e) Maximum levels of LH & FSH are not reached until 10 years after the menopause.

15. Premature menopause could be due to:
a) Excess exposure to radiation.
b) Use of O.C.P. for long time.
c) Testicular feminization syndrome.
d) Klinefelter syndrome

16. Evidences of anovulation include the following EXCEPT:
a) Disturbed menstrual cycles.
b) Serial ultrasound scans showing no growing follicles.
c) Flat cells with pyknotic (small, dark) nuclei on vaginal smears.
d) Secretory changes detected at histological examination of the endometrium.

17. The diagnosis of PCOD:
a) History of oral contraception intake.
b) High FSH levels.
c) Absence of ovarian Graafian follicles on pelvic ultrasound.
d) Serum prolactin level is very high.

18. Polycystic ovary syndrome:
a) Should be only diagnosed by laparoscopy.
b) Should be treated by wedge resection.
c) Produces hypoestrogenism.
d) Is best treated by clomiphene.

19. Severe ovarian hyperstimulation syndrome (OHSS) include the following EXCEPT:
a) Pleural effusion may occur.
b) Intravascular clotting can be a complication.
c) Hypoproteinaemia may develop.
d) Bilateral oophorectomy is indicated.

20. Human menopausal gonadotrophin (HMG):
a) Are extracted from postmenopausal blood.
b) Can be given intramuscular or intravenous.
c) May result in ovarian hyperstimulation.

d) Can be monitored by serial measurement of serum progesterone levels.

21. **Dysfunctional uterine bleeding (DUB) is frequently associated with:**

   a) Endometrial polyps.
   b) Anovulation
   c) Cervicitis.
   d) Systemic lupus erythematosus.
   e) von Willebrand's disease.

22. **The following statement about enteral prolapse is correct:**

   a) After lefort's operation, there is no intercourse.
   b) Grade 2-uterine prolapse is a procidentia.
   c) Manchester repair includes cervical loop excision.
   d) The rubber ring pessary can be left for up to one year.

23. **An enterocele:**

   a) Is a prolapse of the rectum.
   b) may occur following colposuspension
   c) Should initially be treated with a shelf pessary.
   d) May resolve spontaneously.
   e) Is a common case of stress incontinence.

24. **Retroversion of the uterus:**

   a) Occurs in 20% of normal women.
   b) Is a common cause of infertility.
   c) May be corrected by a fothergill operation.
   d) Is caused by heavy lifting.
   e) Should always be corrected with a Hodge pessary in early pregnancy.

25. **An enterocele is best characterized by which of the following statement?**

   a) It is not a true hernia.
   b) It is a herniation of the bladder floor into the vagina.
   c) It is a prolapse of the uterus and vaginal wall outside the body.
   d) It is a protrusion of the pelvic peritoneal sac and vaginal wall into the vagina.
   e) It is a herniation of the rectal and vaginal wall into the vagina.

26. **Second degree uterine prolapse:**

   a) Can be diagnosed when the cervix protrudes through the vulval orifice.
   b) Is also known as complete procidentia.
   c) Present with menorrhagia.
   d) Causes lumbar backache.

27. **A cystocele:**

   a) Is always associated with stress incontinence.
b) Contains bladder.
c) Is treated by fothergill's operation.
d) Is best treated with a ring pessary.

28. The character of normal cervical mucus at the time of ovulation is:
a) Highly viscous and turbid.
b) Spinnbarkiet test is less than 6 cm.
c) Contains low amount of crystals of sodium and potassium chloide.
d) Positive ferning test.

29. Candidal infection:
a) The infection never occurs in pregnancy.
b) Vaginal PH is usually alkaline.
c) Vulval itching is usually the main complaint.
d) Vaginal isoconazol or miconazol are not effective.

30. Trichomonal vaginalis (T.v):
a) T.V. is not a sexually transmitted disease.
b) Most patients having TV have symptoms
c) The disease does not cause itching.
d) Unlike bacterial vaginosis, mitronidozole is not effective therapy.

31. As regard mastalgia:
a) In cyclical mastalgia, the pain is usually maximal postmenstrual.
b) Is treated surgically.
c) Bromocriptine may be used.
d) Gamma-linenolic acid (GLA) is contraindicated.

32. Cervical lesion (ectopy):
a) It is an ulcer of the cervix.
b) Should be treated in pregnant females.
c) pap smear is advisable before management.
e) Commonly cause pain, dyspareunia & low back pain.

33. Characteristic symptoms of endoetriosis include:
a) Dysmenorrhoea
b) Superficial dyspareunia.
c) Amenorrhea.
d) Pre-menstrual tension.

34. The following is essential to confirm the diagnosis of pelvic endometriosis:
a) Ultrasonography.
b) Laparocopy.
c) Hysteroscopy
d) CA-125.
35. Functional ovarian cysts include:
   a) Follicular cysts.
   b) Endometriomas.
   c) Dermoid cysts.
   d) Fibromas.

36. A 54-year-old woman is found to have endometrial hyperplasia on endometrial biopsy. A functional ovarian tumor to be suspected is a:
   a) Lipid cell tumor.
   b) Granulosa-theca cell tumor.
   c) Sertoli-Leydig tumor.
   d) Mucinous cystadenocarcinoma.
   e) Polycystic ovary

37. In contrast to a malignant ovarian tumor, a benign tumor has which of the following gross features?
   a) Excrences on the surface.
   b) Peritoneal implants.
   c) Intra-cystic papillations.
   d) Free mobility.
   e) Capsule rupture.

38. Endometrial hyperplasia could be expected in the following condition:
   a) Endodermal sinus tumor.
   b) Cystic teratoma.
   c) Polycystic ovary disease.
   d) Sertoli-Leydig cell tumor.
   e) Dysgerminoma.

39. Women with postmenopausal bleeding endometrial sampling should be done in endometrium on transvaginal ultrasound is thicker than:
   a) 1 mm.
   b) 2 mm.
   c) 5 mm.
   d) 6 mm.
   e) 10 mm.

40. Emergency contraception:
   a) Is contraception used before intercourse but prior to implantation.
   b) When used estrogens must be taken within 72 hours of intercourse.
   c) When using estrogens, rarely causes side effects.
   d) IUCD is not method for emergency contraception.
41. All these methods could be used during lactation EXCEPT:
   a) Depot provera.
   b) Mini pills.
   c) Combined contraceptive pills.
   d) I.U.D.
   e) Male condom.

42. Non-neoplastic cysts of the ovary include all of the following EXCEPT:
   a) follicular cysts.
   b) Endometriotic cysts.
   c) Dermoid cysts.
   d) Theca lutein cysts.

43. The lymphatic drainage of the cervix is to the following lymph nodes EXCEPT:
   a) The femoral lymph nodes.
   b) The internal iliac lymph nodes.
   c) The para-cervical lymph nodes.
   d) The pre-sacral lymph nodes.
   e) The Obturator lymph nodes

44. The following is correct about the ovarian ligaments:
   a) contain ureters.
   b) Contain ovarian arteries.
   c) Are attached laterally to pelvic wall.
   d) Lie anterior to the broad ligament.
   e) Are homologous to part of the gubernaculums testis in the male.

45. The functions of mid-cycle LH surge include the following EXCEPT:
   a) enhances thecal cell androgen production.
   b) Luteinizes granulosa cells.
   c) Initiates granulosa cells.
   d) Initiates resumption of meiosis.
   e) Facilitates oocyte expulsion.
   f) Generates luteolysis.

46. Facts about colomphene citrate include the following EXCEPT:
   a) has antiestrogenic properties.
   b) may be started with a 50-mg dose daily.
   c) is useful in primary ovarian failure.
   d) may cause cervical mucus hostility.
   e) may result in multiple pregnancy.
47. The following are advantages of laparoscopy in the diagnosis of infertility EXCEPT:
   a) Good evaluation of tubal factor.
   b) Diagnosis of endometriosis.
   c) Diagnosis of Asherman's syndrome.
   d) Good visualization of pelvic adhesions.
   e) Direct visualization of corpus luteum.

48. Polycystic ovarian disease characterized by all of the following EXCEPT:
   a) Increase LH level.
   b) Increase in androgen levels.
   c) Decrease in estrogen levels.
   d) Oligomenorrhea.
   e) Android obesity

49. Which of the following is characteristic of Sheehan syndrome?
   a) amenorrhea
   b) profuse lactation
   c) hyperthyroidism
   d) renal insufficiency

50. The following about human papilloma virus (HPV) infection are correct EXCEPT:
   a) It is the most common viral STDs.
   b) It may lead CIN and cervical cancer.
   c) It is due to RNA virus.
   d) Infection may be warty or flat condyloma.
   e) Infection is usually associated with others STDs.

51. All the following about Bartholin's glands are correct EXCEPT:
   a) can commonly be infected b gonococi.
   b) Excision of the cyst when infected is usually contraindicated.
   c) Ae situated at the posterior parts of labia minora.
   d) Should be marsupialized when acutely infected.

52. The commonest secondary change in uterine fibroids is:
   a) Fatty degeneration
   b) Myxomatous degeneration.
   c) Hyaline degeneration
   d) Cystic degeneration
   e) Calcification

53. The most common site of uterine myomma is:
   a) Subserous
b) Interstitial
c) Cornual
d Cervical

54. All the following about uterine fibroids are correct EXCEPT:
   a) Are estrogen dependent.
   b) Get smaller during treatment with progestogens.
   c) Shrink in response to treatment with LHRH agonists.
   d) May be treated conservatively.

55. The etiology of endometriosis relates to the following EXCEPT:
   a) a transformation of celomic epithelium
   b) Direct invasion through the uterine serosa into the pelvic capacity.
   c) Retrograde menstrual flow.
   d) Arterial transport of endometrial fragments.
   e) Lymphatic transport of endometrial fragments.

56. which of the following increases the risk of persisted occiput posterior or transverse position?
   a) Epidural anesthesia
   b) Incomplete flexion of the fetal had
   c) Weak contractions
   d) all of the above.

57. As regards the spread of epithelial ovarian cancers, all the following are correct EXCEPT:
   a) Via the blood stream occurs early in the disease.
   b) To para-aortic lymph nodes puts the case at stage III.
   c) To the underside of the diaphragm is common.
   d) to the peritoneal cavity has usually occurred by the time of diagnosis.
   e) To the omentum frequently occurs.

58. The following factors increase the risk of a woman developing endometrial cancer EXCEPT:
   a) Obesity
   b) Late menopause
   c) Combined (estrogen and progestin) hormone replacement therapy.
   d) diabetes mellitus.
   e) A history of polycystic ovary disease

59. All these actions are produced by FSH EXCEPT:
   a) Follicular growth.
   b) Stimulation of Aromatase enzyme in granulosa cells
   c) Increase LH receptors in granulosa cells
   d) Ovulation & maintenance of corpus luteum.
60. Pain of spasmodic dysmenorrhea characterized by all of the following EXCEPT:
   a) Suprapubic & cloicky
   b) Increases with message of abdomen & counter pressure or body movements
   c) Radiate to the thigh & the back
   d) Start at the 1st day of menses then gradually decrease.

61. Which of the followings is true regarding complete androgen insensitivity Syndrome:
   a) It is an autosomal dominant disorder
   b) Testosterone level is markedly lowered with normal testosterone receptors.
   c) Risk of gonad malignancy is high
   d) The external genitalia is typically male in appearance.

62. All of the following are types of urethral incontinence EXCEPT:
   a) Genuine stress incontinence (GST)
   b) Fistula
   c) Detrusor instability (urgency incontinence)
   d) Retention with overflow.
   e) Mixed stress incontinence & urgency incontinence.

63. Causes of symmetrical enlargement of uterus include all of the following EXCEPT:
   a) Pregnancy
   b) Metropathia hemorrhagica
   c) Posterior wall fibriods
   d) Diffuse adenomyosis
   e) Sub involution of uterus

64. The following statements are true as regards serum progestrone measurement in diagnosis of infertility EXCEPT:
   a) The normal level is 50 ng/ml.
   b) Measurement is usually done at day 21 of the cycle.
   c) Can be used for assessment of the luteal phase defect.
   d) Used in diagnosis of anovulation

65. Hysteroscopy is important for diagnosis of the following factors in infertility EXCEPT:
   a) Intrauterine adhesions
   b) Submucous fibriods.
   c) Peritubal adhesions.
   d) Cornual block.
   e) Septate uters
66. The following about Candidal infection are correct EXCEPT:
   a) The infection is common with pregnancy
   b) Vaginal PH is usually alkaline.
   c) Vulval itching may occur.
   d) Vaginal isoconazole or miconazole are effective.
   e) The organism is yeast-like.

67. Regarding cervical intraepithelial neoplasia (CIN), all the following are correct EXCEPT:
   a) Transformation zone is the most susceptible location for development.
   b) It is usually unifocal.
   c) Abnormal vascular pattern seen by colposcopy include punctuation, mosaicism and acetowhite area.
   d) Total hysterectomy is a line of management.
   e) Cervical conization is best done by loop electrosurgical excision procedure

68. All the following about uterine fibroids are correct EXCEPT:
   a) Occur in over 30% of women of reproductive age.
   b) Can undergo sarcomatous change in 5% of cases.
   c) Are associated with menorrhagia.
   d) Can cause polycythemia.
   e) Can cause pressure manifestations in the pelvis.

69. Postmenopausal bleeding is a common presentation of the following EXCEPT:
   a) Cervical ectropion.
   b) Carcinoma of the endometrium
   c) Atrophic vaginitis.
   d) Carcinoma of the cervix
   e) Sarcoma of the uterus

70. Turner syndrome may present by all of the followings EXCEPT:
   a) 1ry amenorrhea
   b) Lack of 2ry sexual characters
   c) Tall stature
   d) Webbing of Neck
   e) Cubitus valgus
   f) Coarctation of aorta.

71. All of the followings are used for induction of ovulation EXCEPT:
   a) Clomiphene citrate
   b) Tamoxifen
   c) HMG
   d) Gn RH antagonists
72. What is edematous swelling of the fetal scalp during labor?
   a) Molding  
   b) Caput succedaneum  
   c) Subdural hematoma  
   d) Erythema nodosum  

73. The commonly used definition of the puerperium describes which of the following time periods?
   a) 2 weeks following delivery  
   b) 4 weeks following delivery  
   c) 6 weeks following delivery  
   d) 12 weeks following delivery  

74. A pregnant uterus that is larger than the prior of amenorrhea could be due to:
   a) Generalized edema  
   b) Obesity  
   c) Intrauterine growth retardation  
   d) Breech presentation  
   e) Polyhydramnios  

75. Which of the following signs or symptoms are NOT present in a 12-week pregnancy:
   a) Chadwick's sign  
   b) Quickening.  
   c) Ultrasonographic fetal heart action  
   d) Amenorrhea  
   e) Hegar's sign  

76. Which of the following is NOT a basis in Naegel's rule of estimating a woman's due date?
   a) Regular monthly menstrual cycles.  
   b) A pregnancy of 280 days.  
   c) Ovulation about day 14.  
   d) Cycle regulation with birth control pills before conception.  
   e) Conception at midcycle  

77. Asyncilitism is best defined as:
   a) Flexion of the descending fetal head from pelvic floor resistance.  
   b) Failure of the sagittal suture to lie exactly midway between the symphysis and sacral promontory.  
   c) Failure of the descent because of inadequate uterine contractions.  
   d) Inability of the fetal head to pass through the pelvic inlet.  
   e) Inability of internal rotation after the fetal head has reached the ischial spines.
78. The cardinal movements of labor and delivery involve a sequence of events that occurs in an orderly fashion. Which of the following sequences is correct?
   a) Engagement, flexion, descent.
   b) Engagement, internal rotation, descent.
   c) Engagement, descent, flexion.
   d) Descent, flexion, engagement, internal rotation
   e) Descent, internal rotation, flexion, engagement.

79. Engagement is said to have occurred when which of the following events takes place?
   a) The infant's head is within the pelvis.
   b) The biparietal diameter of the infant's head is through the plane of the inlet.
   c) The presenting part is just above the level of the ischial spines.
   d) The vertex is in the transverse position.
   e) The infant's head is flexed.

80. Primigravida, 24-years-old, in labor for 16 hours and the cervix is arrested at 9 cm for 3 hours, position is ROP, station 0 and moulded. There is fetal late decelerations over the last 30 min. delivery can be managed by:
   a) Forceps rotation and then traction
   b) Ventouse (vaccum) extration
   c) Cranitomy then forecps.
   d) ISCS.
   e) USCS.

81. Predisposing factors for uterine stony include which of the following?
   a) Low parity
   b) Preeclampsia
   c) precipitous labor
   d) Oligohydramnios

82. Most common site of occurrence ectopic pregnancy is:
   a) Isthmic or interstitial portion of the Fallopian tube.
   b) Corneal end of the tube
   c) Ampullary portion of the fallopian tube
   d) Fimiral end of the Fallopian tube.
   e) Ovary

83. Diagnosis of ectopic pregnancy can be ruled out if:
   a) Transvaginal sonography showed no abnormalities in the adnexal region.
   b) Serum ßhCG was negative.
c) Patient did not miss her period.
d) Patient is using the IUCD for contraception
e) Pelvic fluid by vaginal uterine ultrasound

84. The most common site of metastatic disease in chorocarcinnoa is :
   a) Brain
   b) Liver
   c) Vagina
   d) Lung
   e) Ovary

85. Theca-lutein cyst are characterized by the following EXCEPT:
   a) Are best treated conservatively.
   b) Are best treated surgically.
   c) Are seen occasionally in normal pregnancy
   d) Are seek in ovarian hypertimulation syndrome.
   e) Are liable to complications including hemorrhage, rupture and torsion.

86. A 26-year-old primigravida reports that she is experiencing regular
   menstrual cramping every 2 minutes. She is 28 weeks pregnant. After
   taking a history, the first thing that the physician should do is :
   a) Send her to the labor floor immediately.
   b) Confirm the frequency of contractions by abdominal palpation
   c) Evaluate fetal well-being with a fetal monitor.
   d) Evaluate the cervix by speculum examination.

87. Which of the following is a sign of premature labor?
   a) Increased vaginal discharge.
   b) Uterine contractions.
   c) Low back pain.
   d) Cervical dilation to 4 cm.
   e) Worening pelvic pressure

88. Which of the following drugs is NOT used to inhibit premature labor?
   a) Ethanol.
   b) Magnesium sulfate
   c) Phenobarbital.
   d) Ritodrine
   e) Terbutaline

89. Which of the following is NOT included in the biophysical profile for
   the risk assessment of a postterm fetus?
   a) Fetal breathing
   b) Amniotic fluid volume.
   c) Fetal tone.
90. The best contraceptive method for patients with gestational trophoblastic diseases:
   a) Tubal ligaion.
   b) Hysterectomy.
   c) Combined oral contraceptive pills.
   d) Intra-uterine contraceptive device.
   e) Subcutaneous implants.

91. Which of the following is most likely to be seen on a urinalysis in a patient with preeclampsia?
   a) Proteinuria.
   b) Hematuria.
   c) Glycosuria
   d) Ketonuria

92. Eclampsia is defined by:
   a) Severe, unremitting headache.
   b) Hyperreflexia.
   c) Grand mal seizures.
   d) Petit mal seizures.
   e) Visual scotomata.

93. Which of the following is NOT a sign of severe pregnancy-induced hypertension?
   a) Oligohydramnios.
   b) Proteinuria in excess of 3g/24 hours.
   c) Thrombocytopenia.
   d) Elevated serum calcium

94. The pathophysiology of preeclampsia is characterized by:
   a) Vasodilatation.
   b) Vasospasm.
   c) Hemodilution.
   d) Hypervolemia.

95. Management of asymptomatic bacteruria includes:
   a) Expectant management.
   b) Induction of labor
   c) Antibiotics
   d) Diuretics.

96. Which of the following factors does NOT contribute to an acute urinary tract infection during pregnancy, delivery, and the puerperium?
a) Compression of the ureter by the large uterus at the pelvic brim.
b) Increased ureteral tone and peristalsis.
c) Symptomatic bacteriuria.
d) Bladder catheterization following delivery

97. As regard the effects and complications of multifetal pregnancy:
   a) Polyhydramnios is as common with multifetal pregnancies as singleton.
   b) Increased perinatal mortality in multifetal pregnancies results mainly
      from increased IUFD rate.
   c) Twin to twin transfusion occur more in twins with monochorionic placenta
      than with dichorionic placenta.
   d) Fetal malpresentations occur with the same incidence as in single
      pregnancy.

98. Causes of contracted pelvis include the following EXCEPT:
   a) Rickets.
   b) Osteomalacia.
   c) Fractures of the pelvis.
   d) T.B arthritis of the pelvic joints.
   e) Diabetes.

99. Fetal complications of contracted pelvis during labor include the
    following EXCEPT:
   a) Caput succedaneum.
   b) Over moulding.
   c) Intra cranial Hge.
   d) Fetal malformation.
   e) Fetal death.

100. Indication of trial of labor in patient with contracted pelvis include:
    a) Non vertex presentation.
    b) Mild degree of cephalo pelvic disproportion.
    c) Previous C.S.
    d) Elderly primigravida
    e) heart disease with pregnancy

101. Percipitate labor & delivery may lead to the following complications
    EXCEPT:
    a) Uterine rupture.
    b) Amniotic fluid embolism.
    c) Vagina & perineal tears.
    d) Constriction ring in the uterus.
    e) Uterine atony.
102. Which of the following is not a complication of uterine rupture?
   a) Maternal shock.
   b) Renal failure.
   c) Acute uterine inversion
   d) Fetal loss.

103. Threatened abortion include the following EXCEPT:
   a) The cervix closed.
   b) Bleeding is mild.
   c) Vaginal ultrasonogrpahy is contraindiscated.
   d) Bed rest is advisable.
   e) Pregnancy continues in about 50% of cases.

104. Suggestive criteria of IUFD include the following EXCEPT:
   a) Milk secretion from the breast.
   b) Vaginal dark brown discharge.
   c) Pregnancy test becomes negative within 24 hours.
   d) Spalding's sign by plain X-ray.
   e) Hyprofibrinogenemia is a serious complication.

105. Advantage of a median episiotomy include the following EXCEPT:
   a) Increased area of vaginal outlet to facilitate delivery.
   b) Less blood loss compared to mediolateral technique.
   c) Avoidance of major perineal lacerations.
   d) Decreased risk of injury to the anal sphincter and mucosa.
   e) Greater ease of repair compared to medioleteral technique.

106. Causes of increased CS rate include the following EXCEPT:
   a) Dystocia.
   b) Breech presentation.
   c) Fetal distress.
   d) Intra-uterine fetal death.
   e) Repeat CS.

107. Advantages of lower segment C.S over upper segment C.S. include the following EXCEPT:
   a) Less bleeding unless extended
   b) Less paralytic ileus.
   c) Used if there are pelvic adhesions.
   d) less incidence of subsequent uterine rupture.
   e) Less infection

108. Which of the following is a risk factor for placenta accreta?
   a) Young age
   b) Primigravidity
c) fundal placenta
d) previous cesarean delivery

109. Which of the following hormones is NOT a product of placental synthesis or production:
   a) Human chorionic gonadotropin (hCG).
   b) Human placental lactogen (hPL).
   c) Dopamine
   d) Progesterone
   e) Estiol

110. The functional unit of the placenta is:
   a) The decidua
   b) The chorionic villus
   c) The cotyledon
   d) The crotrophoblast
   e) The chorion leaf

111. Management of intrapartum acute fetal distress includes the following EXCEPT:
   a) Oxygen administration
   b) Change of maternal position
   c) Intraamniotic oxygen supplement
   d) Correction of maternal hypotension.

112. The following statements regarding obstetric ultrasound are correct EXCEPT:
   a) It can be used with amniocentesis.
   b) It carries a risk to the fetus.
   c) It can diagnose placental grading.
   d) It is a useful tool in the assessment of amniotic fluid volume.
   e) It could estimate the approximate intrauterine fetal weight.

113. Warning symptoms that are given to a pregnant lady include all of the following EXCEPT:
   a) bleeding per vagina.
   b) Sudden loss of fluid
   c) Abdominal pain.
   d) Excessive salivation (ptyalism).

114. The following statements regarding true labor pains are correct EXCEPT:
   a) They are regular.
   b) They are relieved by sedation or enema.
   c) They are associated with cervical dilatation.
d) They may be associated with rupture of membranes
e) They increase in intensity by time.

115. **Uterine rupture is more common in multiparous women due to increased incidence of all the following EXCEPT:**
   a) Malpresentation
   b) Intra-uterine growth restricted fetus.
   c) Pendulous abdomen.
   d) Osteomalacia
   e) Uterine wall weakness

116. **The following conditions may predispose to a breech presentation EXCEPT:**
   a) Hydrocephalus
   b) Contracted pelvis.
   c) Placenta previa
   d) Prematurity
   e) Septate uterus

117. **The following statements regarding eclampsia are correct EXCEPT:**
   a) It rarely occurs in multiparous patients.
   b) It occurs post-partum more common than ante-partum.
   c) It causes reversible neurological deficit.
   d) It should be managed in a darkened room.
   e) It causes hyper-reflexia.

118. **Medical history suggestive of diabetes in pregnancy include the following EXCEPT:**
   a) Past history of macrosomia
   b) Past history of eclampsia
   c) Past history of congenital malformations
   d) Past history of unexplained stillbirths
   e) Positive family history

119. **Which of the following is significant in the management of pregnant diabetic:**
   a) Stating oral hypoglycemic agents
   b) Cesarean section before 36 weeks gestational age.
   c) Maintenance of one hour post-prandial blood glucose level below 140 mg/dl.
   d) Bed rest.

120. **The following statements regarding face presentation are correct EXCEPT:**
   a) It occurs once in 300 cases.
   b) The dominator is the chin.
c) The engaging diameter equals the Suboccipito brematic diameter in length.
d) Diagnosis is difficult by abdominal palpation
e) The commonest cause is hydrocephalus.

121. The following statements regarding twin pregnancy are correct EXCEPT:
a) Cephalic-cephalic twin presentation is the most common presentation.
b) Incidence of twinning as diagnosed by early US is similar to its incidence at birth.
c) Multifetal pregnancy could be suspected if a pregnant lady had an early threatened abortion.
d) Extra antenatal care is needed for a pregnant lady with multifetal pregnancy.
e) Examination of the placenta is important determination of fetal zygosity.

122. The following findings are suggestive of contracted pelvis during examination EXCEPT:
a) Kyphosis
b) Non-engagement of the head.
c) Limping gait
d) Height 162cm.
e) Pendulous abdomen in primigravida.

123. Management of shoulder dystocia may include the following procedures EXCEPT:
a) Vigorous fundal pressure.
b) Corkscrew rotation of the shoulders.
c) Generous episiotomy
d) Shoulder girdle rotation into one of the oblique diameters of the pelvis.

124. The following statements regarding cesarean section (CS) scar rupture are correct EXCEPT:
a) Upper segment CS scar rupture 2-4%.
b) This is due to improper coaptation of the edges in USCS scar.
c) Upper segment scar is overstretched by subsequent pregnancies.
d) Upper segment of the uterus is passive during labor.
e) Infection is more common in the upper segment CS.

125. Indications of cesarean section in breech presentation include all of the following EXCEPT:
a) Large fetus.
b) Premature fetus
c) Breech with extended legs.
d) Footling presentation
e) Post term.
126. All of the following regarding cord presentation is true EXCEPT:
   a) Is more common with malpresentations.
   b) May be associated with abnormal shape of the pelvis.
   c) Carries the risk of cord prolapse.
   d) Can be diagnosed by PV.
   e) Is associated with rupture of membranes.

127. Pregnancy complications that can occur due to bicornuate uterus include the following EXCEPT:
   a) Abortion
   b) Malpresentation
   c) Operative delivery
   d) Twin pregnancy
   e) Premature labor

128. Possible clinical consequences of congenital malformations of the female genital system include all of the following EXCEPT:
   a) Habitual abortion.
   b) Congenital fetal malformations.
   c) Ectopic pregnancy
   d) Oblique lie of the fetus.
   e) Expulsion of intrauterine devices.

129. Amniocentesis is useful in the following situations EXCEPT:
   a) Management of un-sensitized Rh-negative pregnant women.
   b) Tests for fetal lung maturity
   c) Suspected chorioamnionitis.
   d) Examine fetal cells for the chromosomal pattern.

130. The following statements regarding hydatidiform moles are correct EXCEPT:
   a) May be complicated by thyrotoxicosis.
   b) May be complicated by ovarian cysts.
   c) a feto-potein is a good marker of disease post-evacuation.
   d) Is more prevalent in the advanced age group.
131. What is the common approach to an abdominal pregnancy of 15 weeks' gestation?
   a) Expectant management.
   b) Laparotomy with delivery of fetus.
   c) Methotrexate.
   d) Uterine artery embolization, then await fetal resorption.

132. Partial molar pregnancies most commonly have which of the following genetic compositions?
   a) 45. XO.
   b) 46 XY.
   c) 46. XX.
   d) 69. XXY.

133. Which of the following factors is NOT associated with transverse lie?
   a) Multiparity.
   b) Oligohydramnios.
   c) Placenta previa.
   d) Uterine anomalies.

134. In which presentation is the fetal neck sharply extended and the back and occiput in contact?
   a) Vertex.
   b) Face.
   c) Brow.
   d) Sinciput.

135. During the third stage of labor, which of the following is NOT a sign of placental separation?
   a) A gust of blood.
   b) Uterus rises in the abdomen.
   c) Umbilical cord portudes farther out of the vagina.
   d) Uterus becomes flaccid.

136. What is the primary mechanism of placental site hemostasis?
   a) Vasoconstriction by contracted myometrium
   b) Prostaglandin secretion.
   c) Maternal hypotension.
   d) Decreased cardiac output.

137. A gradual, smooth deceleration of the fetal heart rate that follows the peak of a contraction describes which of the following deceleration types?
   a) late.
   b) early.
   c) variable.
   d) prolonged.

138. Which of the following is associated etiologically with a face presentation?
   a) Contracted pelvic inlet.
   b) Oxytocin induction.
   c) Small for gestational age infant.
   d) tight abdominal musculature.
139. Which of the following fetal conditions is NOT associated with hydramnios?
   a) Central nervous system anomalies.
   b) Nonimmune hydrops.
   c) Chromosomal abnormalities.
   d) Renal agenesis

140. Which of the following is NOT a prerequisite for forceps application?
   a) Head must be engaged.
   b) Fetus must present either by the vertex or by the face with the chin posterior.
   c) Cervix must be completely dilated.
   d) Membranes must be ruptured.

141. When examining a woman at term, hearing fetal heart tones loudest above the umbilicus suggests which type of presentation?
   a) Cephalic presentation.
   b) Transverse lie.
   c) Breech presentation.
   d) Multiple pregnancy.

142. Which of the following is NOT an indication of severe pregnancy-induced hypertension?
   a) Upper abdominal pain.
   b) Oliguria.
   c) Creatinine 0.6 mg/dL.
   d) Fetal growth restriction.

143. The diagonal conjugate is calculated by measuring the distance between which of the following anatomical structures?
   a) Coccyx and inner margin of symphysis pubis.
   b) Tip of scarum and inner margin of symphysis pubis.
   c) Ischial spine and external margin of symphsis pubis.
   d) Sacral promontory and inferior point of symphysis pubis.

144. In the fetus or neonate, what are the two sutures between the frontal and parietal bones called?
   a) Frontal.
   b) Sagittal.
   c) Lambdoid.
   d) Coronal.
145. Where is surfactant primarily produced in the fetal lung?
   a) Type II pneumocytes.
   b) Alveoli macrophages.
   c) Alveoli basement membrane cells.
   d) Interstitial cells.
146. What is pigmentation of the midline, anterior abdominal skin during pregnancy called?
   a) Striae gravidarum.
   b) Linea nigra.
   c) Chloasma.
   d) Melasma.
147. What are hypertrophic sebaceous glands visible on the breast areolae in pregnancy called?
   a) Catcliffe nodules.
   b) Glands of Montgomery.
   c) Mammary vesicles.
   d) Papillae of Li.
148. A woman's parity is determined by the number of which of the following?
   a) Total number of pregnancies.
   b) Live fetuses delivered.
   c) Fetuses reaching viability.
   d) Pregnancies reaching 20 weeks' gestation.
149. Which nutrient during pregnancy is NOT adequately provided in diet alone?
   a) Calcium.
   b) Magnesium.
   c) Iron.
   d) Folate.
150. What is the term for no visible fetus in the gestational sac?
   a) Blighted ovum.
   b) Miscarriage.
   c) Septic abortion.
   d) Polar body.
Cairo University 25/8/2009
Faculty of Medicine Time allowed: 3 hours
5th year Final Exam Total marks (150)

Obstetrics and Gynecology
All questions are to be attempted

OBSTETRICS

New System

I) Pregnant lady twenty four years old coming to antenatal clinic. (Total 10 marks)
A) Name four warning symptoms. (4 marks)
B) Name four items that should be available in everyday diet of this lady. (4 marks)
C) Name two fetal risks of malnutrition. (2 marks)
D) Name five maternal risk factors in antenatal assessment. (4 marks)

II) Married lady twenty two years old have a one week missed period coming to casualty department with acute abdomen. (Total 7 marks)
A) Name four possible causes for this condition. (3 marks)
B) Mention three investigations to reach diagnosis. (3 marks)
C) Mention one non surgical management. (1 mark)

III) Twenty two primigravida pregnant 34 weeks coming to antenatal clinic with blood pressure 140/90. (Total 12 marks)
A) Name five possible causes for this case. (2 marks)
B) Name seven risk factors for the occurrence of the condition. (2 marks)
C) Name three signs for diagnosis. (2 marks)
D) Name three fetal complications. (2 marks)
E) What is the action of magnesium sulphate in the treatment of eclamptic fit, and mention three precautions before giving the next dose. (1 mark)

IV) An RH-ve mother married to a +ve RH father. (Total 6 marks)
A) Name two precautions to prevent erythroblastis foetalis. (2 marks)
B) Name four investigations in cord blood after labour. (4 marks)

V) What is engagement of the fetal head and its time to occur? Mention maternal and fetal causes of non engagement in primigravida in the last four weeks of pregnancy. (10 marks)

VI) Mention different methods to deliver retained placenta in cases of uterine atony. (6 marks)

VII) What is the definition of IUGR, and what are the causes of symmetric growth retardation. (6 marks)

VIII) What is the APGAR score. (6 marks)

IX) What is the Bishop score. (6 marks)

X) Mention different types of cesarean section and which is better and why? (6 marks)
Obstetrics and Gynecology

All questions are to be attempted

OBSTETRICS

Old System

I) The placenta presents the interface between the mother and the fetus. It is formed from the chorion frondosum and the decidua basalis. (Total 18 marks)
   A) Mention three functions of the placenta. (6 marks)
   B) Name four hormones secreted by the placenta. (8 marks)
   C) Name four anomalies in shape. (4 marks)

II) Twenty eight year old married lady having two missed periods coming to gynecological clinic. Gynecological examination revealed that the uterus is bulky and soft. (Total 14 marks)
   A) What is your first diagnosis? (4 marks)
   B) Mention two investigations to confirm that. (4 marks)
   C) Name three difference between bulky pregnant and non pregnant uterus. (3 marks)
   D) Knowing the date of the last menstrual period, how to calculate the expected date of delivery? (3 marks)

III) Primigravida pregnant 34 weeks, blood pressure 140/100 has vaginal bleeding and severe abdominal pain. (Total 16 marks)
   A) What is the possible diagnosis for this case? (4 marks)
   B) Name five investigations to confirm your diagnosis and decide the management. (5 marks)
   C) Mention five indications for conservative treatment. (5 marks)
   D) Enumerate lines of conservative treatment. (2 marks)

IV) Is iron supplement a necessity in all pregnant women and why? How much iron needed per day and what is the prevalence of anemia during pregnancy? (6 marks)

V) How many fontanells present in the fetal head and what are their clinical importance? (6 marks)

VI) What is the commonest fetal presentation and why? (6 marks)

VII) Mention the steps to be done for newly born infant. (6 marks)

VIII) Mention different methods of delivery of the after coming head in breech delivery, which is the best and why? (6 marks)

IX) How to prevent atonic postpartum hemorrhage? (6 marks)

X) What is the definition of fetal asphyxia? Mention causes of fetal distress (infant asphyxia) (6 marks)
Obstetrics and Gynecology
All questions are to be attempted

GYNECOLOGY

New System

I) Describe the anatomy of bartholin gland, function and possible complications. (4 marks)

II) Enumerate ovarian attachments. (6 marks)

III) Define puberty and its clinical manifestations. (10 marks)

IV) What are the hormones used in treatment of menopause (HRT), what are the medications and contradictions? (12 marks)

V) Name the assisted conception techniques. (6 marks)

VI) Name type of bleeding with fibroid. (6 marks)

VII) Name non neoplastic cysts of the ovary. (6 marks)

VIII) Define luteal phase defect, aetiology and treatment. (14 marks)

IX) Advantages of oral contraceptive pills. (6 marks)

X) Causes of symmetrically enlarged uterus. (5 marks)

GYNECOLOGY

Old System

I) What are the indications of rectal examination in gynecology? (8 marks)

II) Mention lymphatic drainage of the different parts of the uterus. (8 marks)

III) Define spasmodic dysmenorrhea, possible etiology and treatment. (10 marks)

IV) Define menopause and mention remote health hazards. (8 marks)

V) Define galactorrhea and possible drugs to induce it. (8 marks)

VI) Define ovulation and name different drugs used to induce ovulation (8 marks)

VII) Define polycystic ovary syndrome, pathogenesis and treatment. (14 marks)

VIII) Tests to assess tubal patency. (8 marks)

IX) Give the incidence trichomonas vaginalis. Describe the organism, mode of infection and treatment. (8 marks)

X) Criteria of malignancy in ovarian swelling. (14 marks)
Obstetrics and Gynecology

New system

Obstetrics

All 10 questions to be answered each carries 7.5 marks:

1- Name hormones secreted by the placenta and its rule in pregnancy maintenance?

2- Isthmic incompetence mention the following: Definition, Aetiology, diagnosis and treatment.

3- Contraction (contractions ring) mention the following: Definition, Aetiology, diagnosis and treatment.

4- Name cephalopelvic disproportion tests, mention timing of the procedure and methods.

5- Definition and complications of preterm labour.

6- What is apgar score of the fetus.

7- Intracranial hemorrhage of the fetus, mention aetiology and sites of hemorrhage.

8- Criteria which need to be fulfilled prior to forceps application.

9- Indications of trial vaginal delivery after cesarean section.

10- What are the main causes of maternal mortality.
Obstetrics and Gynecology

Old system

Obstetrics

All 10 questions to be answered each carries 9 marks:

1- Missed abortion mention the following: definition, aetiology, diagnosis and treatment.
2- Effect of placenta praevia on pregnancy, labour and pueperium.
3- Cervical dystocia mention the following: definition, types, aetiology and complications.
4- Trial of labour mention the following: definition, indications and selection of cases.
5- Risk factors for uterine rupture.
6- Mention the technique of active resuscitation of asphyxia neonatorum.
7- Puerperal pyrexia mention the following: definition and aetiology.
8- Advantages and complications of vacuum extractor.
9- Complications of cesarean section.
10- Blood transfusion in Obstetrics: mention the indications, complications and precautions.
Obstetrics and Gynecology

New system

Gynecology

All 10 questions to be answered each carries 7.5 marks:

1- Indications of rectal examination in Gynecology
2- Menopause mention: definition, types, endocrine changes and remote health hazards.
3- Drugs used for induction of ovulation.
4- Metropathia haemorrhagica mention: definition, aetiology, diagnoses and treatment.
5- Genuine stress incontinence GSI mention: definition, pathophysiology and treatment.
6- What are the indications to operate on symptomless fibroid.
7- Cervical Intraepithelial neoplasia (CIN) mention: definition, grades and diagnoses.
8- Mention Key points in ovarian cancer
9- Contraception for a lactating female.
10- Advantage of operative laparoscopy.
Obstetrics and Gynecology

Old system

Gynecology

All 10 questions to be answered each carries 9 marks:

1- Spmsodic dysmenorrhoea mention: definition, aetelogy, diagnoses and treatments.

2- Galactorrhoea mention: definition, causes and treatment.

3- Cervical factors for infertility mention: incidence and causes.

4- Postmenopausal defense mechanism (natural barrier) against vaginal infection. enumerate common types of infection in the reproductive period.

6- Indications and contraindications of myomectomy.

7- Cervical biopsies mention types and value.


9- Missed IUD mention causes and management.

10- Possible diagnostic applications of ultrasound in Gynecology.
Obstetrics and Gynecology  
New system  
Obstetrics

Write a very short essay on each of the following: 

* Total marks allocated to this group is 25 marks.
* 5 marks are allocated for each question.

1- Breast changes during pregnancy (5 marks)
2- Definition, indications, technique and risks of amniocentesis (5 marks)
3- The criteria of severity of preeclampsia (5 marks)
4- Definition, causes and incidences of maternal mortality in Egypt (5 marks)
5- Maternal and fetal risks during labor in contracted pelvis (5 marks)

Write an essay on each of the following: 

* Total marks allocated to this group is 50 marks.
* 10 marks are allocated for each question.

6- Active management of ante partum hemorrhage due to placenta previa. (10 marks)
7- Definition, etiology, diagnosis, differential diagnosis and treatment of constriction ring (10 marks)
8- Incidence, diagnosis and management of post term pregnancy. (10 marks)
9- Complications of breech deliver (10 marks)
10- Definition and diagnosis of fetal distress during labor. (10 marks)
Write very short essay on each of the followings:
* Total marks allocated to this group is 25 marks.
* 5 marks are allocated for each question.
1- value and indications of rectal examination (PR) in gynecologic (5 marks).
2- The anatomical changes associated with marked long standing female genital organs prolapse (5 marks).
3- Incidence and causes of menorrhagia and causes of metrorrhagia with uterine myoma. (5 marks)
4- Assessment of cervical factor in investigations of female infertility. (5 marks)
5- Rupture of an ovarian cyst as a complication of benign ovarian neoplasm. (5 marks)

Write an essay on each of the followings:
* Total marks allocated to this group is 50 marks.
* 10 marks allocated for each question.
6- The outflow tract disorders (uterine and vaginal) as a cause of amenorrhea. (10 marks)
7- Hormone Replacement therapy in menopause. Benefits and risks Indications and Contraindications, Types, Schedules, Route of administration, and Follow up (10 marks)
8- Etiology and Treatment of Delayed puberty. (10 marks)
9- Side effects and Contraindications for the of oral contraceptive pills. (10 marks)
10- Diagnosis, Special investigations and Treatment of Choriocarcinoma.
Cairo University
Faculty of Medicine
Obstetrics and Gynecology Dept

19 June 2012
Total Allocated Marks: 75
Time Allowed: 90 minutes

Obstetrics & Gynaecology final Examination
Fifth year
Essay Questions [gynaecology] (نظام حديث)

Answer questions in the answer booklet supplied [for gynaecology].

Write a short essay on five of the following questions.

1. Points that should be determined during a bimanual examination in gynaecologic practice.
2. Endocrine changes characteristic of menopause.
5. Endometrial hyperplasia; aetiology, pathology and diagnosis.
6. Growth factors that modulate cell growth and function.

Write a short essay on five of the following questions.

10 marks are allocated for each question.

7. Features suggesting malignancy in ovarian tumours.
8. Polycystic ovary syndrome; diagnosis and long term risks.
9. Chlamydia trachomatis infection of the female genital tract; sites, clinical picture, treatment and complications.
10. Stress urinary incontinence, aetiology, diagnosis and prevention.
11. Problems and complications associated with intrauterine contraceptive device use.
12. List non-neoplastic swellings of the vulva and write short essay on the commonest one.
Obstetrics & Gynaecology Hnal Examination
Fifth year
Essay Questions {Obstetrics}
(نظام حديث)

Answer questions in the answer booklet supplied for obstetrics.

Write a short essay on five of the following questions.

5 marks are allocated for each question.
1. Differential diagnosis of ectopic pregnancies.
2. Complications of accidental haemorrhage.
3. Mechanism of labour in face presentation.
4. Indications of caesarean section in Multifoetal pregnancies.
5. Foetal death during pregnancy and during delivery; definition and causes.

Write a short essay on five of the following questions.

10 marks are allocated for each question.
7. Missed abortion; definition, diagnosis, complications and management.
8. Anaemia during pregnancy; definition, management during pregnancy, labour and puerperium.
10. Diagnosis and management of atonic primary postpartum haemorrhage.
11. Foetal macrosomia; definition, risk factors, diagnosis, management and prognosis.
12. Septicaemic shock in obstetrics; aetiology, pathophysiology, clinical picture and management.
Obstetrics & Gynaecology tina] Examination
Fifth year
Essay Questions (Gynaecology)

Total number of questions: 9

Allocated mark for each question: 10

Answer all questions in the answer booklet supplied for gynaecology.

Write a short essay on each of the followings:
1. Lymphatic drainage of the uterus.
2. Treatment of dysfunctional uterine bleeding.
3. Pathologic changes in myomas.
4. Missed intrauterine contraceptive device.
5. Clinical features of the menopause.
8. Aetiology of hirsutism.
Obstetrics & Gynaecology Final Examination
Fifth year
Essay Questions (Obstetrics)

Total number of questions: 9
Allocated mark for each question: 10
Answer all questions in the answer booklet supplied for obstetrics.

Write a short essay on each of the followings:

1. The elderly primigravida; definition, maternal and foetal risks.
2. Complications of abortion.
3. Pathology of tubal ectopic pregnancy.
4. Management of a case having severe preeclamptic toxaemia.
5. Clinical importance of the level of the ischial spines.
6. Cervical dystocia; definition, types and management.
7. Management of intrauterine asphyxia (foetal distress).
8. Breech presentation; definition, types and mechanism of labour.
Cairo University
Faculty of Medicine
Obstetrics and Gynaecology Dept.

Obstetrics & Gynaecology final Examination

Fifth year

Essay Questions (Gynaecology)
(نظام حدوث)

- Answer questions in the answer booklet supplied for gynaecology.
- Allocated time for Gynaecology: 90 minutes
- Total Allocated Marks: 75

Write a short essay on the following questions.

➤ 5 marks are allocated for each question.
1. Causes of hyperprolactinaemia.
2. Bartholin's cyst; diagnosis and treatment.
3. Clinical picture of old complete perineal tear.
5. Symptoms of uterine leiomyomata.

Write a short essay on the following questions.

➤ 10 marks are allocated for each question.
7. Barrier methods of contraception.
8. Diagnostic and therapeutic indications of laparoscopy in gynaecology.
10. Surgical staging and treatment of endometrial carcinoma.
Cairo University
Faculty of Medicine
Obstetrics and Gynaecology Dept.

Obstetrics & Gynaecology final Examination

Fifth year

Essay Questions (Obstetrics)

- Answer questions in the answer booklet supplied for obstetrics.
- Allocated time for Obstetrics: 90 minutes
- Total Allocated Marks: 75

Write a short essay on the following questions.

➤ 5 marks are allocated for each question.

2. Follow up after evacuation of molar pregnancy.
3. Prerequisites for trial vaginal birth after cesarean section.
5. Mechanisms of transfer of nutrients through the placenta.

Write a short essay on the following questions.

➤ 10 marks are allocated for each question.

6. Inevitable abortion; clinical picture and management.
7. Obstetric pelvic outlet; boundaries and diameters.
8. Treatment of primary postpartum haemorrhage.
Cairo University  
Faculty of Medicine  
Obstetrics & Gynaecology Dept.  

19 June 2014  
Total Allocated Marks: 150  
Time Allowed: 180 minutes  

Obstetrics & Gynaecology final Examination  
Fifth year  
Essay Questions (Gynaecology)  
(نظام حديث)  

- Answer questions in the answer booklet supplied for gynaecology.  
- Allocated time for Gynaecology: 90 minutes  
- Total Allocated Marks: 75 marks  

Write a short essay on the following questions.

➤ 5 marks are allocated for each question.

1. Anatomy of the cervical ligaments.  
2. Clinical manifestations of puberty.  
3. Define different types of urinary incontinence.  
4. Types of myomectomies.  
5. Contraception for lactating females.  

Write a short essay on the following questions.

➤ 10 marks are allocated for each question.

7. Symptoms and signs of old complete perineal tear.  
8. Treatment of pelvic endometriosis.  
10. Primary epithelial ovarian cancer; operative staging and surgical treatment.
Cairo University 19 June 2014
Faculty of Medicine Total Allocated Marks: 150
Obstetrics & Gynaecology Dept. Time Allowed: 180 minutes

Obstetrics & Gynaecology final Examination

Fifth year

Essay Questions (Obstetrics)

(نظام حديث)

• Answer questions in the answer booklet supplied for obstetrics.
• Allocated time for Obstetrics: 90 minutes
• Total Allocated Marks: 75 marks

Write a short essay on the following questions.

➤ 5 marks are allocated for each question.
1. Lower uterine segment; characteristics and obstetric significance.
2. Aetiology and risk factors of tubal ectopic gestation.
3. Effects of diabetes mellitus on pregnancy.
4. Compare between anterior and posterior fontanelles of foetal skull.
5. Contraindications of oxytocin stimulation during labor.

Write a short essay on the following questions.

➤ 10 marks are allocated for each question.
7. Treatment of severe preeclampsia.
8. Management of the second stage of normal labor.
9. Intrauterine growth restriction of the foetus; Aetiology and management.
Cairo University
Faculty of Medicine
Obstetrics & Gynecology Dept.

15 June 2015
Total Allocated Marks: 150
Time Allowed: 180 minutes

Obstetrics & Gynecology final Examination
Fifth year
Essay Questions (Gynaecology)
(نظام حديث)

- Answer questions in the answer booklet supplied for gynecology.
- Allocated time for Gynecology: 90 minutes
- Total Allocated Marks: 75 marks

Write a short essay on the following questions.
>- 5 marks are allocated for each question.
  1. Blood supply & lymphatic drainage of the uterus.
  2. Cervical mucus changes during the menstrual cycle.
  4. Treatment of DUB.
  5. Chlamydia trachomatis infection of the cervix; clinical picture and treatment.

Write a short essay on the following questions.
>- 10 marks are allocated for each question.
  6. Polycystic ovary syndrome; pathogenesis, diagnosis and management.
  7. Stress urinary incontinence; definition, etiology, pathophysiology and clinical picture.
  8. Symptoms and signs of uterine leiomyomas.
  9. Problems and complications associated with intrauterine contraceptive device use.
Cairo University
Faculty of Medicine
Obstetrics & Gynecology Dept.

15 June 2015
Total Allocated Marks: 150
Time Allowed: 180 minutes

Obstetrics & Gynecology final Examination

Fifth year

Essay Questions (Obstetrics)

(نظام حديث)

- Answer questions in the answer booklet supplied for obstetrics.
- Allocated time for Obstetrics: 90 minutes
- Total Allocated Marks: 75 marks

Write a short essay on the following questions.

➢ 5 marks are allocated for each question.
1. Abnormalities of the umbilical cord.
2. Objectives of antenatal care.
3. The grand multipara; definition, maternal and fetal risks.
4. Compare cephalhematoma with caput succedaneum.
5. Metabolic and endocrinial changes during normal puerperium.

Write a short essay on the following questions.

➢ 10 marks are allocated for each question.
8. Mechanism of delivery of the fetus during normal labor.
10. Intrauterine growth restriction; etiology, diagnosis and management.
مع خالص أمنياتنا بدوام التوفيق
عميد كلية طب القصر العيني
مطالع دار „الجهوية“ للصحافة