



AlphaLearn AI

KERALA UNIVERSITY OF HEALTH SCIENCES · BLUPRINT

Paediatrics

Final Year MBBS

430 solved questions!

questions backed by 11 exam years of KUHS papers

sorted by chapter · ranked by importance

one tap → full model answer



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About this book ☆

This is a complete record of what KUHS has actually asked in **Paediatrics** — every question from **11 exam years** of university papers (2015–2025), cleaned up, de-duplicated and arranged the way you revise: chapter by chapter, heaviest marks first.

Reading a question is only half the work, so every question here is **tappable**. A tap opens the full model answer — written to the KUHS marking scheme — in AlphaLearn, the study app this book comes from. The first taps are free; you don't need an account to start reading.

The book is built for screens: it fits a tablet page-for-page, and on a phone every question stays readable without zooming. Use it in your PDF reader of choice — links work in all of them.

A note on trust: answer links are matched to each question by its text, not its number, and were audited against every paper in this book. If a question has no reliable answer yet, it simply carries no link — you will never be sent to the wrong answer.

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How to use this book

Every KUHS question for **Paediatrics**, arranged **Chapter** → **Topic** in textbook order – so you can revise straight through, like your own notes.

Thyroglossal cyst

10 M

Hernia ★

Mar 2019 – Feb 2024

View Answer →

Ask AI 

dotted underline = it's a link. tap the question, the model answer opens

marks – circled in red, just like your teacher does

the star = high-yield. keeps coming back – do these first

the years a question was asked, on its right – a long range = an old favourite

on clinical cases – the full worked answer in AlphaLearn

prefer AI? sends the question – prompt pre-written – to ChatGPT, Gemini or Claude, your pick

psst — the first two chapters are a **guided tour**: printed bigger, with grey handwritten notes (like this one) showing you around. From chapter 3 the notes step aside and the book runs at full density.

The 4-step plan

1 Scout

Open the Exam Intel page of each subject. See which chapters carry the marks.

2 Prioritise

Highlighted + High-Yield topics first. They repeat, every single year.

3 Attempt

Read the question, sketch your answer, then tap it and compare with the model answer.

4 Repeat

3–5 passes per chapter before the exam. The Contents page is one tap away, always.

AlphaLearn *Inside this book* ☆

01



Past Papers

22 real KUHS papers (2015–2025), each question linked to its answer.

turn to it →

02



The Blueprint

430 questions across 30 chapters, grouped by marks — the Decipher way.

turn to it →

03



Exam Analytics

Which chapters & topics carry the marks — hit these first.

turn to it →

04



The Must-Do List

A bird's-eye of every essay & short-note topic for last-week revision.

turn to it →

This book covers **Paediatrics** — 430 solved questions, all linked to full model answers in AlphaLearn.

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everything's a tap away — jump to any paper or any chapter below.

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Past Papers — every paper · tap to open

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The Blueprint – every chapter · tap to jump

Paediatrics · 430 Qs

1 Overview of Pediatric Medicine	37	11 Integrated Child Health Programs (IMNCI)	54	21 Inborn Errors of Metabolism	81
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3 Child Development	41	13 Respiratory Disorders	59	23 Primary Immunodeficiency Disorders	83
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SECTION 01



Past Papers

22 real KUHS papers · 2015-2025 · tap any question for its answer

May 2025

Pediatrics and Neonatology

Third Professional MBBS Part II Degree · Regular/Supplementary · 100 marks · 3 hrs

320001

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MULTIPLE CHOICE QUESTIONS

1 marks each

- 1 A 7 years old boy is brought with history of swelling of the legs and altered colour of urine. On examination there is oliguria and he is hypertensive. Answer the following questions. The first choice of antihypertensive in this condition is **1M > ♦**
- A) Calcium channel blocker
 - B) Vasodilators
 - C) Diuretics
 - D) Betablockers
- 2 Normal C3 levels are seen in **1M > ♦**
- A) PSGN
 - B) SLE Nephritis
 - C) MPGN
 - D) IgA Nephropathy
- 3 All of the following are indicated in the treatment of the child EXCEPT **1M > ♦**
- A) Frusemide
 - B) Prednisolone
 - C) Antibiotics
 - D) Fluid restriction

- 4 The following are indications for renal biopsy in AGN EXCEPT **1M > ♦**
- A) Normal complement levels
 - C) Presence of skin rash and joint pain
 - B) Microscopic hematuria persisting for 3 months
 - D) Low C3 levels beyond 12 weeks
- 5 The following is a feature of non-glomerular hematuria **1M > ♦**
- A) Painless hematuria
 - C) Absence of red cell casts
 - B) Cola colored urine
 - D) Presence of edema
- 6 Assertion (A): Physiologic variants of short stature includes familial short stature and constitutional delay Reason (R): In familial short stature, bone age is delayed **1M > ♦**
- A) Both A & R are correct, and R is correct explanation of A
 - C) A is correct; R is incorrect
 - B) Both A & R are correct, and R is not correct explanation of A
 - D) A is incorrect; R is correct

- 7 Assertion (A): The cut off for neonatal hypoglycemia is $< 54\text{mg\%}$ Reason (R): SGA babies are more prone for hypoglycemia **1M > ♦**
- A) Both A & R are correct, and R is correct explanation of A
 - C) A is correct; R is incorrect
 - B) Both A & R are correct, and R is not correct explanation of A
 - D) A is incorrect; R is correct
- 8 Assertion (A): Airway obstruction in Asthma is characterized by inflammation of the airway mucosa Reason (R): Inhaled steroids along with salbutamol should be given even for reliever therapy. **1M > ♦**
- A) Both A & R are correct, and R is correct explanation of A
 - C) A is correct; R is incorrect
 - B) Both A & R are correct, and R is not correct explanation of A
 - D) A is incorrect; R is correct

- 9 Assertion (A): Children with congenital heart disease, left to right shunt lesions present with CHF at 6-8 weeks of life Reason (R): Pulmonary arterial pressures reach a nadir by 6-8 weeks of life
 A) Both A & R are correct, and R is correct explanation of A
 C) A is correct; R is incorrect
 B) Both A & R are correct, and R is not correct explanation of A
 D) A is incorrect; R is correct
- 10 Assertion (A): Children with down syndrome have 15 -20 fold higher risk of acute leukemia Reason (R): Endocardial cushion defects are more common in children with Down syndrome.
 A) Both A & R are correct, and R is correct explanation of A
 C) A is correct; R is incorrect
 B) Both A & R are correct, and R is not correct explanation of A
 D) A is incorrect; R is correct
- 11 Laws of development include 1) The order of development is cephalo-caudal 2) The order of development is proximal to distal 3) Development is a continuous and orderly process 4) The growth of lymphoid tissue is most notable during the pubertal period
 A) 1 and 2 are correct
 C) 1, 2 and 3 are correct
 B) 2 and 4 are correct
 D) 1, 2, 3 and 4 are correct
- 12 Major criteria in NADAS' criteria include 1) Abnormal S2 2) Diastolic murmur 3) Systolic murmur grade 2 4) CCF
 A) 1 and 2 are correct
 C) 1, 2 and 3 are correct
 B) 2 and 4 are correct
 D) 1, 2, 3 and 4 are correct
- 13 The following are examples of lower motor neuron (LMN) lesions
 1) Spinal muscular atrophy 2) GBS 3) Poliomyelitis 4) Cerebral palsy
 A) 1 and 2 are correct
 C) 1, 2 and 3 are correct
 B) 2 and 4 are correct
 D) 1, 2, 3 and 4 are correct
- 14 The following are criteria for Kawasaki disease 1) Bilateral non-purulent conjunctival injection 2) Polymorphous rash 3) Unilateral cervical lymphadenopathy 4) Fever lasting for at least 5 days
 A) 1 and 2 are correct
 C) 1, 2 and 3 are correct
 B) 2 and 4 are correct
 D) 1, 2, 3 and 4 are correct
- 15 The following are present in Measles 1) Koplik spots 2) Coryza 3) Roth spots 4) Epstein pearls
 A) 1 and 2 are correct
 C) 1, 2 and 3 are correct
 B) 2 and 4 are correct
 D) 1, 2, 3 and 4 are correct

16 The first sign of puberty in girls is 1M > ♦

- A) Pubarche
- B) Menarche
- C) Thelarche
- D) Change in voice

17 Stridor in a child can be caused by all of the following conditions EXCEPT 1M > ♦

- A) Cystic fibrosis
- B) Croup
- C) Foreign body
- D) Epiglottitis

18 The following vaccines can be frozen except 1M > ♦

- A) OPV
- B) Measles
- C) Hepatitis-B
- D) BCG

19 Hypertension is defined as average SBP and DBP for age and sex 1M > ♦

- A) > 90th centile
- B) > 97 th centile
- C) > 99 th centile
- D) > 95 th centile

20 The following is NOT seen in Klinefelter's syndrome 1M > ♦

- A) Small testes
- B) Learning difficulty
- C) Short stature
- D) Gynaecomastia

LONG ESSAYS

10 marks each

2 Two year old child presents with gait abnormality and irritability of one month duration. On examination has severe pallor and hyper pigmented knuckles. 10M > ♦

- (a) What is the diagnosis [1]
- (b) What are the peripheral smear findings [2]
- (c) Laboratory investigations in a child with severe anemia [2]
- (d) Treatment of this condition [2]
- (e) National anemia control programme [3]

3 A preterm baby has respiratory distress immediately after birth and is admitted in NICU for further management. Answer the following questions. 10M > ♦

- (a) What is the most possible diagnosis [1]
- (b) List Four causes of respiratory distress in a neonate, both term and preterm [2]
- (c) Give a brief outline on the management of the baby [2]
- (d) How to prevent the present condition [2]
- (e) What are the other complications in a preterm baby [3]

SHORT ESSAYS

6 marks each

4 A 6 years old child is brought with history of not growing and height of 87 cms. Write Six causes of short stature in children and approach to short stature. 6M > ♦

- | | | |
|--|---|--|
| <p>5 Describe the clinical features, biochemical and radiological findings of Rickets. Treatment of Vitamin D deficiency Rickets. 6M > ♦</p> <p>6 Describe the clinical features and classification of Dengue fever. Give an outline on the management of Dengue shock in children. 6M > ♦</p> <p>7 Describe the clinical features and diagnosis of Down syndrome. Add a note on antenatal diagnosis. 6M > ♦</p> <p>8 Describe the etiopathogenesis, clinical features and management of Immune thrombocytopenia in children. 6M > ♦</p> | <p>9 What are the FOUR pillars of medical ethics. Explain with examples with reference to child health. 6M > ♦</p> <p>SHORT ANSWERS 4 marks each</p> <p>10 Write short note on MCP card and growth chart. 4M > ♦</p> <p>11 Write short note on
(a) Adolescent friendly health services
(b) POCSO Act 4M > ♦</p> | <p>12 Define the criteria for Severe acute malnutrition and list the complications. 4M > ♦</p> <p>13 What are the clinical features of intussusception in children. Briefly discuss the investigation and management of intussusception. 4M > ♦</p> <p>14 Name Three components and Three advantages of Kangaroo Mother Care (KMC). 4M > ♦</p> <p>15 Write differential diagnosis for Acute Flaccid Paralysis (AFP) in children and add a note on AFP surveillance. 4M > ♦</p> |
|--|---|--|

April 2025

Pediatrics and Neonatology

Third Professional MBBS (Part II) · Supplementary · **40 marks** · 2 hrs

311001

↔ contents

ESSAY

10 marks each

- 1 Two-year-old unimmunized child is brought to emergency ward with fever, nasal discharge - 3 days, cough 2 days, breathing difficulty 1 day. On examination the child is irritable, her respiratory rate is 62/min and has lower chest indrawing
- (a) What is the most probable diagnosis [1]
- (b) Name two common etiological agents causing this disease [1]
- (c) Enumerate the points in history and examination to substantiate your diagnosis [3]
- (d) List four complications of this condition [2]
- (e) Describe the management of this child [3]

SHORT NOTES

3 marks each

- 2 Enumerate the clinical features of cardiac failure in infants and children. 3M > ♦

- 3 Enumerate the investigations and management of a child with first episode Nephrotic syndrome. 3M > ♦
- 4 Enumerate the physical and neurological characteristics of a normal term new born. 3M > ♦
- 5 List the etiology of short stature in children. Enumerate the clues towards etiological diagnosis from history and examination of a child with short stature. 3M > ♦

ANSWER BRIEFLY

2 marks each

- 6 Enumerate the types of Pneumococcal vaccine, its route of administration, site of administration and schedule as per the national immunization schedule. 2M > ♦
- 7 Enumerate the common causes of Respiratory Distress in Newborns. 2M > ♦
- 8 Enumerate the CSF findings in a child with Acute Bacterial Meningitis. 2M > ♦

- 9 Describe the evolution of rash in measles. List four complications of measles. 2M > ♦
- 10 List three drugs used for chelation therapy in Thalassemia. Enumerate three complications of hemochromatosis in children with thalassemia. 2M > ♦

DRAW AND LABEL

2 marks each

- 11 Peripheral smear in Iron Deficiency Anemia. 2M > ♦
- 12 Primary Complex in the lung. 2M > ♦

ONE WORD ANSWERS

1 marks each

- 13 Paracetamol dose in children. 1M > ♦
- 14 Name one clinical condition with high reticulocyte count. 1M > ♦
- 15 Drug of choice in the secondary prophylaxis of Acute Rheumatic fever. 1M > ♦
- 16 Name one Neurocutaneous syndrome. 1M > ♦

August 2024

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree Supplementary Examinations · Supplementary · 40 marks · 2 hrs

[← contents](#)

ESSAY		10 marks			DRAW AND LABEL		2 marks each		
1	A two-year-old child is brought with fever for the last 24 hours and seizure 30 minutes back. (a) List four important differential diagnosis [2] (b) List relevant points in history and physical examination to arrive at a clinical diagnosis [4] (c) List relevant investigations to confirm the diagnosis with expected findings. [4]	> ♦	3	WHO grading of xerophthalmia	3M > ♦	11	Kramer's rule	2M > ♦	
			4	Management of cyanotic spells in an infant with tetralogy of fallot	3M > ♦	12	Internal capsule	2M > ♦	
			5	Discuss the clinical features and management of nocturnal enuresis.	3M > ♦	ONE WORD ANSWERS			1 marks each
			ANSWER BRIEFLY		2 marks each				
			6	Puddle sign	2M > ♦	13	Guthrie's test is done to diagnose which disease.	1M > ♦	
			7	Torsion testes	2M > ♦	14	Mention the drug used for prophylaxis of portal hypertension in children.	1M > ♦	
			8	Pentavalent vaccine	2M > ♦	15	Gower's sign is classically seen in which disease in children.	1M > ♦	
			9	Tracheo-esophageal fistula - Classification	2M > ♦	16	Most common etiological agent causing acute otitis media in children.	1M > ♦	
			10	Mention the clinical features of scurvy	2M > ♦				
SHORT NOTES		3 marks each							
2	Discuss clinical features and management of hemorrhagic disease of newborn.	3M > ♦							

July 2024

320001

Pediatrics and Neonatology

Third Professional MBBS (Part II) · Supplementary · 100 marks · 3 hrs

← contents

ESSAY

15 marks each

2

- 1 A 2-year-old male is brought to the Emergency room (ER) with history of fever and cough for 3 days followed by puffiness of face, more in the morning hours as soon as getting up from sleep, abdominal distension and reduced urine output. No past history of similar illness
- (a) What is the probable diagnosis [1]
 - (b) Mention the criteria to diagnose the above clinical condition [3]
 - (c) Enumerate the investigations with expected findings [3]
 - (d) Describe the management of the child [4]
 - (e) List four complication of the condition [2]
 - (f) Enumerate the advices you will give at discharge [2]

A 12-year-old boy is brought to casualty with history of cough, breathing difficulty and difficulty in speaking – one day. On examination he has respiratory rate of 42/min and SPO2 is 88% and bilateral rhonchi present. He gives history of recurrent episodes of cough and breathlessness and has been advised regular treatment to which he is not compliant

- (a) What is the probable diagnosis [1]
- (b) Enumerate the points from history and examination to substantiate the diagnosis [3]
- (c) Describe the steps in the management of this child in casualty [4]
- (d) Enumerate the long term drug management plan for this child [3]
- (e) List the advices you will give regarding home care to prevent further episodes [4]

SHORT ESSAYS

8 marks each

- 3 Describe the hemodynamics, clinical features and complications of Ventricular Septal Defect **8M** > ♦
- 4 Define Cerebral palsy. Classify cerebral palsy based on topography and etiology. List four complications of a child with cerebral palsy **8M** > ♦
- 5 Define Short Stature. List the causes of short stature. Describe the clues to etiology from history and examination and investigations in a child with short stature **8M** > ♦
- 6 A 3-day old term baby is brought with jaundice up to soles, abnormal cry and poor feeding. Baby is A+ and mother is O+. Name the complications the child has developed and describe the management strategies. Enumerate the differences between physiological jaundice and pathological jaundice. **8M** > ♦

7

Enumerate the facial features, genetic basis and system wise complications in a child with Down syndrome

8M > ♦

ANSWER BRIEFLY

4 marks each

8

Elaborate with diagram the maternal and neonatal reflexes that help in breast feeding.

4M > ♦

9

Define autonomy in medical practice. How do you counsel parents of a one-year-old unimmunized child regarding the need for vaccination

4M > ♦

10

Enumerate the clinical features of Congenital Hypothyroidism in a neonate

4M > ♦

11

Enumerate the clinical features and investigations in a child with acute torsion testis

4M > ♦

12

Enumerate the WHO classification for a xerophthalmia

4M > ♦

ONE WORD

1 marks each

- 13 List four glomerular causes of Hematuria **1M** > ♦
- 14 List two common Rheumatological diseases in children **1M** > ♦
- 15 List two surgical causes for delayed passage of meconium **1M** > ♦
- 16 Name two drugs used in the treatment of Acute Lymphoblastic leukemia in children **1M** > ♦
- 17 List two drugs used in Organophosphorus Poisoning **1M** > ♦
- 18 Define Perinatal Mortality Rate (PMR) **1M** > ♦
- 19 List two Iron Chelators used in children with Thalassemia who are on regular Packed Red Blood Cells transfusion **1M** > ♦
- 20 List two metabolic causes of chronic liver disease in children. **1M** > ♦
- 21 Define Microcephaly **1M** > ♦

22 List four causes of Acute Flaccid Paralysis in children.

1M > ♦

August 2023

Pediatrics and Neonatology

Third Professional MBBS (Part II) · Supplementary · 40 marks · 2 hrs

311001

↔ contents

AlphaLearn

ESSAY	10 marks	SHORT NOTES	3 marks each		
1	A five year old child is brought with history of puffiness around eyes, decreased urine output and passing cola coloured urine for the past 3 days. She had pyoderma of legs three weeks back. On examination child has periorbital puffiness and bilateral pitting pedal edema. Her blood pressure is 132/88 mm of Hg (a) What is the most probable diagnosis [1] (b) Enumerate the points in history and examination to substantiate your diagnosis [2] (c) List the investigations you will plan for this child with expected findings [3] (d) Enumerate the management of this child [3] (e) Name two complications of this condition [1]	10M > ♦	2	Describe the differences between physiological jaundice and pathological Jaundice.	3M > ♦
		3	Enumerate the clinical features, radiological findings and management of Kerosene poisoning in children.	3M > ♦	
		4	Write the composition of ORS. Enumerate the management of a 2-year-old child with acute diarrheal disease with no dehydration.	3M > ♦	
		5	Describe the clinical features and management of Idiopathic Thrombocytopenic Purpura in children.	3M > ♦	
		ANSWER BRIEFLY		2 marks each	
		6	Describe the management of a new case of lymphnode tuberculosis in an 8-year-old child	2M > ♦	
		7	Describe the clinical features of a child with severe pneumonia	2M > ♦	
		8	Describe the clinical features and management of breath holding spell.	2M > ♦	
		9	Route of administration	2M > ♦	
		10	List eight complications in a preterm baby.	2M > ♦	
		DRAW AND LABEL		2 marks each	
		11	Types of trachea oesophageal fistula.	2M > ♦	
		12	Radiological features of rickets in children.	2M > ♦	
		ONE WORD		1 marks each	
		13	Write the protein and calorie content of F75 formula feeds.	1M > ♦	
		14	Name one non pulmonary cause of respiratory distress in the newborns.	1M > ♦	
		15	Name one nucleoside reverse transcriptase inhibitor drug used in children.	1M > ♦	
		16	Name one cause of large head.	1M > ♦	

March 2023

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree · Regular/Supplementary · 40 marks · 2 hrs

contents

ESSAY

10 marks

- 1 A two-year-old male child presented with bilateral pedal edema. His weight is 5 kg, height 75cm and mid upper arm circumference 11cm.
- (a) What is the most probable diagnosis [1]
 - (b) What are the complications expected [3]
 - (c) How will you manage this child [6]

SHORT NOTES

3 marks each

- 2 Discuss the management of first episode of nephrotic syndrome 3M > ♦
- 3 Discuss the clinical features and management of very severe pneumonia as per National ARI Control Programme. 3M > ♦

- 4 Discuss the management of dengue shock syndrome 3M > ♦

- 5 Discuss the clinical features of congestive cardiac failure in infants and children 3M > ♦

ANSWER BRIEFLY

2 marks each

- 6 Torsion testes 2M > ♦
- 7 Physiologic jaundice 2M > ♦
- 8 Modified Jones criteria 2M > ♦
- 9 Temper tantrum 2M > ♦
- 10 MR vaccine campaign 2M > ♦

DRAW AND LABEL

2 marks each

- 11 Breath sounds in lobar pneumonia and acute exacerbation of bronchial asthma 2M > ♦

- 12 Fetal circulation 2M > ♦

ONE WORD ANSWERS

1 marks each

- 13 Name the vaccines given on day one of life. 1M > ♦
- 14 Treatment of choice of scrub typhus 1M > ♦
- 15 Number of iron folic acid tablets given during pregnancy in anemia control program. 1M > ♦
- 16 Sodium content in low osmolar ORS 1M > ♦

September 2022

Pediatrics and Neonatology

Third Professional MBBS (Part II) · Supplementary · 40 marks · 2 hrs

311001

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ESSAY

10 marks each

- 1 An eight year old female child is brought to the outpatient department with fever, pain and swelling over major joints which is migratory in nature. Her ESR is 66 mm in first hour. She gives history of sore throat 20 days back.
(a) What is your probable diagnosis. Discuss etiopathogenesis, clinical features and management of the same. [10]

SHORT NOTES

3 marks each

- 2 Congenital hypothyroidism 3M > ♦
3 Autism spectrum disorder 3M > ♦
4 Kangaroo mother care 3M > ♦
5 Management of urinary tract infections in children 3M > ♦

ANSWER BRIEFLY

2 marks each

- 6 Prevention and management of respiratory distress syndrome in preterm babies of gestational age less than 32 weeks 2M > ♦
7 Pentavalent vaccine 2M > ♦
8 Complimentary feeding 2M > ♦
9 Acute laryngotracheobronchitis - etiology and management 2M > ♦
10 Fine motor development up to one year of life 2M > ♦

DRAW AND LABEL

2 marks each

- 11 Normal vesicular breath sounds and breath sounds in acute exacerbation of bronchial asthma 2M > ♦

- 12 Peripheral smear in thalassemia major 2M > ♦

ONE WORD

1 marks each

- 13 Drug of choice for acetaminophen (Paracetamol) poisoning 1M > ♦
14 Intrauterine infection in which congenital cataract is seen 1M > ♦
15 Complication to be suspected in a five-year-old child having down syndrome with recent onset of gait disturbance 1M > ♦
16 Drug of choice for prophylaxis in an asymptomatic infant born to mother with active tuberculosis. 1M > ♦

March 2022

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree · Regular/Supplementary · 40 marks · 2 hrs

← contents

ESSAY	10 marks	SHORT NOTES	3 marks each	
1	A six years old child has been brought with history of facial puffiness and high coloured urine for last 12 hours. He is hypertensive, has pedal edema but no ascites or pleural effusion. (a) What is the most probable diagnosis. [1] (b) What is the most important differential diagnosis. [1] (c) What are the points in history to differentiate the two. [3] (d) What are the essential investigations to be done and the abnormalities expected. [2] (e) How will you manage this condition. [3]	10M > ♦	2 Neonatal seizures 3M > ♦ 3 Acute follicular tonsillitis 3M > ♦ 4 Cyanotic spell in tetralogy of fallot 3M > ♦ 5 Pentavalent vaccine 3M > ♦	10 Hyponatremic dehydration 2M > ♦
		ANSWER BRIEFLY 2 marks each		DRAW AND LABEL 2 marks each
		6 Management of otitis media 2M > ♦ 7 Temper tantrums 2M > ♦ 8 Low osmolar ORS 2M > ♦ 9 Fine motor development in a three-year-old child 2M > ♦		11 Surface marking of the lungs 2M > ♦ 12 Nephron 2M > ♦
				ONE WORD ANSWERS 1 marks each
				13 Name the long acting penicillin 1M > ♦ 14 Age at which Moro reflex disappears 1M > ♦ 15 Toxicity of digitalis is increased by which electrolyte disturbance. 1M > ♦ 16 Currently used oral polio vaccine and the types of viruses it contain. 1M > ♦

November 2021

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree · Supplementary · 40 marks · 2 hrs

← contents

ESSAY	10 marks	SHORT NOTES	3 marks each	9	Antenatal diagnosis of down syndrome	2M > ♦		
1	A five years old male child presented with edema around eyes which progressed to generalized edema in few days . He had normal urine output. Urine examination showed heavy proteinuria, but no haematuria. (a) What is your most probable diagnosis [1] (b) Write about the pathogenesis of this condition [3] (c) List down the essential investigations and expected finding [3] (d) How will you manage the child with in the hospital [3]	10M > ♦	2	Clinical features and management of acute watery diarrhoea with some dehydration	3M > ♦	10	WIFS -Expand and write a short note	2M > ♦
		3	Microcephaly	3M > ♦	DRAW AND LABEL		2 marks each	
		4	Staphylococcal pneumonia	3M > ♦	11	Rates of growth of different tissues and organs in children	2M > ♦	
		5	Components and hemodynamics of tetralogy of fallot	3M > ♦	12	Prolactin reflex	2M > ♦	
		ANSWER BRIEFLY		2 marks each		ONE WORD		1 marks each
		6	WHO classification of vitamin A deficiency	2M > ♦	13	Commonest type of muscular dystrophy in children and its mode of inheritance	1M > ♦	
		7	Proper positioning during breast feeding	2M > ♦	14	Dosage and duration of zinc supplementation in a one-year-old child with diarrhea	1M > ♦	
		8	Rota virus vaccine	2M > ♦				

15 Cause of hemorrhagic disease of new born

1M > ♦

16 One indication for intravenous immunoglobulin in children

1M > ♦

May 2021

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree · Regular/Supplementary · 40 marks · 2 hrs

↔ contents

ESSAY

10 marks

1 A seven years old child, known to have bronchial asthma has been brought with history of breathlessness of two hours duration. On examination, he is having tachypnoea, tachycardia and audible wheeze.

10M > ♦

(a) How will you assess the severity of acute exacerbation.

[2]

(b) What are the differential diagnosis you will consider. [2]

(c) How will you manage acute exacerbation. [3]

(d) What advice you will give to prevent further exacerbation.

[3]

SHORT NOTES

3 marks each

- 2 Kangaroo mother care 3M > ♦
- 3 Neonatal jaundice appearing on day one of life 3M > ♦
- 4 Simple febrile seizure 3M > ♦
- 5 Acute bronchiolitis 3M > ♦

ANSWER BRIEFLY

2 marks each

- 6 MMR vaccine 2M > ♦

7

Breath holding spell

2M > ♦

8

Assessment of dehydration in a child with watery diarrhoea

2M > ♦

9

Iron chelation in thalassemia

2M > ♦

10

Clinical and radiological findings in nutritional rickets

2M > ♦

DRAW AND LABEL

2 marks each

11

Components of stretch reflex (Tendon reflex)

2M > ♦

12

Murmur of Patent Ductus Arteriosus (PDA)

2M > ♦

ONE WORD

1 marks each

13

Sodium content of low osmolar ORS

1M > ♦

14

Age of starting complementary feeding in infants

1M > ♦

15

Commonly used potassium sparing diuretic

1M > ♦

16

Name two vaccines which prevent cancer

1M > ♦

October 2020

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree · Supplementary · 40 marks · 2 hrs

311001

↔ contents

ESSAY	10 marks	SHORT NOTES	3 marks each	DRAW AND LABEL	2 marks each
1	Two years old unimmunized boy admitted with history of low grade fever for last three weeks, recurrent seizures and altered sensorium for last two days. On examination, neck stiffness is elicited. (a) What is the most probable diagnosis [1] (b) What are the differential diagnosis [2] (c) Write down relevant points in history and clinical examination to arrive at a diagnosis [3] (d) List down the investigation to be done and the expected finding [2] (e) How will you manage this child [2]	10M > ♦	2 Nada's criteria 3M > ♦ 3 Clinical features and urinary findings in acute glomerulonephritis. 3M > ♦ 4 Breath holding spells. 3M > ♦ 5 Croup. 3M > ♦	11 Foetal circulation 2M > ♦ 12 Vaccine vial monitor 2M > ♦	
				ONE WORD	1 marks each
				13 Drug of choice for mycoplasma pneumonia. 1M > ♦ 14 Pattern of inheritance in glucose-6-phosphate dehydrogenase deficiency. 1M > ♦ 15 Quantity of oral rehydration solution (ORS) used in plan-B therapy. 1M > ♦ 16 In which condition, puddle sign is demonstrated 1M > ♦	

February 2020

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) · Regular/Supplementary · 40 marks · 2 hrs

[← contents](#)

ESSAY	10 marks	SHORT NOTES	3 marks each	
1	A two years old male child has been brought with history of fever since eight hours and one generalized seizure 30 mts before coming. On examination, seizure has subsided, child is drowsy but arousable.	10M > ♦		10 Laryngomalacia 2M > ♦
	(a) List four differential diagnosis you consider [2]			DRAW AND LABEL 2 marks each
	(b) How will you come to a clinical diagnosis. [4]			11 Hemodynamics of ventricular septal defect 2M > ♦
	(c) How will you investigate this child. How investigations help to confirm the diagnosis. [4]			12 Extraocular muscles 2M > ♦
		ANSWER BRIEFLY 2 marks each		ONE WORD ANSWERS 1 marks each
2	Congenital hypothyroidism	3M > ♦		13 Name two drugs for treating pneumococcal pneumonia. 1M > ♦
3	Undescended testes	3M > ♦		14 Number of arteries and veins in the umbilical cord 1M > ♦
4	Hepatitis A infection	3M > ♦		15 Chromosomal abnormality in turner syndrome 1M > ♦
5	Measles – management and complications	3M > ♦		16 Minimum age for HPV vaccine in girls 1M > ♦
6	Dyslexia	2M > ♦		
7	Phototherapy	2M > ♦		
8	Polio vaccines in National Immunization Schedule	2M > ♦		
9	List the Lab investigations in iron deficiency anaemia	2M > ♦		

August 2019

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) · Supplementary · 40 marks · 2 hrs

Archive note: 38 of 40 marks are available in this source.

↔ contents

ESSAY

10 marks each

- 1 Two year old male child with weight - 5 kg, height - 75cm and Mid Upper arm Circumference of 10 cm presenting with bilateral pedal edema. What is your probable diagnosis. What complications you expect in this child. How will you manage the child 10M > ✦

SHORT NOTES

10 marks

- 2 Hospital associated infections > ✦
3 Congestive cardiac failure in an infant - causes and clinical features > ✦

4 Kawasaki disease > ✦

5 Kerosene poisoning > ✦

ANSWER BRIEFLY

2 marks each

6 Breath holding spells is modified as Breath holding spells. 2M > ✦

7 Breast feeding - Advantages to mother and society 2M > ✦

8 Screening for hearing impairment in newborn 2M > ✦

9 Pneumococcal vaccine 2M > ✦

10 Hemorrhagic disease of newborn 2M > ✦

DRAW AND LABEL

2 marks each

11 Peripheral smear in iron deficiency anemia 2M > ✦

12 Radiological features of nutritional rickets 2M > ✦

ONE WORD

1 marks each

13 Name one X linked recessive disorder 1M > ✦

14 Electrolyte abnormality observed in congenital adrenal hyperplasia 1M > ✦

15 Name the organism which causes erythema infectiosum 1M > ✦

16 Drug of choice for herpes simplex encephalitis 1M > ✦

February 2019

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree Examinations · Regular · 40 marks · 2 hrs

← contents

ESSAY	10 marks each	ANSWER BRIEFLY	2 marks each	DRAW AND LABEL	2 marks each
1	<u>A 3 years old male child is diagnosed to have minimal change nephrotic syndrome. Discuss pathogenesis, clinical features and management of the same.</u>	10M > ♦		11	<u>Ventricular system of brain.</u> 2M > ♦
				12	<u>Tracheobronchial tree</u> 2M > ♦
				ONE WORD ANSWERS 1 marks each	
				13	<u>Drug of choice in the treatment of cerebral malaria.</u> 1M > ♦
				14	<u>Gold standard test for diagnosis of dengue fever.</u> 1M > ♦
				15	<u>What is the rate of transmission of HIV through sexual route</u> 1M > ♦
				16	<u>Mention the antidote, its oral dosage & duration in paracetamol poisoning</u> 1M > ♦
SHORT NOTES	3 marks each				
2	<u>Complications of bottle feeding.</u>	3M > ♦	6	<u>What are the age independent criteria for diagnosis of malnutrition.</u>	2M > ♦
3	<u>Immunological benefits of breast feeding.</u>	3M > ♦	7	<u>Common causes for acute otitis media</u>	2M > ♦
4	<u>Kwashiorkor</u>	3M > ♦	8	<u>Classify pneumonia according to acute respiratory infection (ARI) control programme.</u>	2M > ♦
5	<u>Hypoglycemia in newborn.</u>	3M > ♦	9	<u>Prevention of sepsis in newborn nursery</u>	2M > ♦
			10	<u>Low osmolarity ORS (ORAL REHYDRATION SOLUTION).</u>	2M > ♦

August 2018

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) · Supplementary · 40 marks · 2 hrs

contents

ESSAY 10 marks each		5 <u>Clinical features and management of cyanotic spell</u> 3M > ♦		DRAW AND LABEL 2 marks each	
1	<u>Discuss the a etiopathogenesis, clinical features, lab investigations and management of acute rheumatic fever</u> 10M > ♦	ANSWER BRIEFLY 2 marks each		11	<u>Visual pathway</u> 2M > ♦
SHORT NOTES 3 marks each		6	<u>Steroid dependent nephrotic syndrome</u> 2M > ♦	12	<u>Life cycle of plasmodium vivax</u> 2M > ♦
2	<u>Laboratory diagnosis of pyogenic meningitis</u> 3M > ♦	7	<u>Growth assessment and development of one year old child</u> 2M > ♦	ONE WORD ANSWERS 1 marks each	
3	<u>IMNCI</u> 3M > ♦	8	<u>Laboratory diagnosis of dengue</u> 2M > ♦	13	<u>Define microcephaly</u> 1M > ♦
4	<u>Definition and management of status epilepticus</u> 3M > ♦	9	<u>Steps of hand washing</u> 2M > ♦	14	<u>Differentiation of physiological jaundice and pathological jaundice</u> 1M > ♦
		10	<u>Complications of preterm baby</u> 2M > ♦	15	<u>One radiological finding in intussusception</u> 1M > ♦
				16	<u>Late complication of measles</u> 1M > ♦

February 2018

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) · Degree Examinations · 40 marks · 2 hrs

← contents

ESSAY 10 marks

- 1 Discuss the etiopathogenesis, clinical features, laboratory investigations and management of pyogenic meningitis 10M > ♦

SHORT NOTES 3 marks each

- 2 Kawasaki disease 3M > ♦
3 Enumerate the causes of splenomegaly in children 3M > ♦
4 Acute flaccid paralysis and surveillance of poliomyelitis 3M > ♦

5 Behavioural problems in children 3M > ♦

ANSWER BRIEFLY 2 marks each

- 6 Gastro esophageal reflux disease 2M > ♦
7 Genetic counselling 2M > ♦
8 Hyaline membrane disease- clinical features and management 2M > ♦
9 Inhalation therapy in bronchial Asthma 2M > ♦
10 Failure to thrive 2M > ♦

DRAW AND LABEL 2 marks each

- 11 Internal capsule 2M > ♦
12 PDA murmur 2M > ♦

ONE WORD ANSWERS 1 marks each

- 13 One X-ray finding in scurvy 1M > ♦
14 Time of surgical correction of cleft palate 1M > ♦
15 Vaccination schedule in Japanese B encephalitis 1M > ♦
16 Define hypoglycemia in newborn 1M > ♦

September 2017

Pediatrics and Neonatology

311001

Third Professional MBBS (Part II) Degree Supplementary Examinations · Supplementary · 40 marks · 2 hrs

← contents

ESSAY	10 marks					DRAW AND LABEL	2 marks each
1	A three years old boy complaints of oliguria and edema since three days. Answer the following:	10M > ♦	4	Advantages of breast feeding.	3M > ♦	11	Types of ventricular septal defect. 2M > ♦
	(a) How will clinically evaluate the patient [3]		5	Hemodynamics in patent ductus arteriosus.	3M > ♦	12	Course of sixth cranial nerve 2M > ♦
	(b) How will you investigate [3]		ANSWER BRIEFLY		2 marks each	ONE WORD	
	(c) How will you manage if final diagnosis is acute – glomerulonephritis [4]		6	ECG changes in hypokalemia.	2M > ♦	13	Drug of choice in mycoplasma pneumonia. 1M > ♦
SHORT NOTES		3 marks each	7	Grading of Kwashiorkor.	2M > ♦	14	Pattern of inheritance of Duchenne muscular dystrophy. 1M > ♦
2	Mention six benign findings seen in a newborn baby.	3M > ♦	8	X-ray findings in a newborn with respiratory distress syndrome.	2M > ♦	15	Name of enanthem seen in measles. 1M > ♦
3	Drugs causing nephrotic syndrome.	3M > ♦	9	Causes of microcytic hypochromic anemia.	2M > ♦	16	Name the congenital heart disease in which lower limb pulses are weak 1M > ♦
			10	Classify JIA (Juvenile Idiopathic arthritis).	2M > ♦		

March 2017

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree Examinations - Regular · 40 marks · 2 hrs

contents

ESSAY	10 marks					DRAW AND LABEL	2 marks each
1	A six months old baby was diagnosed to have Fallot's tetralogy. Answer the following:	10M > ♦	4	Management of simple febrile convulsions.	3M > ♦	11	Circle of Willis. 2M > ♦
	(a) Discuss the hemodynamics. [2]		5	Antenatal diagnosis of Downs syndrome.	3M > ♦	12	Posterior column of spinal cord. 2M > ♦
	(b) Clinical features. [4]						
	(c) Management. [4]		ANSWER BRIEFLY	2 marks each		ONE WORD	1 marks each
			6	Ponderal index. 2M > ♦		13	Drug used for prophylaxis against pneumocystis - carinii pneumonia 1M > ♦
			7	CSF picture of tubercular meningitis. 2M > ♦		14	Pattern of inheritance of Marfan's syndrome 1M > ♦
SHORT NOTES	3 marks each		8	Four causes of retinitis pigmentosa. 2M > ♦		15	Odor of urine in phenyl ketonuria 1M > ♦
2	Cephalhematoma. 3M > ♦		9	Four infections causing hepatosplenomegaly. 2M > ♦		16	Drug, dosage and duration of treatment for a six month old baby with sputum positive pulmonary tuberculosis 1M > ♦
3	Advantages of kangaroo mother care. 3M > ♦		10	Cleft palate 2M > ♦			

September 2016

311001

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree Examinations · Supplementary · 40 marks · 2 hrs

← contents

ESSAY	10 marks each	SHORT NOTES	3 marks each	
1	Six weeks old baby presented with feeding difficulty in the form of suck-rest cycle. O/E baby had moderate cardiomegaly and grade III systolic murmur in the left fourth space. Answer the following: (a) What is the primary cardiac abnormality. [1] (b) What associated complication that lead to the presenting complaints. [1] (c) Discuss the hemodynamics of the primary cardiac abnormality. [4] (d) Management of the present complication. [4]	10M > ♦	2	Ocular findings in Down's syndrome. 3M > ♦
		3	MRI findings in tuberous sclerosis. 3M > ♦	
		4	Complications of measles. 3M > ♦	
		5	IMNCI (Integrated management of neonatal and childhood illness) 3M > ♦	
		ANSWER BRIEFLY	2 marks each	
		6	Grading of marasmus. 2M > ♦	
		7	Four causes for recurrent lower respiratory tract infection. 2M > ♦	
		8	Endocrine complications of thalassemia. 2M > ♦	
		9	Four clinical findings in henoch schonlein purpura. 2M > ♦	
		10	Four causes for preterm birth. 2M > ♦	
		DRAW AND LABEL	2 marks each	
		11	Fetal circulation. 2M > ♦	
		12	Visual pathway. 2M > ♦	
		ONE WORD	1 marks each	
		13	Drug of choice for rheumatic carditis with congestive cardiac failure. 1M > ♦	
		14	Pattern of inheritance of Hunter's disease. 1M > ♦	
		15	Antioxidant vitamins. 1M > ♦	
		16	What is the lactose content in breast milk 1M > ♦	

March 2016

Pediatrics and Neonatology

Third Professional MBBS (Part II) Degree Examinations · Regular · 40 marks · 2 hrs

311001

← contents

ESSAY	10 marks	SHORT NOTES	3 marks each	
1	Four years old child presented with puffiness of face, swelling all over the body and decreased urine output. What is the most probable diagnosis. How will you clinically evaluate and manage this child (a) What is the most probable diagnosis [2] (b) How will you clinically evaluate this child [4] (c) How will you manage this child [4]	2	Radiological findings in rickets	3M > ♦
		3	Clinical manifestations of snake envenomation	3M > ♦
		4	Management of H1N1 pneumonia in a six months old baby	3M > ♦
		5	Preventable causes of intellectual disability (mental retardation)	3M > ♦
		ANSWER BRIEFLY		2 marks each
		6	Thumb sucking	2M > ♦
		7	Rota virus vaccine	2M > ♦
		8	BFHI (Baby friendly hospital initiative)	2M > ♦
		9	Atypical pneumonia in children	2M > ♦
		10	Management of febrile seizures	2M > ♦
		DRAW AND LABEL		2 marks each
		11	CSF pathway	2M > ♦
		12	Porto systemic anastomosis	2M > ♦
		ONE WORD		1 marks each
		13	Four cardinal signs of Kwashiorkor	1M > ♦
		14	Four complications of malaria	1M > ♦
		15	Indications for endo-tracheal intubation in a newborn	1M > ♦
		16	When was last case of wild poliomyelitis reported in India	1M > ♦

September 2015

Paediatrics and Neonatology

Third Professional MBBS (Part II) Degree Supplementary Examinations · Supplementary · 40 marks · 2 hrs

311001

[↩ contents](#)

ESSAY

10 marks

- 1 Seven years old child was brought with fever and seizure O/E deeply comatose, pale and significant hepatosplenomegaly. Answer the following:
- (a) What are the possibilities. [2]
 - (b) What clinical signs will you look for in this case [2]
 - (c) How will you investigate. [3]
 - (d) How will you manage. [3]

SHORT NOTES

3 marks each

- ## 2 Management of HIV children 3M > ♦

- 3 Management of near drowning child 3M > ♦
- 4 Dengue hemorrhagic shock 3M > ♦
- 5 Clinical features and investigation in infective endocarditis 3M > ♦

ANSWER BRIEFLY

2 marks each

- | | | |
|----|-----------------------|--------|
| 6 | <u>Pica</u> | 2M > ✦ |
| 7 | <u>Cerebral edema</u> | 2M > ✦ |
| 8 | <u>Cryptorchidism</u> | 2M > ✦ |
| 9 | <u>Pneumothorax</u> | 2M > ✦ |
| 10 | <u>Warm chain</u> | 2M > ✦ |

DRAW AND LABEL

2 marks each

- 11 Pinworm egg 2M > ✦
- 12 Entero-hepatic circulation 2M > ✦

ONE WORD ANSWERS

1 marks each

- | | | |
|----|--|--------|
| 13 | <u>Drug of choice for prophylaxis of pneumocystis jiroveci</u> | 1M > ♦ |
| 14 | <u>Lab diagnosis of leptospirosis</u> | 1M > ♦ |
| 15 | <u>Dose of vitamin K in newborn</u> | 1M > ♦ |
| 16 | <u>Four common causes of fever with rash</u> | 1M > ♦ |

April 2015

311001

Paediatrics and Neonatology

Third Professional MBBS (Part II) Degree Examinations · Regular · 40 marks · 2 hrs

[← contents](#)

ESSAY		DRAW AND LABEL	
	10 marks each		2 marks each
1	What is acute flaccid paralysis. 10M > ♦ Discuss the differential diagnosis of a case of acute flaccid paralysis and its surveillance (a) What is acute flaccid paralysis. [2] (b) Discuss the differential diagnosis of a case of acute flaccid paralysis [6] (c) and its surveillance [2]	3	Complications of fallot's tetralogy 3M > ♦
		4	APGAR score 3M > ♦
		5	Rheumatic fever prophylaxis 3M > ♦
SHORT NOTES		ANSWER BRIEFLY	
	3 marks each		2 marks each
2	Biochemical changes in rickets 3M > ♦	6	Diagnostic criteria of infective endocarditis 2M > ♦
		7	Difference between caput succedaneum and cephalhematoma 2M > ♦
		8	Oral rehydration therapy 2M > ♦
		9	Varicella vaccine 2M > ♦
		10	Zinc deficiency in children 2M > ♦
		11	Circle of Willis 2M > ♦
		12	Peripheral smear picture in iron deficiency anemia 2M > ♦
		ONE WORD	
			1 marks each
		13	Treatment choice in scrub typhus 1M > ♦
		14	Four causes of respiratory distress in newly born baby 1M > ♦
		15	Name four dangerous signs in pneumonia 1M > ♦
		16	When was last case of poliomyelitis reported in India 1M > ♦

SECTION 02



The Blueprint

every question ever asked – by chapter & by marks



Paediatrics 30 chapters · 430 Qs · 100% answered



1

Overview of Pediatric Medicine

GUIDED TOUR

9Q



✗ Turn off Annotations / Pen mode for the links to work.

↘ new here? this chapter and the next are printed bigger, and these grey notes walk you through the book. from chapter 3, the notes step aside and the pages run at full density.

CLINICAL & STRUCTURED CASES

1

SHORT ANSWER

4 M

May 2025

Write short note on

- (a) Adolescent friendly health services
- (b) POCSO Act

Dx: ADOLESCENT FRIENDLY HEALTH SERVICES

View Answer →

Ask AI ✦

↘ clinical cases carry two buttons – View Answer opens the worked answer, Ask AI hands the case to ChatGPT, Gemini or Claude with the prompt already written. attempt your own diagnosis before tapping either.

SHORT ESSAYS 6 m

1

↘ every line below is a real KUHS exam question – the red number is its usual marks, and the small dates on the right are when it was asked.

1. What are the FOUR pillars of medical ethics.
Explain with examples with reference to child health.

May 2025 >



↘ see the dotted underline? tap any underlined question and its full model answer opens – no searching, no typing. try this one.

ANSWER BRIEFLY 4 m

2

1. Define autonomy in medical practice . How do you counsel parents of a one-year-old unimmunized child regarding the need for vaccination

Jul 2024 >



2. WIFS -Expand and write a short note

Nov 2021 >



SHORT ANSWERS 4 m

2

1. Write short note on MCP card and growth chart.

May 2025 >



2. Describe the four pillars of medical ethics

Mar 2024 >



ONE WORD 1 m

3

1. Define Perinatal Mortality Rate (PMR)

Jul 2024 >



2. Number of iron folic acid tablets given during pregnancy in anemia control program.

Mar 2023 >



3. Treatment choice in scrub typhus

Apr 2015 >



2 Growth Patterns

GUIDED TOUR

6 Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

SHORT ESSAYS 8 m

1

↘ every line below is a real KUHS exam question – the red number is its usual marks, and the small dates on the right are when it was asked.

1. Define Short Stature. List the causes of short stature. Describe the clues to etiology from history and examination and investigations in a child with short stature Jul 2024 >



↘ see the dotted underline? tap any underlined question and its full model answer opens – no searching, no typing. try this one.

ANSWER BRIEFLY 2 m

2

1. Weight gain in 1st year of life. Oct 2020 >
2. Ponderal index. Mar 2017 >

DRAW & LABEL 2 m

1

1. Rates of growth of different tissues and organs in children Nov 2021 >

MCQs 1 m

2

1. Assertion (A): Physiologic variants of short stature includes familial short stature and constitutional delay Reason (R): In familial short stature, bone age is delayed a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct

May 2025 >

2. Hypertension is defined as average SBP and DBP for age and sex a) > 90th centile b) > 97 th centile c) > 99 th centile d) > 95 th centile

May 2025 >

3 Child Development

7 Q <

✖ Turn off Annotations / Pen mode for the links to work.

ANSWER BRIEFLY 2 m

3

1. Fine motor development up to one year of life

Sep 2022 >

2. Fine motor development in a three-year-old child

Mar 2022 >

3. Growth assessment and development of one year old child

Aug 2018 >

SHORT ANSWERS 4 m

1

1. Enumerate four obligatory developmental milestones in all domains in a two-year-old child. Name two developmental screening tools

Mar 2024 >

ONE WORD 1 m

2

1. Write one milestone in four domains attained by a two-year-old child. Mar 2024 > ✦
2. Age at which Moro reflex disappears Mar 2022 > ✦

MCQs 1 m

1

1. Laws of development include 1) The order of development is cephalo-caudal 2) The order of development is proximal to distal 3) Development is a continuous and orderly process 4) The growth of lymphoid tissue is most notable during the pubertal period a) 1 and 2 are correct c) 1, 2 and 3 are correct b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct May 2025 > ✦

4 Developmental and Behavioral Disorders

13 Q ↩

✕ Turn off Annotations / Pen mode for the links to work.

SHORT NOTES 3 m

5

1. Discuss the clinical features and management of nocturnal enuresis. Aug 2024 > ✦
3. Breath holding spells. Oct 2020 > ✦
5. Preventable causes of intellectual disability (mental retardation) Apr 2016 > ✦
2. Autism spectrum disorder Sep 2022 > ✦
4. Behavioural problems in children Feb 2018 > ✦

ANSWER BRIEFLY 2 m

8

- | | | | | | |
|--|--------------|---|--------------|-------------------------|--------------|
| 1. <u>Describe the clinical features and management of breath holding spell.</u> | Aug 2023 > ♦ | 4. <u>Breath holding spell</u> | May 2021 > ♦ | 7. <u>Thumb sucking</u> | Apr 2016 > ♦ |
| 2. <u>Temper tantrum</u> | Mar 2023 > ♦ | 5. <u>Dyslexia</u> | Feb 2020 > ♦ | 8. <u>Pica</u> | Sep 2015 > ♦ |
| 3. <u>Temper tantrums</u> | Mar 2022 > ♦ | 6. <u>Breath holiday spells is modified as Breath holding spells.</u> | Aug 2019 > ♦ | | |

5 Adolescent Health

1 Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

MCQs 1 m

1

1. The first sign of puberty in girls is a) Pubarche b) Menarche c) Thelarche d) Change in voice
- May 2025 > ♦

6 Care of the Newborn

37 Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

1

ESSAY

10 M

May 2025

A preterm baby has respiratory distress immediately after birth and is admitted in NICU for further management. Answer the following questions.

- What is the most possible diagnosis [1]
- List Four causes of respiratory distress in a neonate, both term and preterm [2]
- Give a brief outline on the management of the baby [2]
- How to prevent the present condition [2]
- What are the other complications in a preterm baby [3]

DX: RESPIRATORY DISTRESS SYNDROME (RDS)

View Answer →

Ask AI ♦

SHORT ESSAYS 8 m

1

- A 3-day old term baby is brought with jaundice up to soles, abnormal cry and poor feeding. Baby is A+ and mother is O+. Name the complications the child has developed and describe the management strategies. Enumerate the differences between physiological jaundice and pathological jaundice. Jul 2024 > ♦

SHORT NOTES 3 m

10

1. Enumerate the physical and neurological characteristics of a normal term new born.	Apr 2025 > ♦	3. Describe the differences between physiological jaundice and pathological Jaundice.	Aug 2023 > ♦	6. Hypoglycemia in newborn.	Feb 2019 > ♦
2. Describe the physical and neurological characteristics of a Preterm baby.	Mar 2024 > ♦	4. Kangaroo mother care	May 2021, Sep 2022 > ♦	7. Mention six benign findings seen in a newborn baby.	Sep 2017 > ♦
		5. Neonatal jaundice appearing on day one of life	May 2021 > ♦	8. Advantages of kangaroo mother care.	Mar 2017 > ♦
				9. Cephalhematoma.	Mar 2017 > ♦
				10. APGAR score	Apr 2015 > ♦

ANSWER BRIEFLY 2 m

12

1. Enumerate the common causes of Respiratory Distress in Newborns.	Apr 2025 > ♦	7. Complications of preterm baby	Aug 2018 > ♦
2. List eight complications in a preterm baby.	Aug 2023 > ♦	8. Hyaline membrane disease- clinical features and management	Feb 2018 > ♦
3. Physiologic jaundice	Mar 2023 > ♦	9. X-ray findings in a newborn with respiratory distress syndrome.	Sep 2017 > ♦
4. Prevention and management of respiratory distress syndrome in preterm babies of gestational age less than 32 weeks	Sep 2022 > ♦	10. Four causes for preterm birth.	Sep 2016 > ♦
5. Phototherapy	Feb 2020 > ♦	11. Warm chain	Sep 2015 > ♦
6. Prevention of sepsis in newborn nursery	Feb 2019 > ♦	12. Difference between caput succedaneum and cephalhematoma	Apr 2015 > ♦

PRECISE ANSWERS 1 m

1

1. List FOUR causes of respiratory distress in a preterm baby Mar 2024 > ♦

SHORT ANSWERS 4 m

1

1. Name Three components and Three advantages of Kangaroo Mother Care (KMC). May 2025 > ♦

DRAW & LABEL 2 m

2

1. Kramer's rule Aug 2024 > ♦
2. Types of trachea oesophageal fistula. Aug 2023 > ♦

ONE WORD 1 m

8

1. Define Perinatal period. Mar 2024 > ♦
2. Name one non pulmonary cause of respiratory distress in the newborns. Aug 2023 > ♦
3. Number of arteries and veins in the umbilical cord Feb 2020 > ♦
4. Differentiation of physiological jaundice and pathological jaundice Aug 2018 > ♦
5. Define hypoglycemia in newborn Feb 2018 > ♦
6. Indications for endotracheal intubation in a newborn Apr 2016 > ♦
7. Dose of vitamin K in newborn Sep 2015 > ♦
8. Four causes of respiratory distress in newly born baby Apr 2015 > ♦

MCQs 1m

1

1. Assertion (A): The cut off for neonatal hypoglycemia is $< 54\text{mg\%}$ Reason (R): SGA babies are more prone for hypoglycemia a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct
- May 2025 >



Pediatric Nutrition

24 Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

1

ESSAY

10 M

Mar 2023

A two-year-old male child presented with bilateral pedal edema. His weight is 5 kg, height 75cm and mid upper arm circumference 11cm.

- What is the most probable diagnosis [1]
- What are the complications expected [3]
- How will you manage this child [6]

Dx: SEVERE ACUTE MALNUTRITION

View Answer →

Ask AI ↗

ESSAYS 10 m

1

- Two year old male child with weight - 5 kg, height - 75cm and Mid Upper arm Circumference of 10 cm presenting with bilateral pedal edema. What is your probable diagnosis. What complications you expect in this child. How will you manage the child Aug 2019 >

SHORT ESSAYS 8 m

1

- Define obesity. Describe common etiologies and complications of obesity. List four preventive strategies for obesity Mar 2024 >

SHORT NOTES 3 m

4

- | | | | | | |
|---|--------------|--|--------------|---|--------------|
| 1. <u>Immunological benefits of breast feeding.</u> | Feb 2019 > ♦ | 2. <u>Complications of bottle feeding.</u> | Feb 2019 > ♦ | 4. <u>Advantages of breast feeding.</u> | Sep 2017 > ♦ |
| | | 3. <u>Kwashiorkor</u> | Feb 2019 > ♦ | | |

ANSWER BRIEFLY 2 m

11

- | | | | |
|--|--------------|--|--------------|
| 1. <u>Elaborate with diagram the maternal and neonatal reflexes that help in breast feeding.</u> | Jul 2024 > ♦ | 5. <u>Burping</u> | Oct 2020 > ♦ |
| 2. <u>List the diagnostic criteria for severe acute malnutrition. Describe the role of Ready To Use Therapeutic Food in the management of malnourished children.</u> | Mar 2024 > ♦ | 6. <u>Breast feeding - Advantages to mother and society</u> | Aug 2019 > ♦ |
| 3. <u>Complimentary feeding</u> | Sep 2022 > ♦ | 7. <u>What are the age independent criteria for diagnosis of malnutrition.</u> | Feb 2019 > ♦ |
| 4. <u>Proper positioning during breast feeding</u> | Nov 2021 > ♦ | 8. <u>Failure to thrive</u> | Feb 2018 > ♦ |
| | | 9. <u>Grading of Kwashiorkor.</u> | Sep 2017 > ♦ |
| | | 10. <u>Grading of marasmus.</u> | Sep 2016 > ♦ |
| | | 11. <u>BFHI (Baby friendly hospital initiative)</u> | Apr 2016 > ♦ |

SHORT ANSWERS 4 m

1

- | | |
|---|--------------|
| 1. <u>Define the criteria for Severe acute malnutrition and list the complications.</u> | May 2025 > ♦ |
|---|--------------|

DRAW & LABEL 2 m

1

- | | |
|----------------------------|--------------|
| 1. <u>Prolactin reflex</u> | Nov 2021 > ♦ |
|----------------------------|--------------|

ONE WORD 1 m

4

1. Write the protein and calorie content of F75 formula feeds.

Aug 2023 >



2. Age of starting complementary feeding in infants

May 2021 >



3. What is the lactose content in breast milk

Sep 2016 >



4. Four cardinal signs of Kwashiorkor

Apr 2016 >



8 Micronutrient Disorders

16 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

SHORT ESSAYS 6 m

1

1. Describe the clinical features, biochemical and radiological findings of Rickets. Treatment of Vitamin D deficiency Rickets.

May 2025 >



SHORT NOTES 3 m

3

1. Discuss clinical features and management of hemorrhagic disease of newborn.

Aug 2024 >



2. WHO grading of xerophthalmia

Aug 2024 >



3. Radiological findings in rickets

Apr 2016 >



ANSWER BRIEFLY 2 m

6

- | | | | | | |
|--|--------------|---|--------------|--|--------------|
| 1. <u>Mention the clinical features of scurvy</u> | Aug 2024 > ♦ | 3. <u>WHO classification of vitamin A deficiency</u> | Nov 2021 > ♦ | 5. <u>Hemorrhagic disease of newborn</u> | Aug 2019 > ♦ |
| 2. <u>Enumerate the WHO classification for a xerophthalmia</u> | Jul 2024 > ♦ | 4. <u>Clinical and radiological findings in nutritional rickets</u> | May 2021 > ♦ | 6. <u>Zinc deficiency in children</u> | Apr 2015 > ♦ |

DRAW & LABEL 2 m

3

- | | | | | | |
|---|--------------|---|--------------|--|--------------|
| 1. <u>Radiological features of Rickets.</u> | Mar 2024 > ♦ | 2. <u>Radiological features of rickets in children.</u> | Aug 2023 > ♦ | 3. <u>Radiological features of nutritional rickets</u> | Aug 2019 > ♦ |
|---|--------------|---|--------------|--|--------------|

ONE WORD 1 m

3

- | | | | | | |
|--|--------------|---------------------------------------|--------------|---------------------------------|--------------|
| 1. <u>Cause of hemorrhagic disease of new born</u> | Nov 2021 > ♦ | 2. <u>One X-ray finding in scurvy</u> | Feb 2018 > ♦ | 3. <u>Antioxidant vitamins.</u> | Sep 2016 > ♦ |
|--|--------------|---------------------------------------|--------------|---------------------------------|--------------|

? Fluid and Electrolyte Balance

5 Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

SHORT NOTES 3 m

1

- | | |
|---|--------------|
| 1. <u>Describe the WHO classification of dehydration in children.</u> | Mar 2024 > ♦ |
|---|--------------|

ANSWER BRIEFLY 2 m

3

1. Enumerate the ECG findings in hypokalemia

Mar 2024 > ◆

2. Hypernatremic dehydration

Mar 2022 > ◆

3. ECG changes in hypokalemia.

Sep 2017 > ◆

ONE WORD 1 m

1

1. Toxicity of digitalis is increased by which electrolyte disturbance.

Mar 2022 > ◆

10 Immunization Practices

19 Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

ANSWER BRIEFLY 2 m

8

1. Enumerate the types of Pneumococcal vaccine , its route of administration, site of administration and schedule as per the national immunization schedule.

Apr 2025 > ◆

2. Pentavalent vaccine

Mar 2022, Sep 2022, Aug 2024 > ◆

3. MR vaccine campaign

Mar 2023 > ◆

4. Rota virus vaccine

Apr 2016, Nov 2021 > ◆

5. MMR vaccine

May 2021 > ◆

6. Polio vaccines in National Immunization Schedule

Feb 2020 > ◆

7. Pneumococcal vaccine

Aug 2019 > ◆

8. Varicella vaccine

Apr 2015 > ◆

PRECISE ANSWERS 1 m

1

1. Expand AEFI

Mar 2024 > ◆

SHORT ANSWERS 4 m

1

1. Enumerate the catchup vaccination schedule in a two-year-old unimmunised child

Mar 2024 >



DRAW & LABEL 2 m

1

1. Vaccine vial monitor

Oct 2020 >



ONE WORD 1 m

7

1. Name the vaccines given on day one of life.

Mar 2023 >



2. Currently used oral polio vaccine and the types of viruses it contain.

Mar 2022 >



3. Name two vaccines which prevent cancer

May 2021 >



4. Minimum age for HPV vaccine in girls

Feb 2020 >



5. Vaccination schedule in Japanese B encephalitis

Feb 2018 >



6. When was last case of wild poliomyelitis reported in India

Apr 2016 >



7. When was last case of poliomyelitis reported in India

Apr 2015 >



MCQs 1 m

1

1. The following vaccines can be frozen except a) OPV b) Measles c) Hepatitis-B d) BCG

May 2025 >



11 Integrated Child Health Programs (IMNCI)

6Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

1

ESSAY

15 M

Mar 2024

An 18-month old baby is brought to casualty with history of cough, breathing difficulty and poor feeding of three days duration. His weight is 6.5 kg, mid-upper arm circumference 9 cm and has bilateral pedal edema. His respiratory rate is 62/mt and has lower chest in drawing

- Give the probable diagnosis [2]
- Enumerate the points from history and examination to substantiate this diagnosis [3]
- List six complications of this condition [3]
- Describe the step wise management with an illustration of time frame [5]
- Describe the importance of mid-upper arm circumference [2]

Dx: MARASMIC-KWASHIORKOR WITH SEVERE PNEUMONIA

View Answer →

Ask AI ↗

SHORT NOTES 3 m

3

1. Discuss the clinical features and management of very severe pneumonia as per National ARI Control Programme.

Mar 2023 >



2. IMNCI

Aug 2018 >



3. IMNCI (Integrated management of neonatal and childhood illness)

Sep 2016 >



ANSWER BRIEFLY 2 m

1

1. Classify pneumonia according to acute respiratory infection (ARI) control programme.

Feb 2019 >



ONE WORD 1 m

1

1. Name four dangerous signs in pneumonia

Apr 2015 >



12

Pediatric Infectious Diseases

41 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

3

ESSAY

15 M

Mar 2024

A 4-year-old unimmunized boy is brought with history of fever, sore throat and drooling of saliva for past 5 days. On examination he is sick looking, has dirty white patches over both tonsils extending to uvula and bilaterally enlarged upper cervical nodes

- What is the most probable diagnosis [1]
- Enumerate four points to substantiate your diagnosis [2]
- List four causes of patch in the throat [2]
- Enumerate six complications of this condition [3]
- Describe the management of this child [4]
- Enumerate the steps taken to prevent this disease in other children at home [3]

Dx: FAUCIAL DIPHTHERIA

View Answer →

Ask AI ♦

ESSAY

10 M

Sep 2015

Seven years old child was brought with fever and seizure O/E deeply comatose, pale and significant hepato-splenomegaly. Answer the following:

- What are the possibilities. [2]
- What clinical signs will you look for in this case [2]
- How will you investigate. [3]
- How will you manage. [3]

Dx: CEREBRAL MALARIA

View Answer →

Ask AI ♦

ESSAY

10 M

Apr 2015

What is acute flaccid paralysis. Discuss the differential diagnosis of a case of acute flaccid paralysis and its surveillance

- What is acute flaccid paralysis. [2]
- Discuss the differential diagnosis of a case of acute flaccid paralysis [6]
- and its surveillance [2]

Dx: ACUTE FLACCID PARALYSIS

View Answer →

Ask AI ♦

SHORT ESSAYS 6 m

2

- | | | | |
|---|------------|--|------------|
| 1. <u>Describe the clinical features and classification of Dengue fever. Give an outline on the management of Dengue shock in children.</u> | May 2025 > | 2. <u>Enumerate the investigations and management of a two-year-old child with fever and cough for the past 3 weeks having a known contact with an open case of tuberculosis</u> | Mar 2024 > |
| | ♦ | | ♦ |

SHORT NOTES 3 m

8

- | | | | | | |
|--|------------|---|------------|--|------------|
| 1. <u>Measles – management and complications</u> | Feb 2020 > | 4. <u>Acute flaccid paralysis and surveillance of poliomyelitis</u> | Feb 2018 > | 6. <u>Management of H 1N1 pneumonia in a six months old baby</u> | Apr 2016 > |
| | ♦ | | ♦ | | ♦ |
| 2. <u>Hepatitis A infection</u> | Feb 2020 > | | | | |
| | ♦ | | | | |
| 3. <u>Hospital associated infections</u> | Aug 2019 > | 5. <u>Complications of measles.</u> | Sep 2016 > | 7. <u>Management of HIV children</u> | Sep 2015 > |
| | ♦ | | ♦ | | ♦ |
| | | | | 8. <u>Dengue hemorrhagic shock</u> | Sep 2015 > |
| | | | | | ♦ |

ANSWER BRIEFLY 2 m

5

- | | | | | | |
|---|------------|--|------------|--|------------|
| 1. <u>Describe the evolution of rash in measles. List four complications of measles</u> | Apr 2025 > | 2. <u>Describe the management of a new case of lymphnode tuberculosis in an 8-year-old child</u> | Aug 2023 > | 3. <u>Laboratory diagnosis of dengue</u> | Aug 2018 > |
| | ♦ | | ♦ | | ♦ |
| | | | | 4. <u>Steps of hand washing</u> | Aug 2018 > |
| | | | | | ♦ |
| | | | | 5. <u>Four infections causing hepato-splenomegaly.</u> | Mar 2017 > |
| | | | | | ♦ |

PRECISE ANSWERS 1 m

1

1. Name the drug of choice in a 10-year-old child with scrub typhus Mar 2024 > ♦

SHORT ANSWERS 4 m

1

1. Write differential diagnosis for Acute Flaccid Paralysis (AFP) in children and add a note on AFP surveillance. May 2025 > ♦

DRAW & LABEL 2 m

3

1. Primary Complex in the lung. Apr 2025 > ♦
2. Life cycle of plasmodium vivax Aug 2018 > ♦
3. Pinworm egg Sep 2015 > ♦

ONE WORD 1 m

17

1. Name one complication of mumps in children. Mar 2024 > ♦
2. Name one nucleoside reverse transcriptase inhibitor drug used in children. Aug 2023 > ♦
3. Treatment of choice of scrub typhus Mar 2023 > ♦
4. Drug of choice for prophylaxis in an asymptomatic infant born to mother with active tuberculosis. Sep 2022 > ♦
5. Name the long acting penicillin Mar 2022 > ♦
6. Name the organism which causes erythema infectiosum Aug 2019 > ♦
7. Drug of choice in the treatment of cerebral malaria. Feb 2019 > ♦
8. Gold standard test for diagnosis of dengue fever. Feb 2019 > ♦
9. What is the rate of transmission of HIV through sexual route Feb 2019 > ♦
10. Late complication of measles Aug 2018 > ♦
11. Name of enanthem seen in measles. Sep 2017 > ♦
12. Drug used for prophylaxis against pneumocystis - carinii pneumonia Mar 2017 > ♦
13. Drug, dosage and duration of treatment for a six month old baby with sputum positive pulmonary tuberculosis Mar 2017 > ♦

14. Four complications of malaria

Apr 2016 > ♦

15. Drug of choice for prophylaxis of pneumocystis jiroveci

Sep 2015 > ♦

16. Lab diagnosis of leptospirosis

Sep 2015 > ♦

17. Four common causes of fever with rash

Sep 2015 > ♦

MCQs 1 m

1

1. The following are present in Measles 1) Koplik spots 2) Coryza 3) Roth spots 4) Epstein pearls a) 1 and 2 are correct c) 1, 2 and 3 are correct b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct

May 2025 > ♦

13 Respiratory Disorders

21 Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

2

ESSAY

10 M

Apr 2025

Two-year-old unimmunized child is brought to emergency ward with fever, nasal discharge – 3 days, cough 2 days, breathing difficulty 1 day. On examination the child is irritable, her respiratory rate is 62/mt and has lower chest indrawing

- What is the most probable diagnosis [1]
- Name two common etiological agents causing this disease [1]
- Enumerate the points in history and examination to substantiate your diagnosis [3]
- List four complications of this condition [2]
- Describe the management of this child [3]

DX: SEVERE COMMUNITY-ACQUIRED PNEUMONIA

View Answer →

Ask AI ↗

ESSAY

10 M

May 2021

A seven years old child, known to have bronchial asthma has been brought with history of breathlessness of two hours duration. On examination, he is having tachypnoea, tachycardia and audible wheeze.

- How will you assess the severity of acute exacerbation. [2]
- What are the differential diagnosis you will consider. [2]
- How will you manage acute exacerbation. [3]
- What advice you will give to prevent further exacerbation. [3]

DX: ACUTE ASTHMA EXACERBATION

View Answer →

Ask AI ↗

SHORT NOTES 3 m

- Describe the clinical features, investigations, findings and management of acute Bronchiolitis.
- Staphylococcal pneumonia

Mar 2024 > ✦

Nov 2021 > ✦

- Acute bronchiolitis
- Croup.

May 2021 > ✦

Oct 2020 > ✦

ANSWER BRIEFLY 2 m

- Tracheo-esophageal fistula Aug 2024 > ✦
- Classification

2. <u>Describe the clinical features of a child with severe pneumonia</u>	Aug 2023 > ♦	4. <u>Inhalation therapy in bronchial Asthma</u>	Feb 2018 > ♦	6. <u>Atypical pneumonia in children</u>	Apr 2016 > ♦
3. <u>Acute laryngotracheobronchitis - etiology and management</u>	Sep 2022 > ♦	5. <u>Four causes for recurrent lower respiratory tract infection.</u>	Sep 2016 > ♦	7. <u>Pneumothorax</u>	Sep 2015 > ♦

DRAW & LABEL 2 m

4

1. <u>Breath sounds in lobar pneumonia and acute exacerbation of bronchial asthma</u>	Mar 2023 > ♦	2. <u>Normal vesicular breath sounds and breath sounds in acute exacerbation of bronchial asthma</u>	Sep 2022 > ♦	3. <u>Surface marking of the lungs</u>	Mar 2022 > ♦
				4. <u>Tracheobronchial tree</u>	Feb 2019 > ♦

ONE WORD 1 m

3

1. <u>Drug of choice for mycoplasma pneumonia.</u>	Oct 2020 > ♦	2. <u>Name two drugs for treating pneumococcal pneumonia.</u>	Feb 2020 > ♦	3. <u>Drug of choice in mycoplasma pneumonia.</u>	Sep 2017 > ♦
--	--------------	---	--------------	---	--------------

MCQs 1 m

1

1. Assertion (A): Airway obstruction in Asthma is characterized by inflammation of the airway mucosa
Reason (R): Inhaled steroids along with salbutamol should be given even for reliever therapy. a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct

May 2025 ›



14

Pediatric Cardiology

32 Q ↩



Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

3

ESSAY

10 M

Sep 2022

An eight year old female child is brought to the outpatient department with fever, pain and swelling over major joints which is migratory in nature. Her ESR is 66 mm in first hour. She gives history of sore throat 20 days back.

(a) What is your probable diagnosis. Discuss etiopathogenesis, clinical features and management of the same. [10]

Dx: ACUTE RHEUMATIC FEVER (ARF)

View Answer →

Ask AI ↗

ESSAY

10 M

Mar 2017

A six months old baby was diagnosed to have Fallot's tetralogy. Answer the following:

- (a) Discuss the hemodynamics. [2]
- (b) Clinical features. [4]
- (c) Management. [4]

Dx: TETRALOGY OF FALLOT (TOF)

View Answer →

Ask AI ↗

ESSAY

10 M

Sep 2016

Six weeks old baby presented with feeding difficulty in the form of suck-rest cycle. O/E baby had moderate cardiomegaly and grade III systolic murmur in the left fourth space. Answer the following:

- (a) What is the primary cardiac abnormality. [1]
- (b) What associated complication that lead to the presenting complaints. [1]
- (c) Discuss the hemodynamics of the primary cardiac abnormality. [4]
- (d) Management of the present complication. [4]

Dx: VENTRICULAR SEPTAL DEFECT (VSD)

View Answer →

Ask AI ↗

ESSAYS 10 m

1

1. Discuss the a etiopathogenesis, clinical features, lab investigations and management of acute rheumatic fever Aug 2018 > ♦

SHORT ESSAYS 8 m

2

1. Describe the hemodynamics, clinical features and complication s of Ventricular Septal Defect Jul 2024 > ♦
2. Describe the hemodynamics, clinical features and complications of Tetralogy of Fallot Mar 2024 > ♦

SHORT NOTES 3 m

13

1. Enumerate the clinical features of cardiac failure in infants and children. Apr 2025 > ♦
2. Management of cyanotic spells in an infant with tetralogy of fallot Aug 2024 > ♦
3. Write the modified Jones criteria for high prevalent and low prevalent countries. Mar 2024 > ♦
4. Discuss the clinical features of congestive cardiac failure in infants and children Mar 2023 > ♦
5. Cyanotic spell in tetralogy of fallot Mar 2022 > ♦
6. Components and hemodynamics of tetralogy of fallot Nov 2021 > ♦
7. Nada's criteria Oct 2020 > ♦
8. Congestive cardiac failure in an infant - causes and clinical features Aug 2019 > ♦
9. Clinical features and management of cyanotic spell Aug 2018 > ♦
10. Hemodynamics in patent ductus arteriosus. Sep 2017 > ♦
11. Clinical features and investigation in infective endocarditis Sep 2015 > ♦
12. Rheumatic fever prophylaxis Apr 2015 > ♦
13. Complications of fallot's tetralogy Apr 2015 > ♦

ANSWER BRIEFLY 2 m

2

1. Modified Jones criteria

Mar 2023 > ♦

2. Diagnostic criteria of infective endocarditis

Apr 2015 > ♦

DRAW & LABEL 2 m

6

1. Fetal circulation.

Sep 2016, Mar 2023 > ♦

3. Foetal circulation

Oct 2020 > ♦

5. PDA murmur

Feb 2018 > ♦

2. Murmur of Patent Ductus Arteriosus (PDA)

May 2021 > ♦

4. Hemodynamics of ventricular septal defect

Feb 2020 > ♦

6. Types of ventricular septal defect.

Sep 2017 > ♦

ONE WORD 1 m

3

1. Drug of choice in the secondary prophylaxis of Acute Rheumatic fever.

Apr 2025 > ♦

2. Name the congenital heart disease in which lower limb pulses are weak

Sep 2017 > ♦

3. Drug of choice for rheumatic carditis with congestive cardiac failure.

Sep 2016 > ♦

MCQs 1 m

2

1. Major criteria in NADAS' criteria include 1) Abnormal S2 2) Diastolic murmur 3) Systolic murmur grade 2 4) CCF a) 1 and 2 are correct c) 1, 2 and 3 are correct b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct

May 2025 > ♦

2. Assertion (A): Children with congenital heart disease, left to right shunt lesions present with CHF at 6-8 weeks of life Reason (R): Pulmonary arterial pressures reach a nadir by 6-8 weeks of life a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct

May 2025 > ♦

15 Gastrointestinal and Hepatic Disorders

25 Q ↩

✕ Turn off Annotations / Pen mode for the links to work.

SHORT NOTES 3 m

3

- | | | | |
|--|--------------|--|--------------|
| 1. <u>Describe the WHO classification of dehydration in children.</u> | Mar 2024 > ♦ | 3. <u>Clinical features and management of acute watery diarrhoea with some dehydration</u> | Nov 2021 > ♦ |
| 2. <u>Write the composition of ORS. Enumerate the management of a 2-year-old child with acute diarrheal disease with no dehydration.</u> | Aug 2023 > ♦ | | |

ANSWER BRIEFLY 2 m

6

- | | | | | | |
|---------------------------|--------------|--|--------------|--|--------------|
| 1. <u>Puddle sign</u> | Aug 2024 > ♦ | 3. <u>Assessment of dehydration in a child with watery diarrhoea</u> | May 2021 > ♦ | 5. <u>Gastro esophageal reflux disease</u> | Feb 2018 > ♦ |
| 2. <u>Low osmolar ORS</u> | Mar 2022 > ♦ | 4. <u>Low osmolarity ORS (ORAL REHYDRATION SOLUTION).</u> | Feb 2019 > ♦ | 6. <u>Oral rehydration therapy</u> | Apr 2015 > ♦ |

PRECISE ANSWERS 1 m

4

- | | | | |
|---|--------------|--|--------------|
| 1. <u>List FOUR clinical features of a child with acute diarrheal disease with severe dehydration</u> | Mar 2024 > ♦ | 3. <u>List FOUR clinical signs in a child with hepatic failure</u> | Mar 2024 > ♦ |
| 2. <u>List TWO indications for the use of zinc in children</u> | Mar 2024 > ♦ | 4. <u>List the radiological features of duodenal atresia</u> | Mar 2024 > ♦ |

SHORT ANSWERS 4 m

1

1. What are the clinical features of intussusception in children. Briefly discuss the investigation and management of intussusception. May 2025 > ♦

DRAW & LABEL 2 m

2

1. Porto systemic anastomosis Apr 2016 > ♦
2. Entero-hepatic circulation Sep 2015 > ♦

ONE WORD 1 m

9

1. Mention the drug used for prophylaxis of portal hypertension in children. Aug 2024 > ♦
2. List two surgical causes for delayed passage of meconium Jul 2024 > ♦
3. List two metabolic causes of chronic liver disease in children. Jul 2024 > ♦
4. Sodium content in low osmolar ORS Mar 2023 > ♦
5. Dosage and duration of zinc supplementation in a one-year-old child with diarrhea Nov 2021 > ♦
6. Sodium content of low osmolar ORS May 2021 > ♦
7. Quantity of oral rehydration solution (ORS) used in plan-B therapy. Oct 2020 > ♦
8. In which condition, puddle sign is demonstrated Oct 2020 > ♦
9. One radiological finding in intussusception Aug 2018 > ♦

16 Renal and Urinary Disorders

26 Q ↩

✕ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

6

ESSAY

15 M

Jul 2024

A 2-year-old male is brought to the Emergency room (ER) with history of fever and cough for 3 days followed by puffiness of face, more in the morning hours as soon as getting up from sleep, abdominal distension and reduced urine output. No past history of similar illness

- What is the probable diagnosis [1]
- Mention the criteria to diagnose the above clinical condition [3]
- Enumerate the investigations with expected findings [3]
- Describe the management of the child [4]
- List four complication of the condition [2]
- Enumerate the advices you will give at discharge [2]

Dx: MINIMAL CHANGE NEPHROTIC SYNDROME

View Answer →

Ask AI ↗

ESSAY

10 M

Aug 2023

A five year old child is brought with history of puffiness around eyes, decreased urine output and passing cola coloured urine for the past 3 days. She had pyoderma of legs three weeks back. On examination child has periorbital puffiness and bilateral pitting pedal edema. Her blood pressure is 132/88 mm of Hg

- What is the most probable diagnosis [1]
- Enumerate the points in history and examination to substantiate your diagnosis [2]
- List the investigations you will plan for this child with expected findings [3]
- Enumerate the management of this child [3]
- Name two complications of this condition [1]

Dx: ACUTE POST-STREPTOCOCCAL GLOMERULONEPHRITIS

View Answer →

Ask AI ↗

ESSAY

10 M

Mar 2022

A six years old child has been brought with history of facial puffiness and high coloured urine for last 12 hours. He is hypertensive, has pedal edema but no ascites or pleural effusion.

- What is the most probable diagnosis. [1]
- What is the most important differential diagnosis. [1]
- What are the points in history to differentiate the two. [3]
- What are the essential investigations to be done and the abnormalities expected. [2]
- How will you manage this condition. [3]

Dx: ACUTE POST-STREPTOCOCCAL GLOMERULONEPHRITIS

View Answer →

Ask AI ↗

ESSAY

10 M

Nov 2021

A five years old male child presented with edema around eyes which progressed to generalized edema in few days . He had normal urine output. Urine examination showed heavy proteinuria, but no haematuria.

- What is your most probable diagnosis [1]
- Write about the pathogenesis of this condition [3]
- List down the essential investigations and expected finding [3]
- How will you manage the child with in the hospital [3]

Dx: MINIMAL CHANGE NEPHROTIC SYNDROME

View Answer →

Ask AI ↗

ESSAY

10 M

Sep 2017

A three years old boy complains of oliguria and edema since three days. Answer the following:

- How will clinically evaluate the patient [3]
- How will you investigate [3]
- How will you manage if final diagnosis is acute – glomerulonephritis [4]

Dx: ACUTE GLOMERULONEPHRITIS

View Answer →

Ask AI ♦

ESSAY

10 M

Apr 2016

Four years old child presented with puffiness of face, swelling all over the body and decreased urine output. What is the most probable diagnosis. How will you clinically evaluate and manage this child

- What is the most probable diagnosis [2]
- How will you clinically evaluate this child [4]
- How will you manage this child [4]

Dx: MINIMAL CHANGE NEPHROTIC SYNDROME

View Answer →

Ask AI ♦

ESSAYS 10 m

1

- A 3 years old male child is diagnosed to have minimal change nephrotic syndrome. Discuss pathogenesis, clinical features and management of the same. Feb 2019 > ♦

SHORT ESSAYS 8 m

1

- Describe the etiology, clinical features, complications and management of acute glomerulonephritis in a seven-year-old child Mar 2024 > ♦

SHORT NOTES 3 m

6

- | | | | |
|---|--------------|---|--------------|
| 1. <u>Enumerate the investigations and management of a child with first episode Nephrotic syndrome.</u> | Apr 2025 > ♦ | 4. <u>Clinical features and urinary findings in acute glomerulonephritis.</u> | Oct 2020 > ♦ |
| 2. <u>Discuss the management of first episode of nephrotic syndrome</u> | Mar 2023 > ♦ | 5. <u>Undescended testes</u> | Feb 2020 > ♦ |
| 3. <u>Management of urinary tract infections in children</u> | Sep 2022 > ♦ | 6. <u>Drugs causing nephrotic syndrome.</u> | Sep 2017 > ♦ |

ANSWER BRIEFLY 2 m

4

- | | | | |
|---|------------------------|--|--------------|
| 1. <u>Torsion testes</u> | Mar 2023, Aug 2024 > ♦ | 3. <u>Describe the clinical features and management of Torsion testes.</u> | Mar 2024 > ♦ |
| 2. <u>Enumerate the clinical features and investigations in a child with acute torsion testis</u> | Jul 2024 > ♦ | 4. <u>Steroid dependent nephrotic syndrome</u> | Aug 2018 > ♦ |

DRAW & LABEL 2 m

1

- | | |
|-------------------|--------------|
| 1. <u>Nephron</u> | Mar 2022 > ♦ |
|-------------------|--------------|

ONE WORD 1 m

2

- | | | | |
|--|--------------|--|--------------|
| 1. <u>List four glomerular causes of Hematuria</u> | Jul 2024 > ♦ | 2. <u>Commonly used potassium sparing diuretic</u> | May 2021 > ♦ |
|--|--------------|--|--------------|

MCQs 1 m

5

1. All of the following are indicated in the treatment of the child EXCEPT a) Frusemide b) Prednisolone c) Antibiotics d) Fluid restriction May 2025 › ✦
2. A 7 years old boy is brought with history of swelling of the legs and altered colour of urine. On examination there is oliguria and he is hypertensive. Answer the following questions. The first choice of antihypertensive in this condition is a) Calcium channel blocker b) Vasodilators c) Diuretics d) Betablockers May 2025 › ✦
3. Normal C3 levels are seen in a) PSGN b) SLE Nephritis c) MPGN d) IgA Nephropathy May 2025 › ✦
4. The following is a feature of non-glomerular hematuria a) Painless hematuria c) Absence of red cell casts b) Cola colored urine d) Presence of edema May 2025 › ✦
5. The following are indications for renal biopsy in AGN EXCEPT a) Normal complement levels c) Presence of skin rash and joint pain b) Microscopic hematuria persisting for 3 months d) Low C3 levels beyond 12 weeks May 2025 › ✦

17 Neurological Disorders

36 Q ↩

✕ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

3

ESSAY

10 M

Aug 2024

A two-year-old child is brought with fever for the last 24 hours and seizure 30 minutes back.

- (a) List four important differential diagnosis [2]
- (b) List relevant points in history and physical examination to arrive at a clinical diagnosis [4]
- (c) List relevant investigations to confirm the diagnosis with expected findings. [4]

Dx: FEBRILE SEIZURE

View Answer →

Ask AI ♦

ESSAY

10 M

Oct 2020

Two years old unimmunized boy admitted with history of low grade fever for last three weeks, recurrent seizures and altered sensorium for last two days. On examination, neck stiffness is elicited.

- (a) What is the most probable diagnosis [1]
- (b) What are the differential diagnosis [2]
- (c) Write down relevant points in history and clinical examination to arrive at a diagnosis [3]
- (d) List down the investigation to be done and the expected finding [2]
- (e) How will you manage this child [2]

Dx: TUBERCULOUS MENINGITIS

View Answer →

Ask AI ♦

ESSAY

10 M

Feb 2020

A two years old male child has been brought with history of fever since eight hours and one generalized seizure 30 mts before coming. On examination, seizure has subsided, child is drowsy but arousable.

- List four differential diagnosis you consider [2]
- How will you come to a clinical diagnosis. [4]
- How will you investigate this child. How investigations help to confirm the diagnosis. [4]

Dx: SIMPLE FEBRILE SEIZURE

View Answer →

Ask AI ↗

ESSAYS 10 m

1

- Discuss the etiopathogenesis, clinical features, laboratory investigations and management of pyogenic meningitis

Feb 2018 >



SHORT ESSAYS 8 m

1

- Define Cerebral palsy. Classify cerebral palsy based on topography and etiology. List four complications of a child with cerebral palsy

Jul 2024 >



SHORT NOTES 3 m

7

- | | | | | | |
|---------------------------|--------------|--|--------------|--|--------------|
| 1. Neonatal seizures | Mar 2022 > ♦ | 4. Laboratory diagnosis of pyogenic meningitis | Aug 2018 > ♦ | 6. Management of simple febrile convulsions. | Mar 2017 > ♦ |
| 2. Microcephaly | Nov 2021 > ♦ | 5. Definition and management of status epilepticus | Aug 2018 > ♦ | 7. MRI findings in tuberous sclerosis. | Sep 2016 > ♦ |
| 3. Simple febrile seizure | May 2021 > ♦ | | | | |

ANSWER BRIEFLY 2 m

5

- | | | | | | |
|---|--------------|--|--------------|--|--------------|
| 1. Enumerate the CSF findings in a child with Acute Bacterial Meningitis. | Apr 2025 > ♦ | 2. Describe the differentiating features between simple and complex febrile seizure. | Mar 2024 > ♦ | 3. CSF picture of tubercular meningitis. | Mar 2017 > ♦ |
| | | | | 4. Management of febrile seizures | Apr 2016 > ♦ |
| | | | | 5. Cerebral edema | Sep 2015 > ♦ |

PRECISE ANSWERS 1 m

2

- | | | | |
|---|--------------|---|--------------|
| 1. Enumerate the CSF findings in a child with pyogenic meningitis in term of cells, protein and sugar | Mar 2024 > ♦ | 2. Name the drug of choice and one common complications of the drug in a child with acute seizures. | Mar 2024 > ♦ |
|---|--------------|---|--------------|

DRAW & LABEL 2 m

7

- | | | | | | |
|---|------------------------|----------------------------------|--------------|-------------------------------------|------------------------|
| 1. Internal capsule | Feb 2018, Aug 2024 > ♦ | 3. Ventricular system of brain. | Feb 2019 > ♦ | 5. Circle of Willis. | Apr 2015, Mar 2017 > ♦ |
| 2. Components of stretch reflex (Tendon reflex) | May 2021 > ♦ | 4. Course of sixth cranial nerve | Sep 2017 > ♦ | 6. Posterior column of spinal cord. | Mar 2017 > ♦ |
| | | | | 7. CSF pathway | Apr 2016 > ♦ |

ONE WORD 1 m

9

- | | | | |
|---|------------------------|---|--------------|
| 1. Name one Neurocutaneous syndrome. | Apr 2025 > ♦ | 6. Name one cause of large head. | Aug 2023 > ♦ |
| 2. Gower's sign is classically seen in which disease in children. | Aug 2024 > ♦ | 7. Complication to be suspected in a five-year-old child having down syndrome with recent onset of gait disturbance | Sep 2022 > ♦ |
| 3. Define Microcephaly | Aug 2018, Jul 2024 > ♦ | 8. Commonest type of muscular dystrophy in children and its mode of inheritance | Nov 2021 > ♦ |
| 4. List four causes of Acute Flaccid Paralysis in children. | Jul 2024 > ♦ | 9. Drug of choice for herpes simplex encephalitis | Aug 2019 > ♦ |
| 5. Name one drug used in the management of Status Epilepticus. | Mar 2024 > ♦ | | |

MCQs 1 m

1

1. The following are examples of lower motor neuron (LMN) lesions 1) Spinal muscular atrophy 2) GBS 3) Poliomyelitis 4) Cerebral palsy a) 1 and 2 are correct c) 1, 2 and 3 are correct b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct
- May 2025 > ♦

18

Pediatric Hematology

17 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

2

ESSAY

10 M

May 2025

Two year old child presents with gait abnormality and irritability of one month duration. On examination has severe pallor and hyper pigmented knuckles.

- What is the diagnosis [1]
- What are the peripheral smear findings [2]
- Laboratory investigations in a child with severe anemia [2]
- Treatment of this condition [2]
- National anemia control programme [3]

Dx: MEGALOBlastic ANEMIA

View Answer →

Ask AI ♦

ESSAY

10 M

Mar 2024

Five-year-old child Geethu has history of recurrent blood transfusions from the age of 8 months. On examination she has pallor, her weight is 16 kg, height is 95 cm. Her skin is dark in colour. Abdominal examination shows a firm liver palpable 4cm below right costal margin with span of 15 cm and firm spleen of size 10 cm

- What is the most probable diagnosis [1]
- Give one differential diagnosis. [3]
- Enumerate the investigation with expected findings [3]
- Describe the management of this child [3]

Dx: BETA-THALASSEMIA MAJOR

View Answer →

Ask AI ♦

SHORT ESSAYS 6 m

1

- Describe the etiopathogenesis, clinical features and management of Immune thrombocytopenia in children. May 2025 > ♦

SHORT NOTES 3 m

2

- Describe the clinical features and management of Idiopathic Thrombocytopenic Purpura in children. Aug 2023 > ♦
- Enumerate the causes of splenomegaly in children Feb 2018 > ♦

ANSWER BRIEFLY 2 m

4

- | | | | |
|---|--------------|--|--------------|
| 1. <u>List three drugs used for chelation therapy in Thalassaemia. Enumerate three complications of hemochromatosis in children with thalassemia.</u> | Apr 2025 > ♦ | 2. <u>Iron chelation in thalassemia</u> | May 2021 > ♦ |
| | | 3. <u>List the Lab investigations in iron deficiency anaemia</u> | Feb 2020 > ♦ |
| | | 4. <u>Causes of microcytic hypochromic anemia.</u> | Sep 2017 > ♦ |

PRECISE ANSWERS 1 m

1

- | | |
|---|--------------|
| 1. <u>What is the therapeutic dose of iron and duration of treatment in iron deficiency anemia.</u> | Mar 2024 > ♦ |
|---|--------------|

SHORT ANSWERS 4 m

1

- | | |
|---|--------------|
| 1. <u>Draw and label a flow chart depicting the approach to the diagnosis of a child with microcytic anemia</u> | Mar 2024 > ♦ |
|---|--------------|

DRAW & LABEL 2 m

4

- | | | | | | |
|---|------------------------|--|--------------|--|--------------|
| 1. <u>Peripheral smear in Iron Deficiency Anemia.</u> | Aug 2019, Apr 2025 > ♦ | 3. <u>Peripheral smear findings of Megaloblastic Anemia.</u> | Mar 2024 > ♦ | 4. <u>Peripheral smear picture in iron deficiency anemia</u> | Apr 2015 > ♦ |
| | | 3. <u>Peripheral smear in thalassemia major</u> | Sep 2022 > ♦ | | |

ONE WORD 1 m

2

1. Name one clinical condition with high reticulocyte count.

Apr 2025 >

2. List two Iron Chelators used in children with Thalassemia who are on regular Packed Red Blood Cells transfusion

Jul. 2024 >

19 Childhood Cancers

1 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

ONE WORD 1 m

1

1. Name two drugs used in the treatment of Acute lymphoblastic leukemia in children

Jul. 2024 >

20 Endocrine and Metabolic Diseases

10 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

SHORT ESSAYS 6 m

1

1. A 6 years old child is brought with history of not growing and height of 87 cms. Write Six causes of short stature in children and approach to short stature.

May 2025 >

SHORT NOTES 3 m

3

1. List the etiology of short stature in children.
Enumerate the clues towards etiological diagnosis from history and examination of a child with short stature.

Apr 2025 >



2. Congenital hypothyroidism

Feb 2020, Sep 2022 >



3. Biochemical changes in rickets

Apr 2015 >



ANSWER BRIEFLY 2 m

4

1. Enumerate the clinical features of Congenital Hypothyroidism in a neonate

Jul 2024 >



2. Four causes of hypercholesterolemia in child.

Oct 2020 >



3. Endocrine complications of thalassemia.

Sep 2016 >



4. Cryptorchidism

Sep 2015 >



SHORT ANSWERS 4 m

1

1. Enumerate the components of newborn screening program in Kerala.

Mar 2024 >



ONE WORD 1 m

1

1. Electrolyte abnormality observed in congenital adrenal hyperplasia

Aug 2019 >



21 Inborn Errors of Metabolism

2 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

ONE WORD 1 m

2

1. Guthrie's test is done to
diagnose which disease.

Aug 2024 > ✦

2. Odor of urine in phenyl
ketonuria

Mar 2017 > ✦

22 Genetic Disorders

13 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

SHORT ESSAYS 6 m

2

1. Describe the clinical features and diagnosis of Down
syndrome. Add a note on antenatal diagnosis.

May 2025 > ✦

2. Enumerate the facial features, genetic basis and
system wise complications in a child with Down
syndrome

Jul 2024 > ✦

SHORT NOTES 3 m

1

1. Antenatal diagnosis of
Downs syndrome.

Mar 2017 > ✦

ANSWER BRIEFLY 2 m

2

1. Antenatal diagnosis of down syndrome

Nov 2021 >



2. Genetic counselling

Feb 2018 >



ONE WORD 1 m

6

1. Pattern of inheritance in glucose- 6- phosphate dehydrogenase deficiency.

Oct 2020 >



3. Name one X linked recessive disorder

Aug 2019 >



5. Pattern of inheritance of Marfan's syndrome

Mar 2017 >



2. Chromosomal abnormality in turner syndrome

Feb 2020 >



4. Pattern of inheritance of Duchenne muscular dystrophy.

Sep 2017 >



6. Pattern of inheritance of Hunter's disease.

Sep 2016 >



MCQs 1 m

2

1. Assertion (A): Children with down syndrome have 15 -20 fold higher risk of acute leukemia Reason (R): Endocardial cushion defects are more common in children with Down syndrome. a) Both A & R are correct, and R is correct explanation of A c) A is correct; R is incorrect b) Both A & R are correct, and R is not correct explanation of A d) A is incorrect; R is correct

May 2025 >



2. The following is NOT seen in Klinefelter's syndrome a) Small testes b) Learning difficulty c) Short stature d) Gynaecomastia

May 2025 >



23 Primary Immunodeficiency Disorders

1 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

ONE WORD 1 m

1

1. One indication for intravenous immunoglobulin in children

Nov 2021 >



24 Pediatric Rheumatology

7 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

SHORT ESSAYS 8 m

1

1. Describe the clinical features, complications and management of Henoch Schonlein purpura

Mar 2024 >



SHORT NOTES 3 m

1

1. Kawasaki disease

Feb 2018, Aug 2019 >



ANSWER BRIEFLY 2 m

3

- | | | | | | |
|--|------------|--|------------|---|------------|
| 1. Describe the clinical sub types of Juvenile Idiopathic Arthritis. | Mar 2024 > | 2. Classify JIA (Juvenile Idiopathic arthritis). | Sep 2017 > | 3. Four clinical findings in henocholein purpura. | Sep 2016 > |
|--|------------|--|------------|---|------------|

ONE WORD 1 m

1

- | | |
|---|------------|
| 1. List two common Rheumatological diseases in children | Jul 2024 > |
|---|------------|

MCQs 1 m

1

- | | |
|---|------------|
| 1. The following are criteria for Kawasaki disease 1) Bilateral non-purulent conjunctival injection 2) Polymorphous rash 3) Unilateral cervical lymphadenopathy 4) Fever lasting for at least 5 days a) 1 and 2 are correct c) 1, 2 and 3 are correct b) 2 and 4 are correct d) 1, 2, 3 and 4 are correct | May 2025 > |
|---|------------|

25 Pediatric Dermatology

1Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

ANSWER BRIEFLY 2 m

1

1. Mongolian spot.

Oct 2020 > ♦

26 Pediatric Eye Disorders

5 Q ↩

✗ Turn off Annotations / Pen mode for the links to work.

SHORT NOTES 3 m

1

1. Ocular findings in Down's syndrome.

Sep 2016 > ♦

ANSWER BRIEFLY 2 m

1

1. Four causes of retinitis pigmentosa.

Mar 2017 > ♦

DRAW & LABEL 2 m

2

1. Extraocular muscles

Feb 2020 > ♦

2. Visual pathway.

Sep 2016, Aug 2018 > ♦

ONE WORD 1 m

1

1. Intrauterine infection in which congenital cataract is seen

Sep 2022 > ♦

27 ENT Disorders in Children

9 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

SHORT NOTES 3 m

1

1. Acute follicular tonsillitis Mar 2022 > ♦

ANSWER BRIEFLY 2 m

5

1. Management of otitis media Mar 2022 > ♦

3. Screening for hearing impairment in newborn Aug 2019 > ♦

4. Common causes for acute otitis media Feb 2019 > ♦

2. Laryngomalacia Feb 2020 > ♦

5. Cleft palate Mar 2017 > ♦

ONE WORD 1 m

2

1. Most common etiological agent causing acute otitis media in children. Aug 2024 > ♦

2. Time of surgical correction of cleft palate Feb 2018 > ♦

MCQs 1 m

1

1. Stridor in a child can be caused by all of the following conditions EXCEPT a) Cystic fibrosis b) Croup c) Foreign body d) Epiglottitis May 2025 > ♦

28 Poisoning and Accidental Injuries

8 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

SHORT NOTES 3 m

4

- | | | | |
|---|--------------|--|--------------|
| 1. Enumerate the clinical features, radiological findings and management of Kerosene poisoning in children. | Aug 2023 > ♦ | 2. Kerosene poisoning | Aug 2019 > ♦ |
| | | 3. Clinical manifestations of snake envenomation | Apr 2016 > ♦ |
| | | 4. Management of near drowning child | Sep 2015 > ♦ |

ONE WORD 1 m

4

- | | | | | | |
|--|--------------|---|--------------|--|--------------|
| 1. Paracetamol dose in children. | Apr 2025 > ♦ | 3. Drug of choice for acetaminophen (Paracetamol) poisoning | Sep 2022 > ♦ | 4. Mention the antidote, its oral dosage & duration in paracetamol poisoning | Feb 2019 > ♦ |
| 2. List two drugs used in Organophosphorus Poisoning | Jul 2024 > ♦ | | | | |

29 Pediatric Critical Care

3 Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

CLINICAL & STRUCTURED CASES

1

ESSAY

15 M

Jul 2024

A 12-year-old boy is brought to casualty with history of cough, breathing difficulty and difficulty in speaking -one day. On examination he has respiratory rate of 42/min and SPO2 is 88% and bilateral rhonchi present. He gives history of recurrent episodes of cough and breathlessness and has been advised regular treatment to which he is not compliant

- What is the probable diagnosis [1]
- Enumerate the points from history and examination to substantiate the diagnosis [3]
- Describe the steps in the management of this child in casualty [4]
- Enumerate the long term drug management plan for this child [3]
- List the advices you will give regarding home care to prevent further episodes [4]

Dx: ACUTE SEVERE ASTHMA

View Answer →

Ask AI ♦

SHORT NOTES 3 m

1

- Discuss the management of dengue shock syndrome Mar 2023 > ♦

ANSWER BRIEFLY 2 m

1

1. Heimlich maneuver.

Oct 2020 > ♦

30

Essential Pediatric Procedures

1Q ↩

✖ Turn off Annotations / Pen mode for the links to work.

ANSWER BRIEFLY 2 m

1

1. Route of administration

Aug 2023 > ♦

SECTION 03



Exam Analytics

see where the marks live – which chapters & topics to hit first

Paediatrics – Exam Intel

430 questions · 30 chapters · 100% answered

most asked: **Nephrotic Syndrome** (10x) · heaviest: **Pediatric Infectious Diseases** (42 Q)

Where the marks live – top chapters



Topics the examiner loves

#	TOPIC	Qs	MARKS	LAST SEEN
1	Nephrotic Syndrome Renal and Urinary Disorders	10	67	May 2025
2	Seizures Neurological Disorders	12	41	Aug 2024
3	Severe Malnutrition Pediatric Nutrition	10	38	May 2025
4	Rheumatic Fever Pediatric Cardiology	10	37	May 2025
5	Glomerular Diseases Renal and Urinary Disorders	8	35	May 2025
6	Tetralogy of Fallot Pediatric Cardiology	7	33	Aug 2024
7	Meningitis Neurological Disorders	5	27	Apr 2025
8	Neonatal Respiratory Distress Care of the Newborn	8	21	May 2025
9	Neonatal Jaundice Care of the Newborn	7	21	Aug 2024
10	Ventricular Septal Defect Pediatric Cardiology	4	22	Jul 2024
11	Pneumonia Respiratory Disorders	7	20	Apr 2025
12	Pneumonia Assessment and Management Integrated Child Health Programs (IMNCI)	4	21	Mar 2024

How they ask

Short Answer 30% · Short Note 20% · One Word 15% · One word answers 8% · Draw and Label 6% · Essay 5% · MCQ/Precise 5% · Draw and Label 5%



SECTION 04

The Must-Do List

the last-week bird's-eye — every essay & short-note topic at a glance



Paediatrics

must-do topics · **bold** ★ = high-yield · number = times asked



Essays

Overview of Pediatric Medicine

Four Pillars of Medical Ethics ★

Growth Patterns

Short Stature Definition ★

Care of the Newborn

Respiratory Distress Syndrome (RDS) ★

ABO Incompatibility ★

Pediatric Nutrition

Severe Acute Malnutrition (SAM) 2 ★

Pediatric Obesity: Etiology/Complications ★

Micronutrient Disorders

Nutritional Rickets ★

Integrated Child Health Programs (IHNCI)

Pneumonia: Case Management ★

Pediatric Infectious Diseases

Acute Flaccid Paralysis (AFP) ★

Epiglottitis (Drooling, Sore Throat) ★

Fever and Cough (TB Contact) ★

Dengue Shock Management ★

Malaria Complications ★

Respiratory Disorders

- Bronchial Asthma (Exacerbation) ♦
- Unimmunized Child Pneumonia ♦

Pediatric Cardiology

- Acute Rheumatic Fever 2 ♦
- Ventricular Septal Defect (VSD) ♦
- VSD Hemodynamics ♦
- Tetralogy of Fallot ♦
- Fallot's Hemodynamics ♦

Renal and Urinary Disorders

- Nephrotic Syndrome (children) 3 ♦
- Acute Glomerulonephritis (AGN) 2 ♦
- Minimal Change Disease (MCD) 2 ♦
- Post-Streptococcal Glomerulonephritis (PSGN) ♦

Neurological Disorders

- Cerebral Palsy
- Definition/Classification/Complications ♦
- Simple Febrile Seizure Management ♦
- Pyogenic Meningitis Diagnosis ♦
- Pyogenic Meningitis
- Etiopathogenesis/Management ♦
- Febrile Seizure (Simple vs Complex) ♦

Pediatric Hematology

- Recurrent Transfusion Complications 2 ♦
- Iron Deficiency Anemia Peripheral Smear ♦
- Immune Thrombocytopenia ♦

Endocrine and Metabolic Diseases

- Approach to Short Stature ♦

Genetic Disorders

- Down Syndrome: Features and Genetics ♦
- Down Syndrome Diagnosis ♦

Pediatric Rheumatology

- Henoch-Schönlein Purpura ♦

Pediatric Critical Care

- Pediatric Respiratory Distress ♦

Short notes

Developmental and Behavioral Disorders

- Autism Spectrum Disorder ♦
- Breath-Holding Spells ♦
- Childhood Behavioral Problems ♦

Intellectual Disability (Prevention) ♦

Nocturnal Enuresis ♦

Care of the Newborn

Kangaroo Mother Care 3 ♦

Preterm Newborn Characteristics 2 ♦

Benign Newborn Findings ♦

Physiological vs. Pathological Jaundice ♦

Term Newborn Characteristics ♦

Cephalhematoma ♦ APGAR Score ♦

Neonatal Jaundice (Early Onset) ♦

Neonatal Hypoglycemia ♦

Pediatric Nutrition

Breastfeeding Advantages 2 ♦

Bottle Feeding Complications ♦

Kwashiorkor ♦

Micronutrient Disorders

Radiological Findings in Rickets ♦

Hemorrhagic Disease of Newborn ♦

WHO Xerophthalmia Classification ♦

Fluid and Electrolyte Balance

WHO Dehydration Classification (Children) ♦

Integrated Child Health Programs (IMNCI)

IMNCI Principles & Overview 2 ♦

Very Severe Pneumonia: Management ♦

Pediatric Infectious Diseases

Measles Complications 2 ♦

Hospital-Associated Infections ♦

AFP Surveillance ♦

HIV Management (Children) ♦

Dengue Hemorrhagic Shock ♦

Hepatitis A Infection ♦

H1N1 Pneumonia Management ♦

Respiratory Disorders

Acute Bronchiolitis 3 ♦

Acute Laryngotracheobronchitis (Croup) ♦

Staphylococcal Pneumonia ♦

Pediatric Cardiology

CHF in Infants/Children 3 ♦

Modified Jones Criteria 2 ♦

Cyanotic Spell Management 2 ♦

Rheumatic Fever Prophylaxis ♦

Nadas' Criteria ♦ Fallot's Complications ♦

Fallot's Hemodynamics ♦

Cyanotic Spells ♦ PDA Hemodynamics ♦

Endocarditis Investigations ♦

Gastrointestinal and Hepatic Disorders

Oral Rehydration Solution (ORS) ♦

Acute Diarrheal Disease (Children) ♦

Childhood Dehydration Assessment ♦

Renal and Urinary Disorders

Nephrotic Syndrome (children) 2 ♦

Childhood Urinary Tract Infections ♦

Drugs causing Nephrotic Syndrome ♦

Acute Glomerulonephritis (AGN) ♦

Undescended Testes ♦

Neurological Disorders

- Simple Febrile Seizure Management 2 ♦
- Microcephaly Definition ♦
- Tuberous Sclerosis MRI ♦
- Pyogenic Meningitis Diagnosis ♦
- Status Epilepticus Definition/Management ♦
- Neonatal Seizures ♦

Pediatric Hematology

- Idiopathic Thrombocytopenic Purpura ♦
- Splenomegaly Causes in Children ♦

Endocrine and Metabolic Diseases

- Congenital Hypothyroidism 2 ♦
- Rickets Biochemical Changes ♦
- Etiology of Short Stature ♦

Genetic Disorders

- Down Syndrome Antenatal Diagnosis ♦

Pediatric Rheumatology

- Kawasaki Disease 2 ♦

Pediatric Eye Disorders

- Down Syndrome Ocular Manifestations ♦

ENT Disorders in Children

- Acute follicular tonsillitis ♦

Poisoning and Accidental Injuries

- Kerosene Poisoning 2 ♦
- Near Drowning Management ♦
- Snake Envenomation ♦

Pediatric Critical Care

- Dengue Shock Syndrome ♦



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