INI-CET MAY '26

RECALL SESSION

A Mega Recall Session By India's Top Educators

Q. Which of the following is not a criterion of Kawasaki disease?

A. Purulent conjunctivitis

B. Cervical lymphadenopathy

C. Periungual desquamation

D. Polymorphic rash

Q. A 3-hour-old newborn has blood glucose of 38 mg/dL and is asymptomatic. What is the next best step?

A. Initiate 5% dextrose infusion

B. Continue breastfeeding and reassess blood glucose

C. Leave as it is and reassure

D. Give 5% dextrose bolus and reassess

Pediatrics

Q. An 18-month-old child can walk, scribble, and obey one-step commands, but speaks only monosyllables. Hearing assessment is normal. What is the next best step in management?

A. Start antiepileptics

B. Assess hearing and language development

C. Reassure and reassess at 5 years

D. Immediately diagnose Autism spectrum disorder

Pediatrics

Q. A 5-year-old child is brought with progressive loss of eye contact, repetitive hand-clapping movements, and slowing of head growth compared to age norms. Developmental regression is noted after a period of apparently normal early development. What is the most likely diagnosis?

A. Rett syndrome

B. Asperger syndrome

C. Fragile X syndrome

D. Down syndrome

Q. A neonate presents with differential cyanosis characterized by pink upper extremities and cyanosed lower extremities. Which congenital heart disease is most likely responsible?

A. Large PDA

B. AV septal defect

C. Severe mitral stenosis

D. Peripheral vascular disease

Pediatrics

Q. Which of the following organisms is a common cause of meningitis in infants younger than 6 weeks of age?

A. Streptococcus pneumoniae

B. Staphylococcus aureus

C. Listeria monocytogenes

D. Haemophilus influenzae

Pediatrics

Q. A child with Dravet syndrome receiving multidrug antiepileptic therapy is planned to start treatment with Fenfluramine. Which of the following monitoring strategies is most important before and during therapy due to the drug's major adverse-effect profile?

A. Monthly complete blood count to monitor for agranulocytosis

B. Serial echocardiography to monitor for valvular heart disease and pulmonary hypertension

C. Regular liver function tests to detect hepatotoxicity

D. Periodic renal function tests to assess nephrotoxicity

Pediatrics

Q. A child presents with fever, altered sensorium, and signs of meningeal irritation. Cerebrospinal fluid (CSF) analysis shows lymphocytic predominance, elevated protein and low glucose. What is the most likely diagnosis?

A. Tuberculous meningitis

B. Pyogenic meningitis

C. Viral meningitis

D. Fungal meningitis

Pediatrics

Q. A child presents with prolonged jaundice, umbilical hernia, hypotonia, and developmental delay. Which of the following is the most likely diagnosis?

A. Congenital hypothyroidism

B. Galactosemia

C. Down syndrome

D. Cerebral palsy

Pediatrics

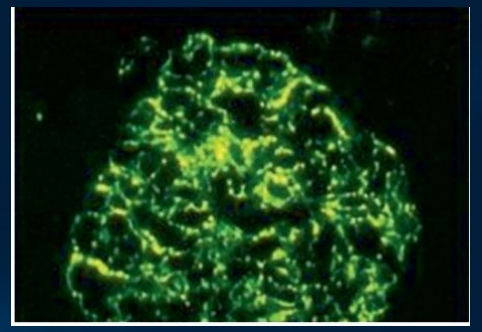
Q. A 6-year-old child presents with oliguria, hematuria, and hypertension. Renal biopsy shows coarse granular C3 deposits on immunofluorescence and subepithelial hump-shaped deposits on electron microscopy. What is the most likely diagnosis?

A. Poststreptococcal glomerulonephritis

B. Membranous nephropathy

C. Minimal change disease

D. Goodpasture syndrome



Q. Which electrolyte abnormality is the hallmark of refeeding syndrome in a severely malnourished child started on nutritional rehabilitation?

A. Hyperkalemia

B. Hyponatremia

C. Hypomagnesemia

D. Hypophosphatemia

Q. A neonate born to a mother with anti-Ro/SSA and anti-La/SSB antibodies is at risk of developing which cardiac abnormality?

A. TOF

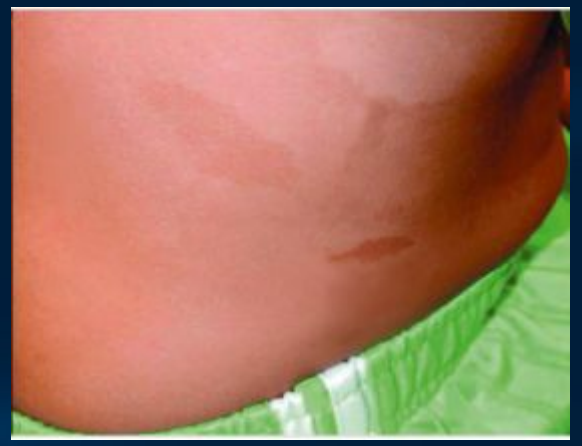
B. PDA

C. WPW syndrome

D. Complete heart block

Pediatrics

Q. A child presents with skin lesions as shown in the image, along with axillary freckling and Lisch nodules on eye examination. What is the most likely diagnosis?



A. Neurofibromatosis type 1

B. Tuberous sclerosis

C. Sturge-Weber syndrome

D. Ataxia-telangiectasia

THANK YOU