



ARCHIVE PEDIATRIC

Made by:

Boshra Al-omosh

Daniah Awwad

Heba Abu Nawas



Q1: This photo makes some confusion, child seems to push a hand of car and unsupported, but the doctor says the child is supported

(Not the same photo as in the exam)

- **What is the vaccine the child is taking at this age?**

**Answer: - Measles
-OPV**



- **The vocabulary for this child?**

Answer: 50 word



Q2: What is the name of this sign?

Answer: Tip toe walking

Give 2 DDX:

**Anewer: cerebral palsy
Duchanne**



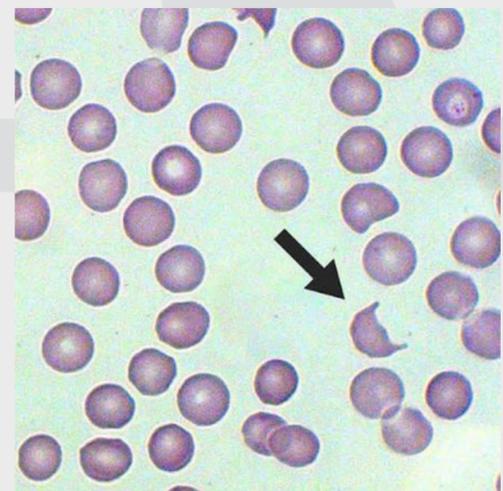
Q3: A 3 year old boy with vomiting, diarrhoea, he develops thrombocytopenia and anemia later on, peripheral blood smear is shown below

- **What is the sign?**

Answer: Schistocyte cell

- **2 DDx**

**Answer: 1)HUS
2)DIC**



- **what about creatinine level ?**

Answer: High

Q4: Q4-5 years old female with rash and purpura after viral infection, normal WBC and Hemoglobin and well general health conditions

- **what is the diagnosis ?**

ITP

- **if patient develops sudden headache and LOC?**

Intracranial hemorrhage

- **Urgent surgical intervention?**

Splenectomy



Q5: Boy came to your office for neurodevelopment assessment

- what is the karyotype?

Answer: 47, XY, +21

- Give 2 gastrointestinal complications?

**Answer: 1) Duodenal atresia
2) Annular pancreas**



Q6: 9 years old boy came to you due to iron deficiency anemia and abdominal pain

- What the name of this manifestation?

Dermatitis herpetiformis

- 2 Tests to confirm your diagnosis ?

**Answer: 1) tTG-IgA antibody
2) total IgA**



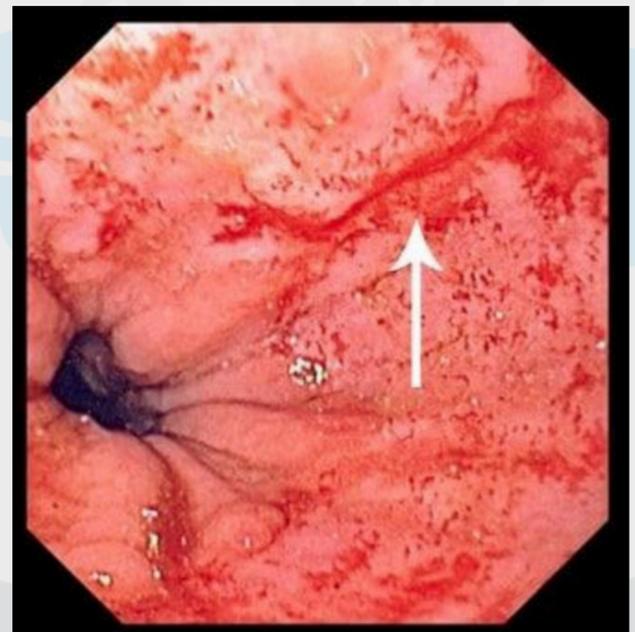
Q7: 6 years old female came due to Gi bleeding this morning after recurrent forceful vomiting, and endoscopy reveals this!

- What is your diagnosis?

Mallory weiss syndrome

- 2 blood labs you should order in ER?

**Answer: 1) CBC
2) Blood type, cross matching, coagulation profile**



Q8: 6 months old boy developed nasal congestion and rhinorhea, 2 days after he develops cough and wheezing

- What if the findings in X-ray?

Hyper inflated chest + perihilar thickening

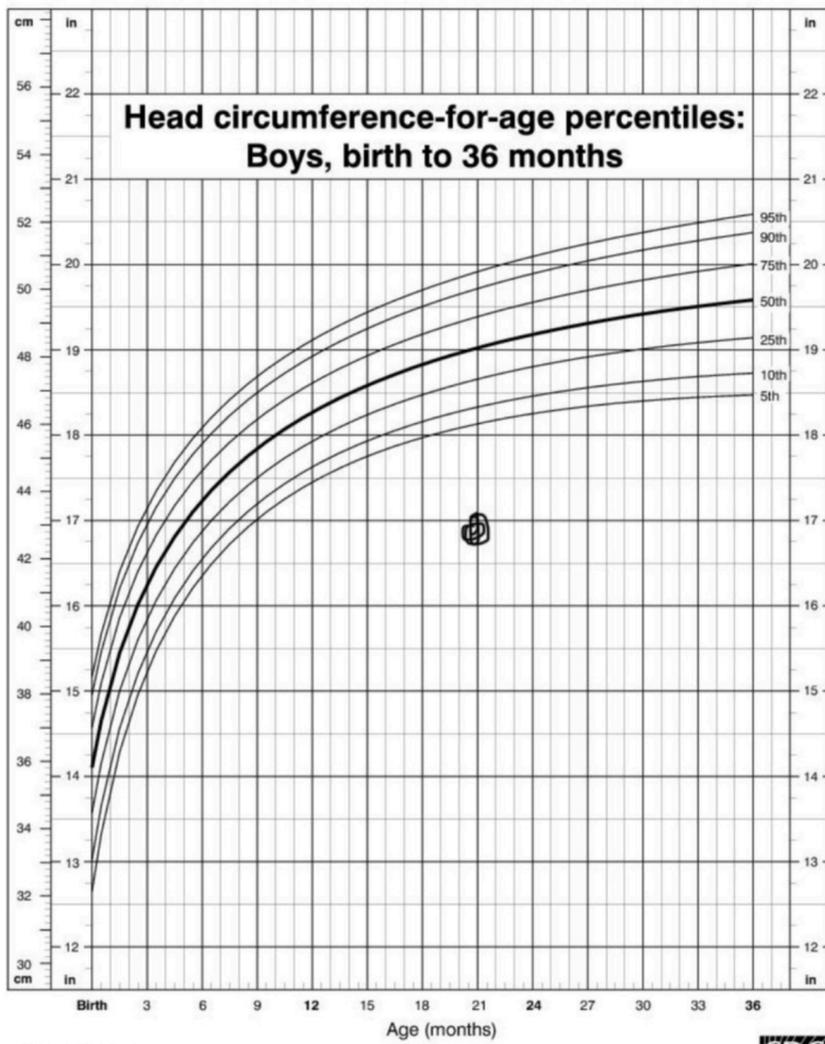
- Your diagnosis ?

Broncholitis

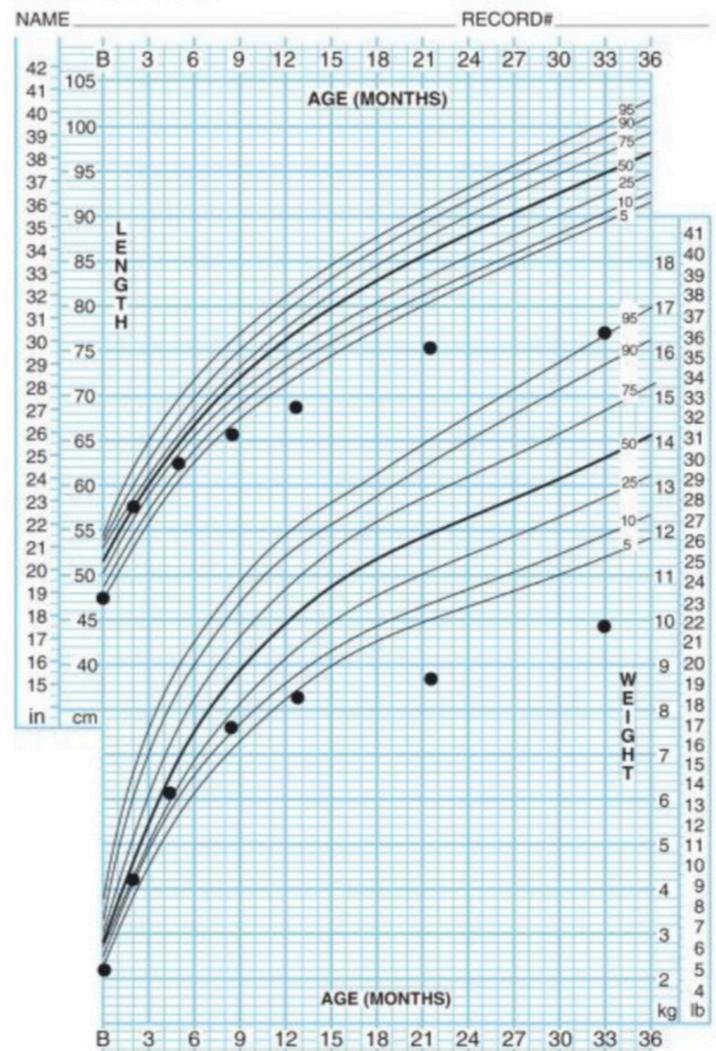
- Most common cause ?

RSV

CDC Growth Charts: United States



BOYS: BIRTH TO 36 MONTHS
PHYSICAL GROWTH
NCHS PERCENTILES*



Q9: 22 months boy come to well growth clinic

- What is your interpretation?

FTT3

- 2 DDx:

- 1) Chromosomal
- 2) Genetic

Q10: 7 days neonate with jaundice,
TSB15, Direct 7

- What is the type of jaundice ?

Post hepatic / obstructive/ conjugated type

- 2 DDx?

- 1) Biliary atresia
- 2) Cholodocal cyst

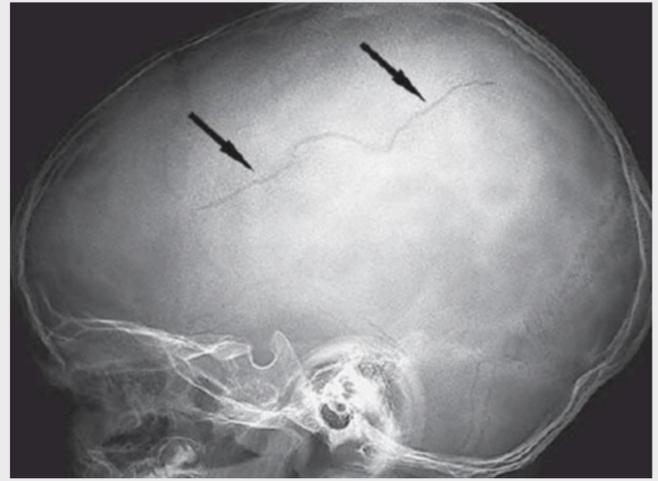
- 2 investigations?

- 1) US
- 2) HIDA scan



Q11: Name of this fracture ?

Linear fracture



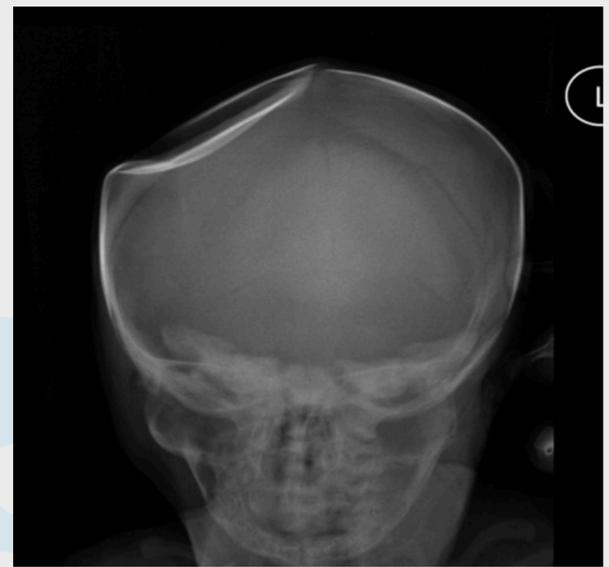
Basilar skull fracture



Depressed Fracture

• if the last photo came with intractable seizure what is your management ?

Surgical elevation



Q12: 6 female patient develops rash, abdominal pain and hematuria, what is your diagnosis ?

HSP

• One complication associated with this condition ?

intussusception

• Is skin rash recurrent after condition resolved ?

Yes (up to 6 weeks after)

اللهم افتح علينا فتوح العارفين، وعلمنا ما ينفعنا، وانفعنا بما علمتنا، وزونا علماً

OSCE

Station One :A 7-year-old girl presented with abnormal involuntary movements as shown in the video

Q1. What is the type of seizure you see in this video?

Generalized tonic-clonic seizure

Q2. What is the first drug in the management?

Benzodiazepines (diazepam/lorazepam)

Q3.If the seizure continues for more than five minutes, what do we call it?

Status epilepticus

Q4.What investigations should be ordered in the emergency department?

- **Lumbar puncture (LP).... (the most important one)**
- **Serum electrolytes**
- **Gluko.check**

Q5.How do you interpret these CSF findings?

- **Neutrophils: 10,000 /mm³**
- **Protein: 60 mg/dL**
- **CSF glucose: 25 mg/dL**
- **Serum glucose: 70 mg/dL**

Answer:

- **The findings are suggestive of acute bacterial meningitis.**

Q6. What is the management?

- **Vancomycin**
- **Third-generation cephalosporin**
- **Dexamethasone**

Q7. What imaging studies may be requested?

- **CT scan of the brain**
- **MRI of the brain**
- **EMG**

<https://youtu.be/OcJOQQvieR8?si=W69qBaUg7eMxfVug>



OSCE

Station Two :Taken a history

A mother of a two year old male brought him to the emergency room with red urine of two days duration.

Asking symptoms of UTI,stones		
Course of Red urine (at the end or although)	0	1
color of urine, presense of clots	0	1
History of fever	0	1
History of decreased feeding/activity	0	1
Symptoms of UTI,as dysuria,frequency,wetting,urgency,	0	1
History of loin or abdominal pain	0	1
Asking symptoms of glomerulonephritis		
History of edema,periorbital swelling	0	1
History of decreased urine output	0	1
History of previous tonsillitis	0	1
History of previous attacks	0	1
Other important questions		
Family history of renal failure,deafness ,stones,hematuria	0	1
History of trauma	0	1
History of bleeding from other sites	0	1
History of joint pain,skin rash	0	1
Drug history	0	1

+food (مثل الشمندر)

After taking a full history, the station asked about

1)the most common cause of hematuria following an episode of hematuria/infection?

post-streptococcal glomerulonephritis.

2)Why is hearing loss specifically asked about, and which differential diagnosis are you considering?

Alport syndrome

3)Investigations for this case (child with hematuria – suspected PSGN):

- **Serum complement levels: C3 and C4**
- **ASO antibody titer**
- **Complete blood count (CBC)**
- **Kidney function tests:Serum urea and creatinine**