GENESIS

Post-Graduation Medical Orientation Centre

230 New Elephant Road (4th floor), Katabon More, Dhaka-1205

Phone: 01404-432 530, 01404-432 515

FCPS PART-I MOCK TEST-II

SUBJECT : Pediatrics

PAPER : III

Exam Date	:	**Mock-I**	**: 13-12-20/17-12-20/20-12-20**
		Mock-II	**: 25-12-20/26-12-20/27-12-20**
Exam Time	**:**	**2.30.pm-4.00pm**	
Total Number	**:**	**100**	

Question 26-50 based on single answer

1. Antigen presenting cells are
a) B-Lymphocytes
b) Langerhans cell
c) Natural killer cell
d) Neutrophil
e) Schwann cell

2. Activation of complements through alternative pathway by—
a) Aggregated IgA
b) Ag-Ab complex
c) Endotoxin
d) Mannose binding lectin (MBL)
e) Viral envelope glycoproteins

3. Examples of autoimmune diseases are—
a) Celiac disease
b) Hemophilia A
c) Multiple sclerosis
d) Sickle cell anemia
e) Type-1 Diabetes mellitus

4. Apoptosis occurring in the following conditions physiologically-
a) Cell loss in proliferating bone marrow
b) Death of neutrophils after an acute inflammatory response
c) Destruction of cell during embryogenesis
d) Elimination of self-reacting harmful lymphocytes
e) Ovarian follicular atresia in menopause

5. Coagulative necrosis is characterized by—
a) Example- ischemic stroke
b) Focal bacterial infection
c) Hypoxic cell death
d) Loss of tissue architecture
e) Increased basophilia

6. Granulation tissue is formed of—
a) Epithelioid cells
b) Fibroblasts
c) Langhans type giant cells
d) Loose extracellular matrix
e) Newly formed blood vessels

7. Examples of genomic imprinting disorders are—
a) Angelman syndrome
b) Beckwith wiedemann syndrome
c) DiGeorge syndrome
d) Fragile-X syndrome
e) Russell silver syndrome

8. Clinical features of Down syndrome in the newborn baby are—
a) Clinodactyly
b) Joint hyperflexibility
c) Prehensile foot
d) Poor motor reflex
e) Short neck and redundant skin

9. Hypervitaminosis A results in—
a) Alopecia
b) Chronic constipation
c) Hepatosplenomegaly
d) Nephrolithiasis
e) Pseudotumorcerebri

10. Regarding Wilm's tumor-
a) Benign in nature
b) Most common abdominal tumor in childhood
c) Mutated tumor suppressor gene is WT1
d) Abdominal CT scanning is confirmatory for diagnosis
e) Overall prognosis is good

11. Aplastic anemia results in—
a) Generalized lymphadenopathy
b) Huge splenomegaly
c) Microcytic hypochromic anemia
d) Mild jaundice
e) Repeated respiratory tract infection

12. Congenital cyanotic heart diseases are—
a) Ebstein anomaly
b) Endocardial cushion defect
c) Mitral valve prolapse
d) Tricuspid regurgitaion
e) Total anomalous pulmonary venous return

13. Major criteria for rheumatic fever—
a) Arthralgia
b) Fever
c) Erythema multiforme
d) Pancarditis
e) Raised ASO titer

14. Complications of untreated galactosemia—
a) Cataract
b) Failure to thrive
c) Intellectual disability
d) Renal failure
e) Prolonged direct hyperbilirubinemia

15. Following fungi are responsible for cutaneous mycoses—
a) Madurellamycetomatis
b) Malassezia furfur
c) Microsporumcanis
d) Trichophytoninterdigitale
e) Sporothrixschenkii

16. Following exotoxins of bacteria act by ADP ribosylation—
a) Alpha toxin
b) Botulinum toxin
c) Cholera toxin
d) Diphtheria toxin
e) Exfoliatin

17. Lactose fermenting bacteria are—
a) E. coli
b) Klebsiella
c) Proteus
d) Pseudomonas
e) Salmonella

18. Following statements are CORRECT regarding C.diptheriae infection—
a) Caused by aerobic spore-forming rods
b) Cause of death is myocarditis and cardiac arrhythmia
c) Methylene blue stain reveals metachromatic granules
d) Pharyngitis and tonsillitis are most common presentation
e) Treatment of choice is penicillin G or erythroycin

19. Following conditions are associated with hyperlipidemia—
a) Familial hypercholesterolemia
b) Hyperaldosteronism
c) Nephrotic syndrome
d) Thyrotoxicosis
e) Von-Gierki disease

20. Hypercalcemia and hypercalciuria caused by—
a) Osteolytic bone metastasis
b) Parathyroid adenoma
c) Pheochromocytoma
d) Nephroblastoma
e) Vit-D intoxication

21. Regarding Kala-azar—
a) Aldehyde test confirms diagnosis
b) Hypergammaglobulinemia occurs
c) Leucopenia with relative lymphocytosis
d) Liposomal amphotericin B is safe in pregnancy
e) Promastigotes are found in bone marrow aspirates

22. Regarding Echinococcusgranulosus—
a) Adult tapeworm is found in domestic sheep
b) Cysts may be found in brain and kidney
c) Man is the definitive host
d) Transmitted by ingestion of contaminated eggs
e) Transplacental transmission occurs

23. Spores are killed by exposure to--
a) Dry heat at 1600c for 1 hour
b) Ethylene oxide
c) Gentian violet
d) Hydrogen peroxide
e) Moist heat at 1150c for 15 minutes

23. Sterilization by autoclave--
a) Catheters
b) Culture media
c) IV antibiotic solutions
d) Milk and dairy products
e) Surgical gloves

25. Exfoliative cytology is useful for the diagnosis of--
a) Bronchial cancer
b) Cervical cancer
c) Meningioma
d) Multiple myeloma
e) Vesical cancer

Each question below contains five suggested answers- choose the <u>one best</u> response to each question (26-50)

26. Following inflammatory mediators are responsible for increased vascular permeability except
a) Bradykinin
b) Histamine
c) Leukotriene B_4
d) Platelet activating factor (PAF)
e) Serotonin

27. Factors associated with IUGR baby except
a) Fetal pancreatic hypoplasia
b) Placental insufficiency
c) Maternal systemic hypertension
d) Toxemia of pregnancy
e) Cervical incompetence

28. Which of the Following is killed viral vaccine?
a) Chicken pox vaccine
b) Influenza vaccine
c) MR vaccine
d) Rota viral vaccine
e) Yellow fever vaccine

29. RNA enveloped viruses are all except-
a) Hepatitis-E virus
b) Respiratory syncytial virus
c) Rabies virus
d) SARS corona virus
e) Zika virus

30. Contraindications of liver biopsy are all except
a) Abscess in the right lobe
b) Age < 1 year
c) Hemangiosarcoma of liver
d) Platelet count < 50,000/cmm
e) Severe ascites

31. Which of the following diseases is MOST likely to be caused by a delayed hypersensitivity reaction?
a) Allergic rhinitis
b) Dengue hemorrhagic fever
c) Erythroblastosisfetalis
d) IgA nephropathy
e) Toxic epidermal necrolysis

32. Endogenous chemoattractants are all of the following, EXCEPT-
a) C5a
b) IL-8
c) Leukotriene B_4
d) Platelet activating factor
e) Thromboxane A_2

33. A man whose father was color blind, marries a woman who had a color blind mother and a normal father. What percentage of male children of this couple would be color blind?
a) 0%
b) 25%
c) 50%
d) 75%
e) 100%

34. Several hereditary cancer syndromes exhibit an autosomal dominant pattern. However, an individual that inherits a mutated gene, doesn't have to develop cancer. How come?
a) Anticipation
b) Exon-skipping
c) Incomplete penetrance
d) Mosaicism
e) Variable expressibility

35. All of the followings are seen in marasmus, Except-
a) Muscle wasting
b) Shiny and edematous skin
c) Simian facies
d) Voracious appetite
e) Weight loss

36. A 13-year-old boy has bilateral gynecomastia) His height is 148cm, weight is 58kg, the sexual maturity rating (Tanner scale) is stage-II. The gynecomastia is MOST likely due to-
a) Chronic liver disease
b) Hyperprolactinemia
c) Klinefelter syndrome
d) Pubertal gynecomastia
e) Testicular tumor

37. A 6-year-old child has history of birth asphyxia, doesn't communicate well, has slow mental and physical growth, doesn't mix with people, has limited interest, gets widely agitated if disturbed) The MOST probable diagnosis is-
a) Attention deficit hyperactivity disorder
b) Autistic disorder
c) Bipolar mood disorder
d) Schizophrenia
e) Temper tantrums

38. A 10 years old boy presents to the pediatric emergency unit with severe headache and epistaxis. His BP in upper extremety measured as 200/140 mmHg. Femoral pulses were not palpable) Also, a continuous ejection systolic murmur was found on auscultation. The MOST likely diagnosis amongst the following is-
a) Atrial fibrillation
b) Coarctation of aorta
c) Renal parenchymal disease
d) Takayasu'saortoarteritis
e) Ventricular septal defect

39. A 3-year-old boy presented with high fever and respiratory distress, showing ill-defined patchy opacities in both lungs. He may be MOST probably suffering from-
a) Acute bronchiolitis
b) Acute laryngotracheobronchitis
c) Bronchiectasis
d) Bronchopneumonia
e) Lung abscess

40. A 4-year-old male child was brought in pediatric OPD with the complaints of hematuria. On evaluation, his mother complaints that he has hearing loss and vision problems. One of his maternal uncles had history of chronic kidney disease. What is the MOST likely diagnosis?
a) Alport syndrome
b) Fabry disease
c) IgA nephropathy
d) Medullary sponge kidney
e) Prune belly syndrome

41. Multicellular giant cell is formed by all of the following viruses, except-
a) Herpes simplex virus-2
b) Measles virus
c) Polio virus
d) Respiratory syncytial virus
e) Varicella-zoster virus

42. A pregnant lady had no complaints but mild cervical lymphadenopathy in the first trimester. She was prescribed spiramycin but she was non-complaint. Baby was born with hydrocephalus and intracerebral calcification. What could be the cause of such condition?
a) Cytomegalovirus
b) Herpes virus
c) Rubella
d) Syphilis
e) Toxoplasma

43. A neonate develops signs of meningitis at 7 days of birth. The presence of which of the following infectious agents in the maternal genital tract can be causative agent of this disease?
a) Chlamydia trachomatis
b) Hemophilus influenza
c) Listeria monocytogenes
d) Neisseria gonorrheae
e) Streptococcus agalactiae

44. The most common pathogen in chronic granulomatous disease (CGD) is-
a) Aspergillus fumigates
b) Candida albicans
c) Mycobacterium tuberculosis
d) Staphylococcus aureus
e) Streptococcus pyogenes

45. A 2-year-old boy has vitamin D resistant rickets. His investigations revealed serum calcium = 9mg/dL, serum phosphate = 2.4mg/dL, serum alkaline phosphatase = 1041 IU, normal intact parathormone level and bicarbonate = 22meq/L. Which of the following is the MOST probable diagnosis?
a) Hyperparathyroidism
b) Hypophosphatamic rickets
c) Nutritional rickets
d) Rickets in renal tubular acidosis
e) Vitamin D dependent rickets

46. A child presents with high grade fever, inspiratory stridor and develops swallowing difficulty with drooling of saliva. Along with airway management, which of the following needs to be given?
a) Anti-diphtheria toxin
b) Adrenaline nebulization
c) IV ceftriaxone
d) Oral prednisolone
e) Salbutamol inhalation

47. The mother of a 4-year-old child notes that her child is sleeping poorly and scratching his anal area. You suspect the child may have pinworms. Which of the following is the best method to make the diagnosis?
a) Determine the titer IgE against the organism
b) Examine a blood smear for the presence of microfilariae
c) Examine the stool for the presence of cysts
d) Examine the stool for the presence of trophozoites
e) Examine the transparent adhesive tape for the presence of eggs

48. Infant had fever, one episode of seizure, admitted for observation. Fever then subsided and followed by rash over the chest and abdomen which were maculopapular and vesicular and erythematus. What is the most probable cause?
a) Chicken pox
b) Dengue fever
c) Measles
d) Roseola infantum
e) Typhoid fever

49. A 6-month old infant fed totally on cow's milk has been brought in with bleeding spots, pallor, fever and generalized tenderness. On examination, there was swelling on both lower extremities and the blood count was almost normal. The most likely diagnosis is-

a) Kwashiorkor
b) Rickets
c) Scurvy
d) Subleukaemicleukaemia
e) Von willebrand disease

50. A 16-year-old female presents with primary amenorrhea with raised serum FSH level. On examination, her height was 58 inches. What would be the histological findings in the ovary?

a) Absence of oocytes
b) Hemorrhagic corpus luteum
c) Ischemic necrosis
d) Mucinous cystadenoma
e) Psammoma bodies

Paediatrics-Mock-II, Paper-III

1. TT (tissue macrophage)FFF [Ref: Lange 15th/P-486]
2. TF (classic pathway) TF (lectin pathway)T [Ref: Lange 15th/P-538]
3. TFTFT [Ref: Robbins and Cotran 9th /P- 211]
4. TTTTT [Ref: Robbins and Cotran 9th/P- 53]
5. F (liquefactive) F (liquefactive) TF (preserved) F(eosinophilia) [Ref: Robbins and Cotran 9th/P-43]
6. FTFTT [Ref: Khaleque's pathology/P-38]
7. TTFFT [Ref: Robbins and Cotran 9th/P-172]
8. TTTTT [Ref: Nelson 21st/P-660/Tab-98.4]
9. TFTFT [Ref: Nelson 21st /P-364]
10. F (malignant) F (neuroblastoma) TF (biopsy) T [Ref: Nelson 21st /P-2683]
11. FFFFT [Ref: AH Mollah 4th/P-192]
12. TFFFT [Ref: AH Mollah 4th /125, Nelson 21st /P-2395]
13. FFFTF [Ref: AH Mollah 4th /P-136]
14. TTTTT [Ref: Nelson 21st/P-789]
15. FTTTF [Ref: Lange 15th /P-390]
16. FFTTF [Ref: Lange 15th /P-40]
17. TTFFF[Ref: Lange 15th/P-145]
18. F(non-spore forming)TTTF(antitoxin) [Ref: Lange 15th/P-138, Nelson 21st/P-1458]
19. TFTFT [Ref: Smiddy 2nd/P-217]
20. TTFFT[Ref: Smiddy 2nd/P-161]
21. FTTTF [Ref: AH Mollah 4th/P-157]
22. FTFTF[Ref: Lange 15th/P-445]
23. TTFFF[Ref: Smiddy 2nd/P-105]
23. FTFFT[Ref: Lange 15th/P-100]
25. TTFFT[Ref: Smiddy 2nd/P-200]
26. C (chemoattractant) [Ref: Robbins and Cotran 9th/P-83, 90]
27. E (prematurity) [Ref: AH Mollah 4th/P-50, Nelson 21st/P-906]
28. B [Ref: Lange 15th/P-271]
29. A [Ref: Lange 15th/P-240]
30. B [Ref: Nelson 21st/P-2091]
31. E [Ref: Lange 15th/P-559]
32. E [Ref: Robbins 9th/P-90]
33. C [Ref: Robbins 9th/P-142, Davidson 23rd/P-48]
34. C [Ref: Robbins 9th/P-140, Davidson 23rd/P-46]
35. B [Ref: AH Mollah 4th/P-74, Nelson 21st/P-337]
36. D [Ref: Nelson 21st/P-3000]
37. B [Ref: AH Mollah 4th/P-257]
38. B [Ref: Nelson 21st/P-2390]
39. D [Ref: AH Mollah 4th/P-90]
40. A [Ref: AH Mollah 4th/P-215]
41. C [Ref: Lange 15th/P-280]
42. E [Ref: Nelson 21st/P-1874]
43. E [Ref: AH Mollah 4th/P-236]
44. D [Ref: Lange 15th/P-576, Nelson 21st/P-1139]
45. E [Ref: AH Mollah 4th/P-83]
46. C [Ref: AH Mollah 4th/P-100]
47. E [Ref: Lange 15th/P-458]
48. A [Ref: AH Mollah 4th/P-39, 149]
49. C [Ref: AH Mollah 4th/P-79]
50. A [Ref: Nelson 21st/P-3002]