

# GENESIS

Post-Graduation Medical Orientation Centre

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## FCPS PART-I MOCK TEST-I

**SUBJECT : Paediatrics**

**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. Direct hyperbilirubinemia occurs in the following conditions**

- a) Crigler-Najjar syndrome
- b) Cystic fibrosis
- c) Galactosemia
- d) Hereditary spherocytosis
- e) Polycythemia

**2. Causes of delayed puberty—**

- a) Androgen insensitivity syndrome
- b) Congenital adrenal hyperplasia
- c) Kallmann syndrome
- d) Leydig cell adenoma
- e) Turner syndrome

**3. Regarding Addison's disease**

- a) Hyperglycemia
- b) Hypokalemia
- c) Hypovolemia
- d) Ketosis
- e) Low serum ACTH

**4. Laryngomalacia is characterized by—**

- a) Airway hemangioma
- b) Expiratory wheezing
- c) Flexible laryngoscopy confirms diagnosis
- d) Laryngeal collapse worsen during sleep
- e) Spontaneous resolution may occur

**5. Examples of autosomal aneuploidies are—**

- a) DiGeorge syndrome
- b) Edward syndrome
- c) Noonan syndrome
- d) Pallister-Killian syndrome
- e) Patau syndrome

**6. Following are X-linked recessive diseases—**

- a) Alport syndrome
- b) Fragile X syndrome
- c) Lesch-Nyhan syndrome
- d) Marfan syndrome
- e) Wiskot-Aldrich syndrome

**7. Dystrophic calcification is found in—**

- a) Constrictive pericarditis
- b) Milk alkali syndrome
- c) Renal tubular acidosis
- d) Subacute bacterial endocarditis
- e) Vitamin-D intoxication

**8. Factors retarding wound healing--**

- a) Appropriate tissue perfusion
- b) Diabetes mellitus
- c) Obesity
- d) Vitamin C
- e) Zn and Cu deficiency

**9. High risk for thrombosis—**

- a) Antiphospholipid antibody syndrome
- b) Dilated cardiomyopathy
- c) Heparin-induced thrombocytopenia
- d) Nephrotic syndrome
- e) Sickle cell disease

**10. Increased hydrostatic pressure occurs in—**

- a) Cirrhosis of liver
- b) Congestive cardiac failure
- c) Malnutrition
- d) Nephrotic syndrome
- e) Thrombosis

**11. Epithelioid cell granuloma is associated with the following conditions—**

- a) Chronic glomerulonephritis
- b) Gumma of syphilis
- c) Sarcoidosis
- d) Toxoplasmosis
- e) Ulcerative colitis

**12. Precancerous conditions are—**

- a) Blue naevi
- b) Ichthyosis
- c) Intestinal polyposis
- d) Post kala-azar dermal leishmaniasis
- e) Xerodermapigmentosum

**13. Regarding neuroblastoma—**

- a) Embryonal cancer of central nervous system
- b) Most common solid tumor in childhood
- c) Thoracic sympathetic ganglia are the commonest site
- d) Urinary VMA is raised
- e) Usually benign

**14. Alpha-fetoprotein level in serum is raised in the following cases—**

- a) Abdominal wall defect
- b) Anencephaly
- c) Down syndrome
- d) Gestational diabetes mellitus
- e) Hepatoblastoma

**15. Acid-fast organisms are—**

- a) Actinomyces Israeli
- b) Nocardia asteroides
- c) Mycobacterium bovis
- d) Mycobacterium leprae
- e) Mycobacterium tuberculosis

**16. Exotoxin producing bacteria—**

- a) E. coli
- b) MRSA
- c) Pseudomonas
- d) Streptococcus pyogenes
- e) Vibrio cholerae

**17. Tuberculin test may be positive in case of—**

- a) Atypical mycobacterial infection
- b) BCG vaccinated child
- c) Child with acute lymphoblastic leukemia
- d) Measles in last 3 months
- e) Tubercular meningitis

**18. Opportunistic infection is caused by the following fungi—**

- a) Aspergillus
- b) Coccidioides
- c) Mycetoma
- d) Pneumocystis
- e) Sporotrichosis

**19. Nematodes causing anemia in child—**

- a) Ancylostomaduodenale
- b) Enterobius vermicularis
- c) Strongyloides stercoralis
- d) Trichuris trichiura
- e) Wuchereria bancrofti

**20. PBF findings in Plasmodium vivax infection—**

- a) 'Banana' shaped gametocytes
- b) Only mature RBCs get infected
- c) Schuffner dots present
- d) Signet-ring >1 inside RBC
- e) Size of RBC becomes smaller

**21. Diseases caused by prion proteins—**

- a) Alzheimer's disease
- b) Creutzfeldt-Jakob disease
- c) Fatal familial insomnia
- d) Progressive multifocal leukoencephalopathy
- e) Subacute sclerosing panencephalitis

**22. Regarding inclusion bodies—**

- a) Chlamydia trachomatis inclusion in cytoplasm
- b) HSV-1 inclusion is found in cytoplasm
- c) Negri bodies are found in CMV infection
- d) Owl's eye inclusion is found in rabies infected cell
- e) VZV inclusions are found in nucleus

**23. Following statements are CORRECT in case of Hepatitis B**

- a) Anti HBc IgG indicates chronic infection
- b) Anti HBe antibody indicates low transmissibility
- c) Anti HBsAg is not protective
- d) Hepatitis B viruses have functional RNA dependent DNA polymerase
- e) Positive HBsAg indicates cirrhosis of liver

**24. Regarding IgG**

- a) Crosses placenta
- b) Found in secretions
- c) High molecular weight
- d) Neutralizes viral antigens
- e) Predominant antibody in primary response

**25. Hot air oven is used for sterilization of**

- a) Disposable plastic syringe
- b) Endoscope
- c) Glass test tube
- d) Metallic wire loop
- e) Swab stick

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

**26. The nephrotic syndrome is associated with all of the following except-**

- a) Dyslipidemia
- b) Increased blood volume
- c) High level of ADH in urine
- d) High level of aldosterone in urine
- e) Sodium retention

**27. Regarding Hemorrhagic disease of newborn all of the following are correct except-**

- a) APTT—Prolonged
- b) BT—Normal
- c) CT—Normal
- d) PT—Prolonged
- e) Response to Vitamin K

**28. Secondary amyloidosis occurs in—**

- a) Chronic osteomyelitis
- b) Gas gangrene
- c) Pneumococcal pneumonia
- d) Sickle cell disease
- e) Tuberculous leprosy

**29. Bacterial spores are killed by all of the following except**

- a) Autoclave
- b) Ethylene oxide
- c) Formaldehyde fumigation
- d) Hot air oven
- e) Pasteurization

**30. Examples of immune-complex hypersensitivity-**

- a) Acute rheumatic fever
- b) Ampicillin rash in infectious mononucleosis
- c) Goodpasture syndrome
- d) Grave's disease
- e) Toxic epidermal necrolysis

**31. All of the following can occur in case of infant of a diabetic mother, EXCEPT—**

- a) Anemia
- b) Hyperbilirubinemia
- c) Hypocalcemia
- d) Hypoglycemia
- e) Perinatal asphyxia

**32. A 6 weeks old infant presents with an episode of cyanosis. Mother complains of similar episodes when the child wakes up in the morning or while crying. On examination, the infant was cyanosed, an ejection systolic murmur heard over the left sternal border. What is your diagnosis?**

- a) Atrial septal defect
- b) Pulmonary stenosis
- c) Single ventricle
- d) Tetralogy of fallot
- e) Transposition of great arteries

**33. Which of the following is the BEST indicator to assess iron deficiency anemia?**

- a) Hemoglobin
- b) Serum ferritin
- c) Serum total iron
- d) TIBC
- e) Transferrin saturation

**34. A healthy 3-year-old girl presents with acute onset of petechiae, purpura and epistaxis. Her Hb= 12g/dL, WBC= 5500/mm<sup>3</sup>, platelet= 20,000/mm<sup>3</sup>, APTT and PT were normal. The MOST likely diagnosis is-**

- a) Acute lymphoblastic leukemia
- b) Aplastic anemia
- c) Disseminated intravascular coagulation
- d) Idiopathic thrombocytopenic purpura
- e) Von Willebrand disease

**35. All of the followings are non-specific defence against viruses, EXCEPT-**

- a) Fever
- b) Immunoglobulins
- c) Interferons
- d) Mucociliary clearance
- e) Natural killer cell

**36. A 15 years old girl presents with red spots on her legs, joint pain, edema, hypertension and proteinuria. She had an upper respiratory infection 2-3 weeks ago. What is your MOST likely diagnosis?**

- a) Goodpasture syndrome
- b) Henoch-schönlein purpura
- c) Membranoproliferative glomerulonephritis
- d) Systemic lupus erythematosus
- e) Wegener's granulomatosis

**37. You monitor a baby with shock with all the following parameters, EXCEPT-**

- a) Capillary refill time
- b) Pulse volume
- c) Pupillary reaction
- d) Sensorium
- e) Urinary output

**38. A 10 years old child with respiratory tract infection presents with gross hematuria within 2 days of the infection. What is the MOST probable diagnosis?**

- a) Henoch-schönlein purpura
- b) IgA nephropathy
- c) Nephrotic syndrome
- d) Post-streptococcal glomerulonephritis
- e) Urinary tract infection (Hematogenous)

**39. A toxoid is a modified bacterial toxin, that is made non-toxic but still able to induce an active immune response against the toxin. Which of the following vaccines is a toxoid?**

- a) Diphtheria
- b) Hepatitis A
- c) Hepatitis B
- d) Pneumococcal
- e) Varicella

**40. A 2-year-old girl, history of chronic diarrhea, failure to thrive came to the hospital with eczematous scaly skin rashes over perianal region over last 6 months that failed to respond with topical steroid and antifungal agents. What is the most likely nutritional deficiency underlying such condition?**

- a) Essential fatty acids
- b) Copper
- c) Vitamin A
- d) Vitamin B<sub>6</sub>
- e) Zinc

**41. Vitamin B<sub>1</sub> deficiency can present with all of the following, except—**

- a) Aphonia
- b) Cheilosis
- c) Dyspnea
- d) Easy fatigability
- e) Muscle cramp

**42. A 13-year-old boy presents in the outpatient department with complaints of not yet developing secondary sexual characteristics. On examination, child is found to have tall stature, small and firm testes and gynecomastia. What is the MOST probable clinical diagnosis?**

- a) Down syndrome
- b) Edward syndrome
- c) Fragile X syndrome
- d) Klinefelter syndrome
- e) Turner syndrome

**43. Which of the following structure in bacteria is LEAST antigenic?**

- a) Capsule
- b) Cell wall
- c) Flagella
- d) Pili
- e) Ribosome

**44. Your patient has a brain abscess that was detected 1 month after a dental extraction. Which one of the following organism is MOST likely to be involved-**

- a) Anaerobic streptococci
- b) Mycobacterium tuberculosis
- c) Mycoplasma pneumonia
- d) Lactobacillus acidophilus
- e) Staphylococcus epidermidis

**45. A neonate presented with cicatrizing skin lesions all over the body with hypoplasia of all limbs. An MRI of brain revealed diffuse cerebral atrophy. Ophthalmologic evaluation revealed chorioretinitis. Which of the following tests is MOST likely to show a positive result in case of this patient?**

- a) Anti CMV antibody
- b) Anti rubella antibody
- c) Anti toxoplasma antibody
- d) Anti treponemal antibody
- e) Anti VZV antibody

**46. A 3 years old boy presented with recurrent attack of pneumonia and otitis media since the first birthday. Your diagnosis is X-linked agammaglobulinemia. Of the following, the MOST likely offending organism is-**

- a) Cytomegalovirus
- b) Mycoplasma pneumonia
- c) Pneumocystis jiroveci
- d) Staphylococcus aureus
- e) Streptococcus pneumoniae

**47. A healthy baby boy is born to a 19-year-old mother. Three days later, he becomes lethargic, has a high temperature and vomiting. A lumbar puncture shows that the baby has bacterial meningitis. A gram stain of spinal fluid shows short gram (+)ve rods, The organism is-**

- a) E. coli
- b) Group B streptococci
- c) H. influenzae
- d) L. monocytogenes
- e) M. tuberculosis

**48. The selective toxicity of amphotericin B is based on presence in fungi of which one of the following?**

- a) Dihydrofolate reductase
- b) DNA gyrase
- c) Ergosterol
- d) Mycolic acid
- e) Ribosomal 30S subunit

**49. All of the following congenital lesions result in increased volume load, EXCEPT--**

- a) Atrial septal defect
- b) Coarctation of the aorta
- c) Endocardial cushion defect
- d) Patent ductus arteriosus
- e) Ventricular septal defect

**50. A 14-year-old boy has difficulty in expressing himself in writing and makes frequent spelling mistakes, does not follow instructions and cannot wait for his turn while playing a game. He is likely to be suffering from-**

- a) ADHD
- b) Autism
- c) Examination anxiety
- d) Lack of interest in studies
- e) Specific learning disability

### Paediatrics-Mock-1, Paper-3

1. FTT(either direct or indirect, any type may occur)FF  
[Ref: AH Mollah 4<sup>th</sup>/63, MR Khan 4<sup>th</sup>/36, Nelson 21<sup>st</sup>/P-956]
2. TF(precocious)TF(precocious)T  
[Ref: Nelson 21<sup>st</sup>/P-2908]
3. F(hypoglycemia)F(hyperkalemia)TTF(high)  
[Ref: MR Khan 4<sup>th</sup>/242, Nelson 21<sup>st</sup>/P-2964]
4. F(hemangioma or cysts are other different pathologies)F(inspiratory stridor)TF(worsen during awake, feeding or crying)T  
[Ref: AH Mollah 4<sup>th</sup>/P-101, Nelson 21<sup>st</sup>/P-2207]
5. F(deletion)TF(mendelian)TT  
[Ref: Nelson 21<sup>st</sup>/P-663, 666]
6. TTTT(autosomal dominant)T[Ref: Robbins 9<sup>th</sup>/P-142]
7. TF(metastatic)F(metastatic)TF(metastatic)  
[Ref: Robbins 9<sup>th</sup>/P-64, Khaleque/P-15]
8. F(help wound healing)TTF(help wound healing)T  
[Ref: Khaleque/P-40]
9. TF(low risk)TF(low risk)F(low risk)  
[Ref: Robbins 9<sup>th</sup>/P-123]
10. TTF(reduced oncotic pressure)F(reduced oncotic pressure)T[Ref: Robbins 9<sup>th</sup>/P-114, Khaleque/P-43]
11. [Ref: Robbins 9<sup>th</sup>/P-98, Smiddy 2<sup>nd</sup>/P-91]
12. FFTFT [Ref: Robbins 9<sup>th</sup>/P-279, Khaleque/P-67]
13. F (PNS)F(brain tumors)F(next to commonest)TF(malignant) [Ref: MR Khan 4<sup>th</sup>/P-312, Nelson 21<sup>st</sup>/P-2678]
14. TTF(decreased)F(decreased)T [Ref: Robbins 9<sup>th</sup>/P-337]
15. F(purely gram positive)T(lightly acid-fast)TTT  
[Ref: Lange 15<sup>th</sup>/P-176, 187]
16. TTTTT [Ref: Lange 15<sup>th</sup>/P-42]
17. TTF(false negative)F(false negative)F(false negative)  
[Ref: AH Mollah 4<sup>th</sup>/P-34, MR Khan 4<sup>th</sup>/P-402]
18. TF(systemic)F(subcutaneous)TF(subcutaneous)  
[Ref: Lange 15<sup>th</sup>/P-401]
19. TFFT [Ref: Lange 15<sup>th</sup>/P-456]
20. F(P.falciparum)TTF(P.falciparum)F(larger)  
[Ref: Lange 15<sup>th</sup>/424, Khaleque/P-438]
21. FTTF [Ref: Lange 15<sup>th</sup>/P-361]
22. TF(nucleus) F(rabies)F(CMV) T[Ref: Lange 15<sup>th</sup>/P-202]
23. TTF(protective)TF(just infection)  
[Ref: Lange 15<sup>th</sup>/P-329, 331]
24. TF(IgA)F(low)TF(secondary)  
[Ref: Lange 15<sup>th</sup>/P-523, Khaleque/P-357, 359]
25. F(gamma radiation)F(ethylene oxide)TF(flaming)T  
[Ref: Lange 15<sup>th</sup>/P- 98]
26. B (Decreased due to hypoalbuminemia)  
[Ref: AH Mollah 4<sup>th</sup>/P-205, Smiddy 2<sup>nd</sup>/P-155]
27. C (prolonged)  
[Ref: MR Khan 4<sup>th</sup>/P-43]

28. A (lepromatous leprosy)  
[Ref: Robbins 9<sup>th</sup>/P-259, Smiddy 2<sup>nd</sup>/P-170]
29. E [Ref: Lange 15<sup>th</sup>/P-100]
30. B (type II) (type II) (type IV) [Ref: Lange 15<sup>th</sup>/P-558]
31. A [Ref: MR Khan 4<sup>th</sup>/P-44, Nelson 21<sup>st</sup>/P-983]
32. D [Ref: AH Mollah 4<sup>th</sup>/P-125]
33. B [Ref: Nelson 21<sup>st</sup>/P-2522]
34. D [Ref: AH Mollah 4<sup>th</sup>/P-197]
35. B [Ref: Lange 15<sup>th</sup>/P-476]
36. B [Ref: MR Khan 4<sup>th</sup>/P-325, Nelson 21<sup>st</sup>/P-1319]
37. C [Ref: Nelson 21<sup>st</sup>/P-574]
38. B [Ref: AH Mollah 4<sup>th</sup>/P-215]
39. A [Ref: Lange 15<sup>th</sup>/P-94]
40. E [Ref: Nelson 21<sup>st</sup>/P-388]
41. B [Ref: MR Khan 4<sup>th</sup>/P-78, Nelson 21<sup>st</sup>/P-365]
42. D [Ref: Robbins 9<sup>th</sup>/P-165]
43. E [Ref: Lange 15<sup>th</sup>/P-9]
44. A [Ref: Lange 15<sup>th</sup>/P-115]
45. E [Ref: Nelson 21<sup>st</sup>/P-1711]
46. E [Ref: Lange 15<sup>th</sup>/P-575, Nelson 21<sup>st</sup>/P-1107]
47. D [Ref: Nelson 21<sup>st</sup>/P-1463]
48. C [Ref: Lange 15<sup>th</sup>/P-389]
49. B [Ref: Nelson 21<sup>st</sup>/P-2372]
50. E [Ref: Nelson 21<sup>st</sup>/P-253]