

Pediatric miniOSCE

Group A

30/1/2020



Q1: 5 years old with history of URTI for 3 day with low grade fever and red rash on the face, and a lacy rash on the arms, legs, and trunk.

A. What is your diagnosis?

B. What is causative organism?



- A: Fifth disease, Erythema infectiosum
- B: Parvovirus B19

Q2: A. Write the name of the test/maneuver shown in the picture.

B. What does it indicate?



- A: Ventral/horizontal suspension
- B: Hypotonia

Q3: child with frothy urine developed periorbital edema then lower limb edema, he has hx of URTI 10 days ago, in the clinic his blood pressure was normal.

A. What's your diagnosis?

B. What do you give him to reduce the edema?



- A: Nephrotic syndrome
- B: Diuretics + Albumin

Q4: By looking at this MCUG study:

A. What's your diagnosis?

B. Mention 2 complications of this condition



- A: neurogenic bladder
- B: VUR, recurrent UTI

Q5: Identify skin conditions.

A.



B.



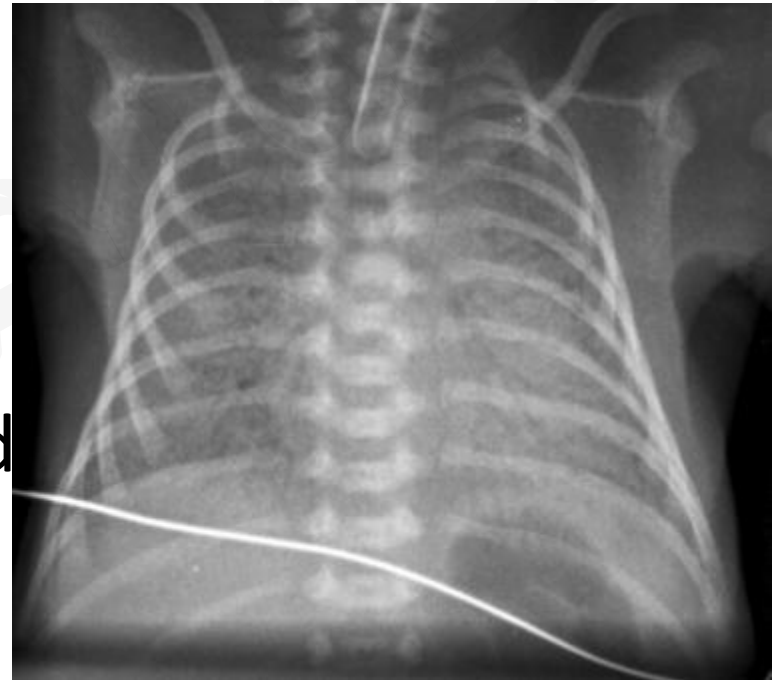
- A: vernix caseosa
- B: hemangioma

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Q6: premature baby chest X-ray:

A. What's your diagnosis?

B. Mention one complication if the patient was admitted to the NICU and intubated for long time.

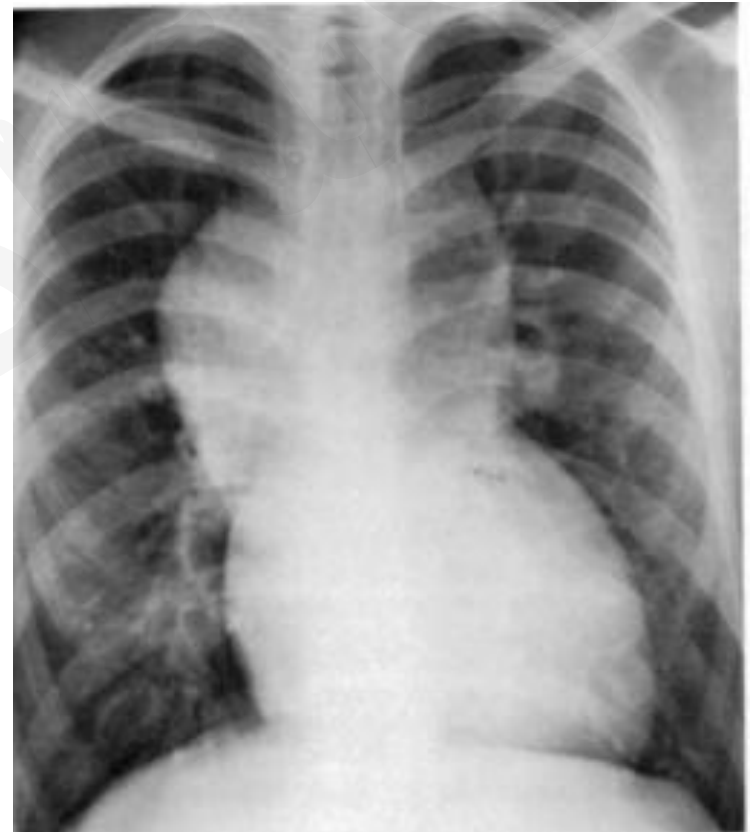


- A: RDS
- B: chronic lung disease

Q7:

A. what is the name of this radiological sign?

B. what is your diagnosis?

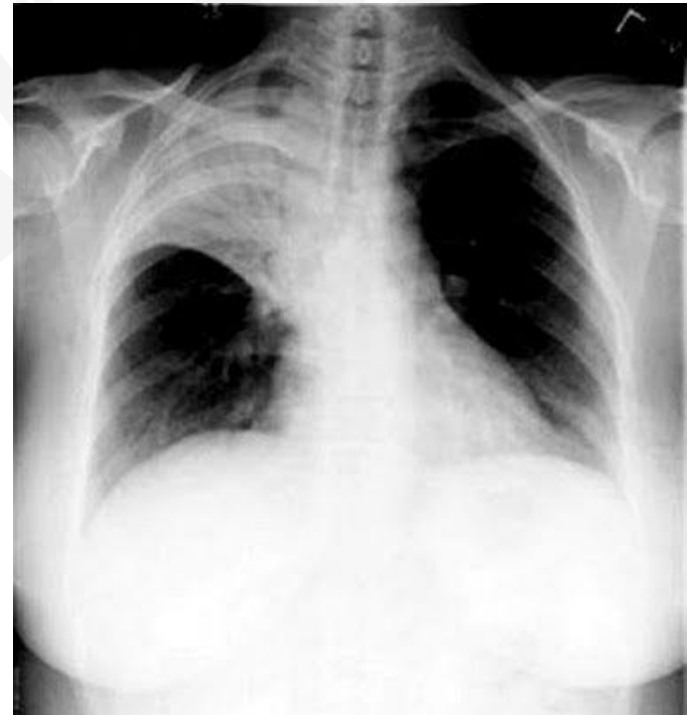


- A. Snowman sign
- B. Total anomalous pulmonary venous return.

Q8: Child presented with acute onset of fever with cough.

A. What is your diagnosis?

B. Describe the site.



- A. Lobar pneumonia
- B. right lung upper lobe

Q9:

A. what is the sign shown in the pictures?

B. what does it indicate?



- A. scissoring
- B. upper motor neuron lesion (spasticity)

Q10: A boy presented with joint swelling, history of gum bleeding.

A. What is your diagnosis?

B. What is the mode of inheritance?



- A. Hemophilia
- B. X-linked recessive

OSCE stations

- Every station you need to take focused history (every question why do you ask it), physical examination with findings, investigations, differentials, diagnosis, management.

1- Arthritis: rheumatic fever

- ECG abnormality: partial A-V block

2- red urine: PSGN

- what is kidney function test?

BUN, creatinine

- what is the type of lower limb rash in HSP?

Purpura!

- What is the etiology of HSP?

Small vessel vasculitis

- Drugs used of hypertension in pediatrics with renal disease?

ACE and ARBS

3- 18 month child with history pallor since 4 weeks: iron deficiency anemia

- DDx of microcytic hypochromic anemia:

IDA, Thalassemia, anemia of chronic disease, sideroblastic anemia

- management:

6 mg/kg **elemental** iron

- duration of treatment:

3-4 months

- DDx if didn't improve:

inadequate dose, compliance, malabsorption, other disease (thalassemia minor)

- foods rich in iron:

red meat, (not green leaves)

- Good luck

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Pediatrics

Mini OSCE

Groups C – 6th Year – Ihsan Batch



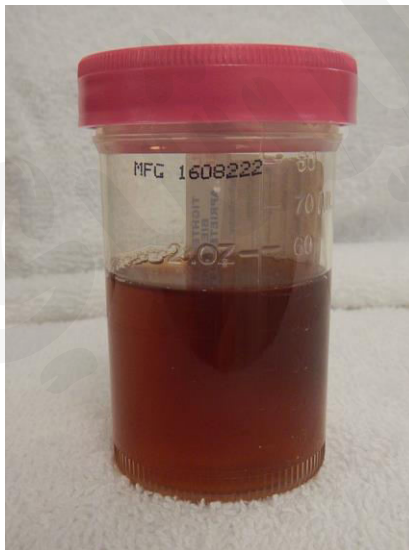
Patient came complaining of arthritis, red urine and rash on the face

Q1: What is the Dx?

SLE

Q2: What is the cause of the red urine?

Lupus Nephritis



A pt with acute onset of SOB, on examination he appeared to have tachycardia, tachypnea, edema:

Q1: X-ray finding?

Cardiomegaly

Q2: Name 2 physical findings?

- Tender enlarged liver
- Leg edema



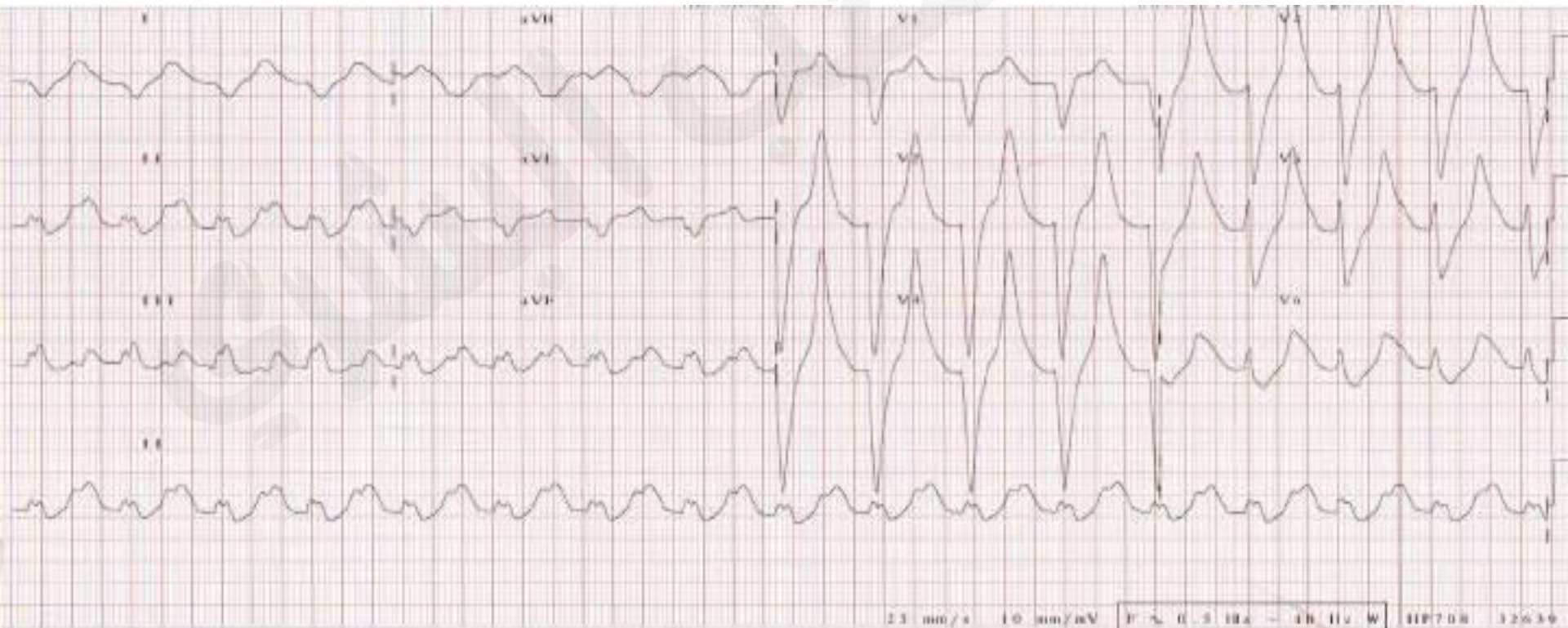
Q: Pt with CKD:

Q1: Name the finding on the ECG?

Peaked T wave

Q2: Give two modalities of Mx:

- Insulin + Glucose
- Calcium gluconate
- B-agonist

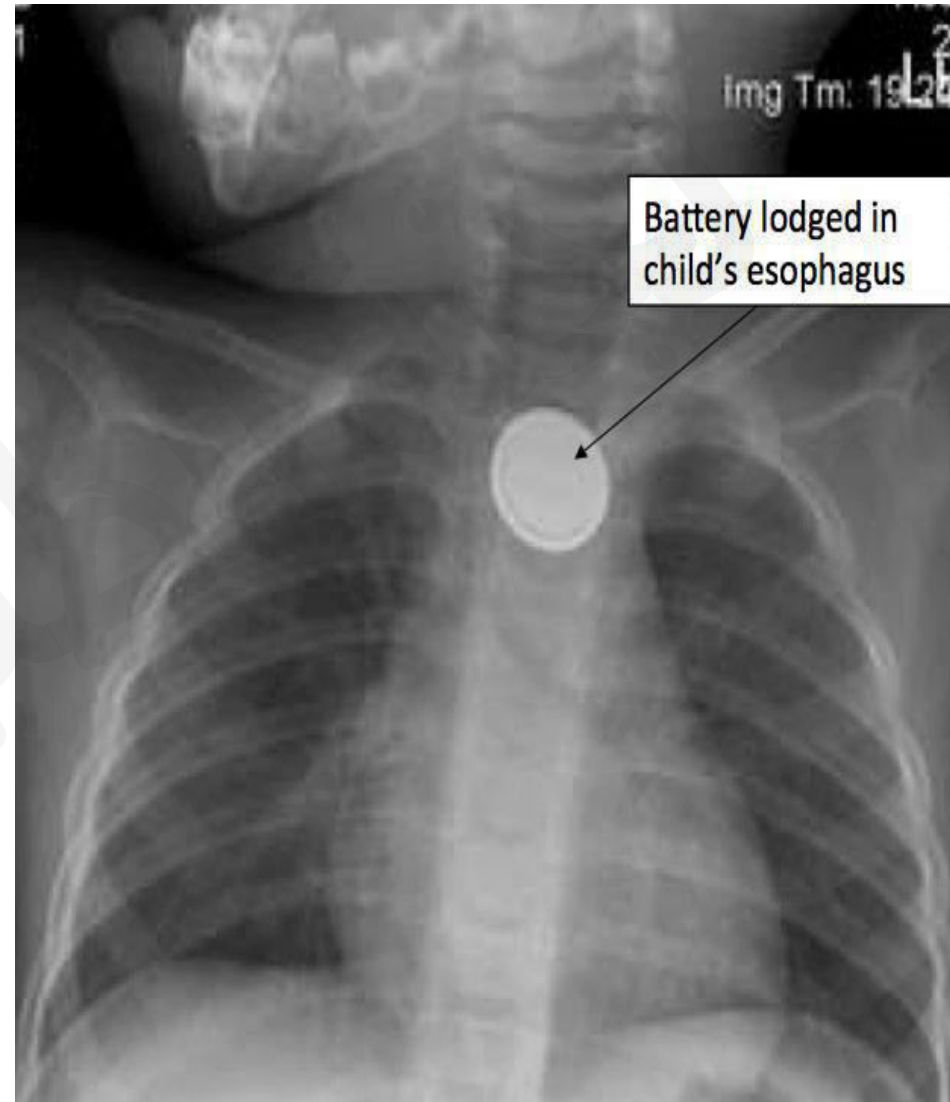


Q1. Name 2 types of injury in this case?

1. Chemical,
2. Electrical,
3. Physical injuries

Q2. What is the immediate urgent Mx?

Emergent upper endoscopy



1. What is the Dx?

Tension Pneumothorax
(Notice: shifted
mediastinum)

2. Immediate urgent Mx?

Thoracocentesis
then chest tube



Q1: What is the Dx?

- Myelomeningocele

Q2: Name 1 complication?

- Fecal and urinary incontinence



Q1. What is the name of the sign?

Leukocoria (absent red eye reflex)

Q2. Give two Causes?

- Retinopathy of prematurity
 - Retinoblastoma
- Retinal detachment
 - Cataract



Q: This patient presented with Hx of sore throat and fever 3 weeks ago and this rash:

Q1: What is the causative agent? Group A Strep

Q2: What is the most serious complication? Carditis



Name the age of the child:

Tricycle riding

3 years



Wave bye bye

9 months



Q: This patient came to the ER after a bee bite, and he was hypotensive:

1. What is the Dx?

- Anaphylaxis

2. Immediate Mx?

- Epinephrine injection



OSCE

Bilateral orbital edema – Nephrotic

We were asked about the Hx, PE, Investigations, Mx, What is the type of nephrotic syndrome (MCD), and what are the indications of kidney biopsy

Abnormal Movement (5 min) – Meningitis

Acute Cough – Acute bronchiolitis



Pediatrics OSCE & Mini OSCE

Ihsan Batch – Groups D

Q1:

- A case of bloody diarrhea, the answer was shigella

Q2:

- A case of a child waving & cruising, how old is he?

Answer: 9-10 months

If the question presents multiple milestones and asks for the age then pick the older age (at the age of the older milestone he would be able to do both)

Q3:

- A picture of a symmetrical tonic reflex and it asks when it disappears.

Answer: 3 months

Q4:

- A case of jaundice & eye cataract.

Answer: galactosemia

Q5:

- A picture of a growth chart and it asks what the problem is.

Answer: constitutional delay

Q6:

- A case of immune deficiency.

Answer: DiGeorge syndrome

Q7:

- A case of a child with pink urine & jaundice and it asks about the defect and the mode of inheritance.

Answer: G6PD deficiency, X-linked recessive

Q8:

- An X-Ray of a right middle lobe pneumonia and they ask about the causative organism.

Answer: Strep. Pneumonia

Q9:

- A picture of scarlet fever and it asks about the causative organism & the management.

Answer:

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Q10:

- A picture of omega sign and they ask about the diagnosis.

Answer: laryngomalacia

OSCE Stations

1. Arthritis – Acute rheumatic fever
2. Pallor – Iron deficiency anemia
3. Chronic Diarrhea – Celiac disease