

Pediatrics

Mini OSCE



لجنة الطب البشري - الجامعة الهاشمية

تنويه مهم

- هذا التجميع يحتوي على جميع سنوات امتحانات الأطفال (الميني أوسكي) في الجامعة الهاشمية لكل من السنة الخامسة والسادسة, موزعين حسب المواضيع.
- نود التنبيه على أن هذه الأسئلة واجاباتها هي تجميع طلاب وقد تحتل الصواب والخطأ, تم محاولة تدقيق جميع الأسئلة قدر الامكان لكن من الممكن وجود بعض الأخطاء المتبقية.
- في حال اكتشاف خطأ في إجابة أي سؤال يرجى التواصل مع أحد أعضاء الفريق الأكاديمي في دفعتك ليقوم بإيصال الملاحظة لنا وتعديلها.
- شكر جزيل لكل من ساهم في جمع هذه الأسئلة, لم يكن ليتم هذا العمل لولاكم, وشكر خاص للزميل يزن علاونة من دفعة إحسان على جهوده الكبيرة في جمع وتنسيق هذا الملف.

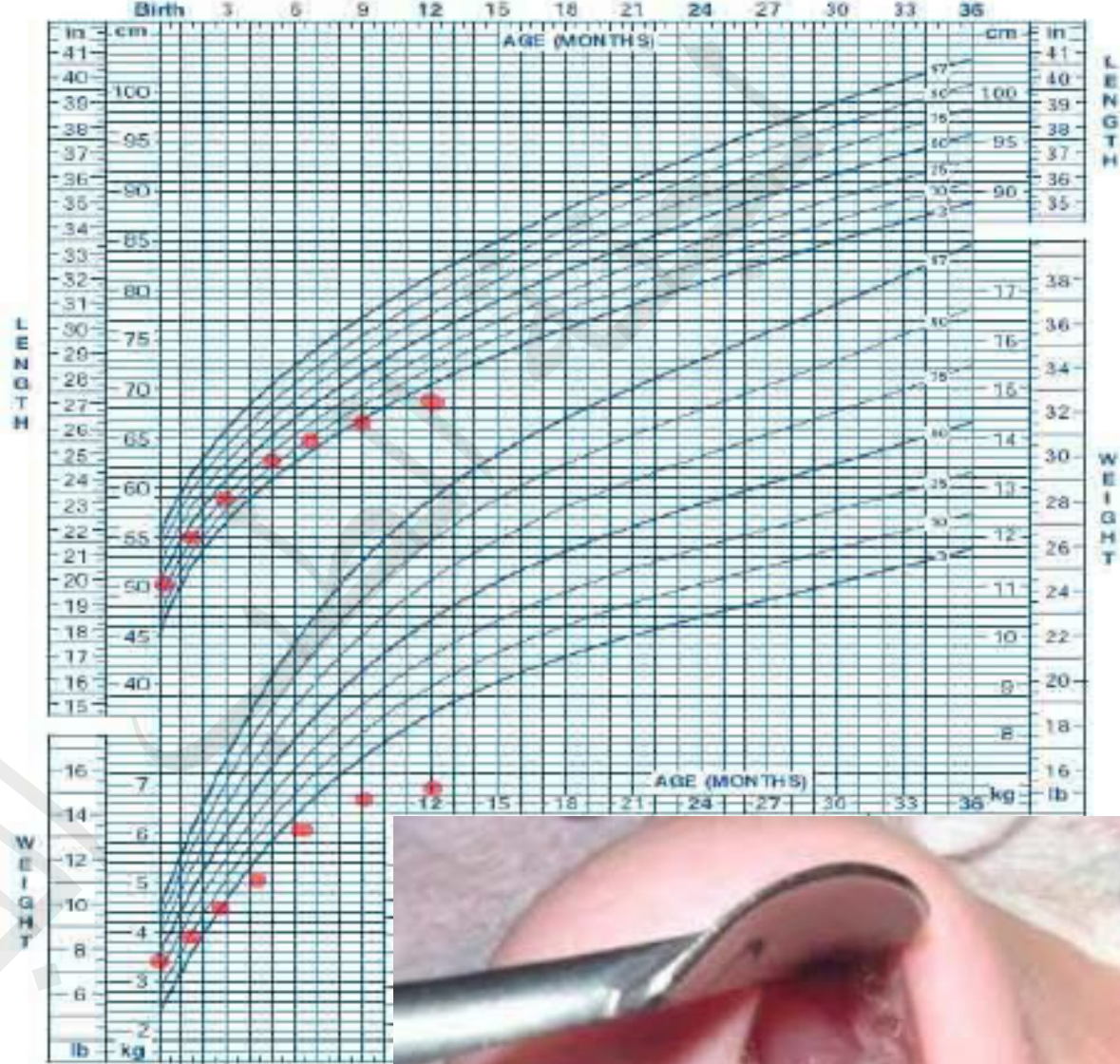
Gastrointestinal

Q1: Child with Hx of delayed meconium and recurrent chest infections?

1. What is the Dx?
Cystic fibrosis

2. What is the mode of inheritance?
Autosomal Recessive

3. Initial test to do?
Sweat chloride test



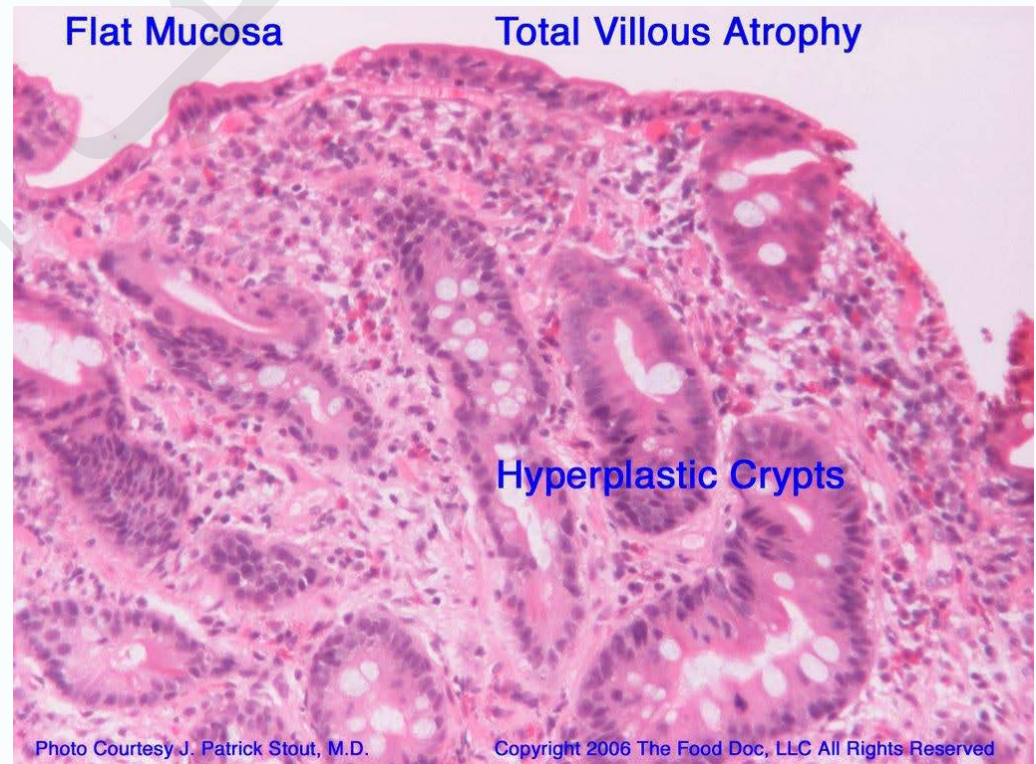
Q2: Abdominal distension and diarrhea, on histology there is villous atrophy and hyperplastic crypts

1. What is the Dx?

Celiac disease

2. What is the Mx?

Gluten free diet + Vitamin replacement



Q3: Yellow distended abdomen with visible dilated veins, and liver disease
(the veins weren't very clear)

1. Cause of this condition?

Portal Hypertension

2. Mention one cause?

Any cause of chronic liver disease (Cirrhosis, Hepatitis B), any cause of conjugated hyperbilirubinemia



Q4: A 1 month old with persistent nonbilious vomiting:

1. What is your Dx?

Pyloric Stenosis

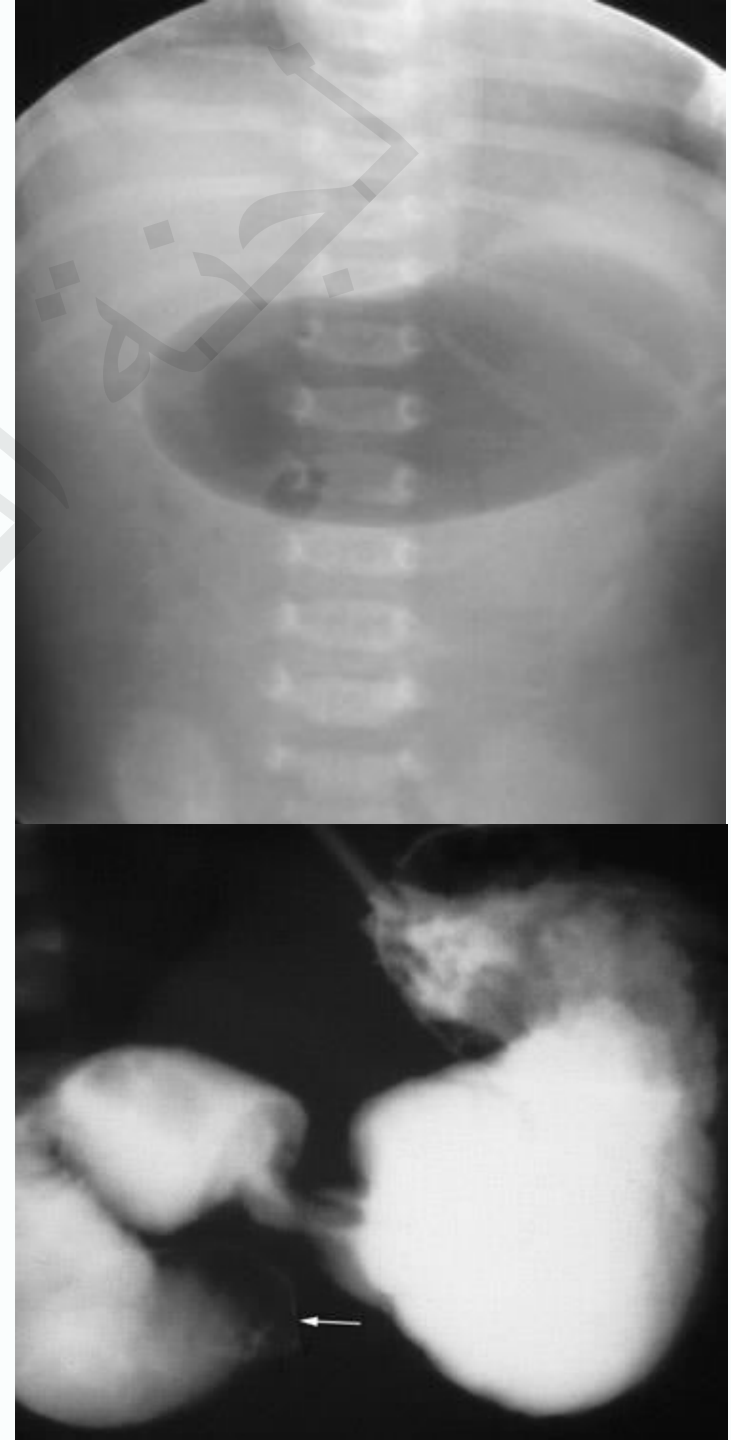
2. How to Diagnose it?

Ultrasound

3. What is the definitive Mx?

Surgical Mx

(Pyloromyotomy)



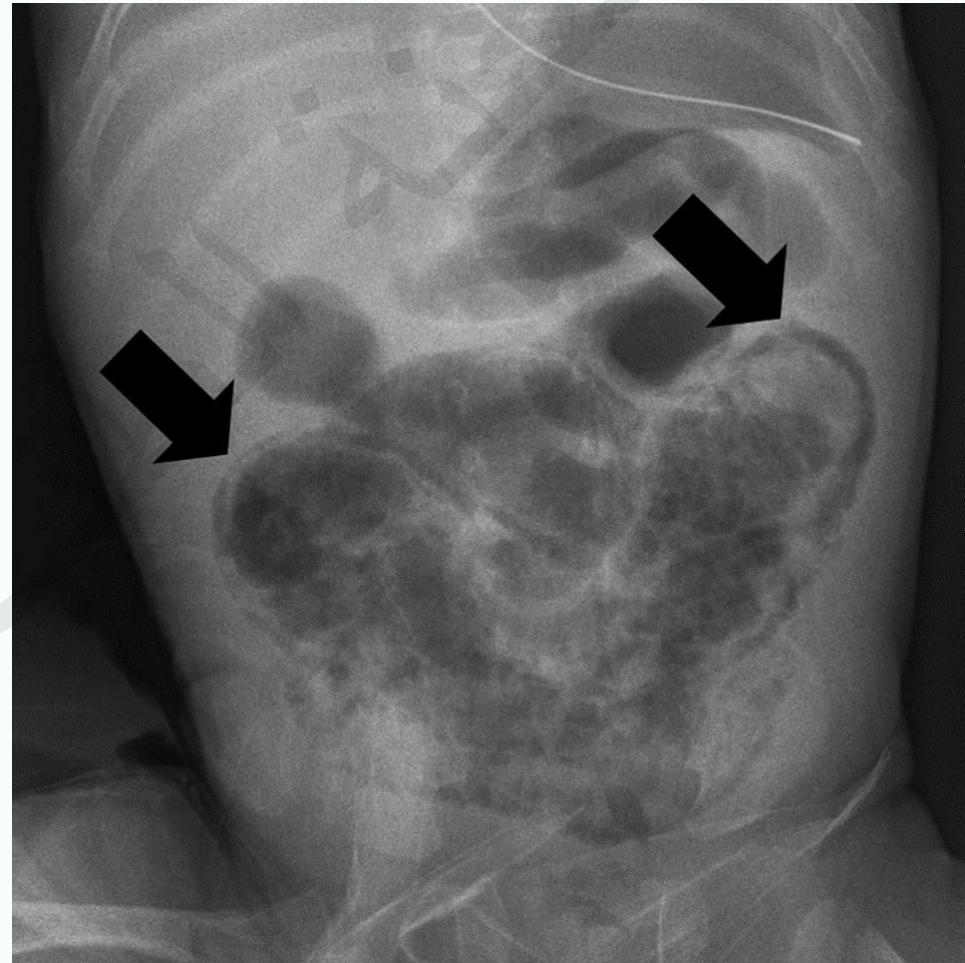
Q5: Pneumatosis intestinalis:

1. What is your Dx?

Necrotizing Enterocolitis

2. First line of Mx?

- NPO
- NGT for decompression
- Empirical Abx



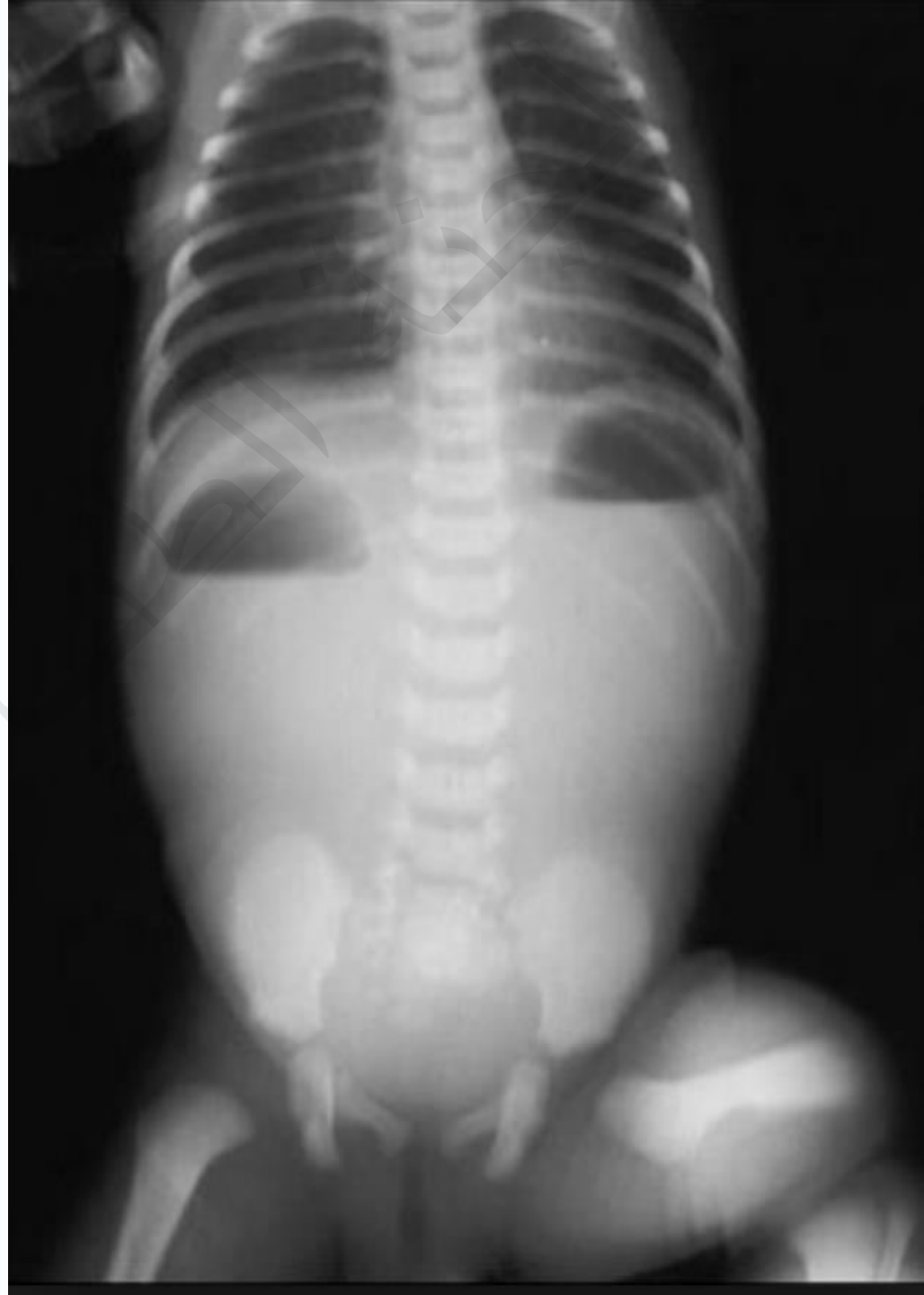
Q6: Down Syndrome patient:

1. What is the sign?

Double bubble sign

2. Give 2 possible GI Dx?

- Duodenal atresia
- Annular pancreas

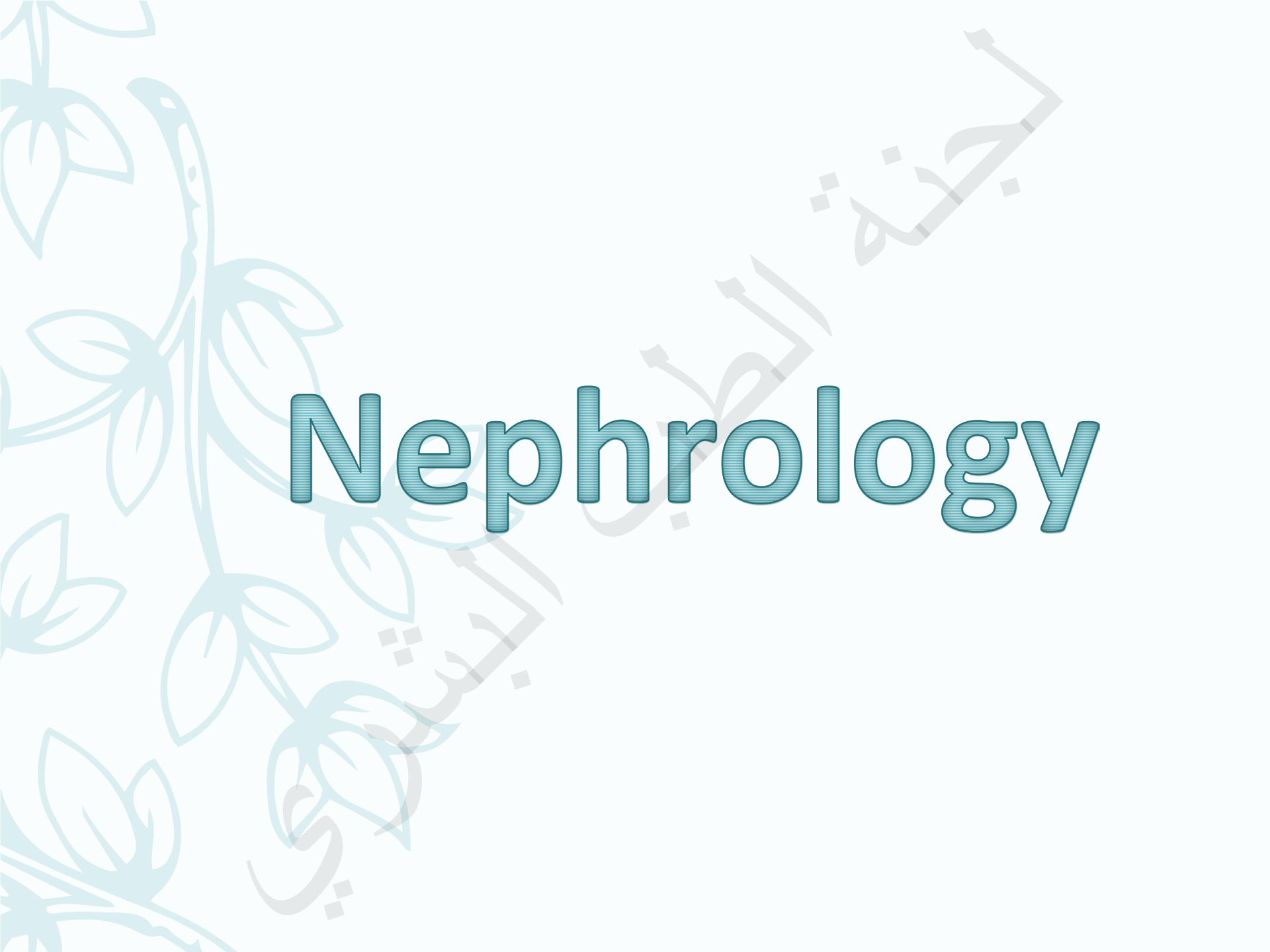


Q7: A baby on phototherapy, and with elevated indirect bilirubin levels, give 3 causes:

- a. Hemolytic causes: G6PD, spherocytosis, sickle cell
- b. Conjugation disorders: Crigler najjar type I
- c. Hematoma



Nephrology



Q8: Pale patient with red urine? Give 2 DDx?

(Hemolytic anemias)

1. G6PD
2. Thalassemia



Q9: Patient presented with BP of 150/90, he has hx of soar throat 2 weeks ago:

1. What is the Dx?

PSGN

(Nephritic syndrome)

2. Findings in urine analysis?

- a. Proteinuria
- b. RBC casts
- c. Hematuria



Q10:

1. What is the Dx?

Nephrotic - Nephritic
(Presentation “Hematuria”)

2. Mention two lab tests to support your diagnosis?

- a. Urine Analysis
- b. Serum Albumin level



Q11: Patient presented with face puffiness:

1. What is the Dx?

Nephrotic syndrome

2. Two abnormal lab tests?

a. Proteinuria

b. Hypoalbuminemia



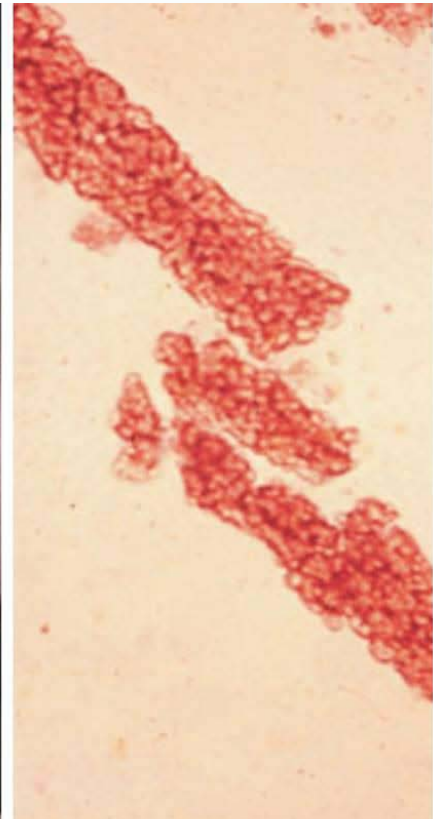
Q12:

1. What is the Dx?

Nephritic syndrome

2. Findings in urine analysis?

- RBC casts
- Proteinuria



Q13: Nephrotic case treated with steroid, write two physical findings you expect to find?

- Periorbital edema
- Lower limb edema

Q14:

1. What type of imaging?

MCUG

2. Findings?

Right vesicoureteral reflex

3. Give two diseases that can be diagnosed by this imaging?

- VUR

- Neurogenic Bladder



Q15:

1. type of imaging?

Voiding Cystourethrogram

2. Describe the abnormality?

Christmas tree shaped bladder, or severely trabeculated bladder with narrow lumen

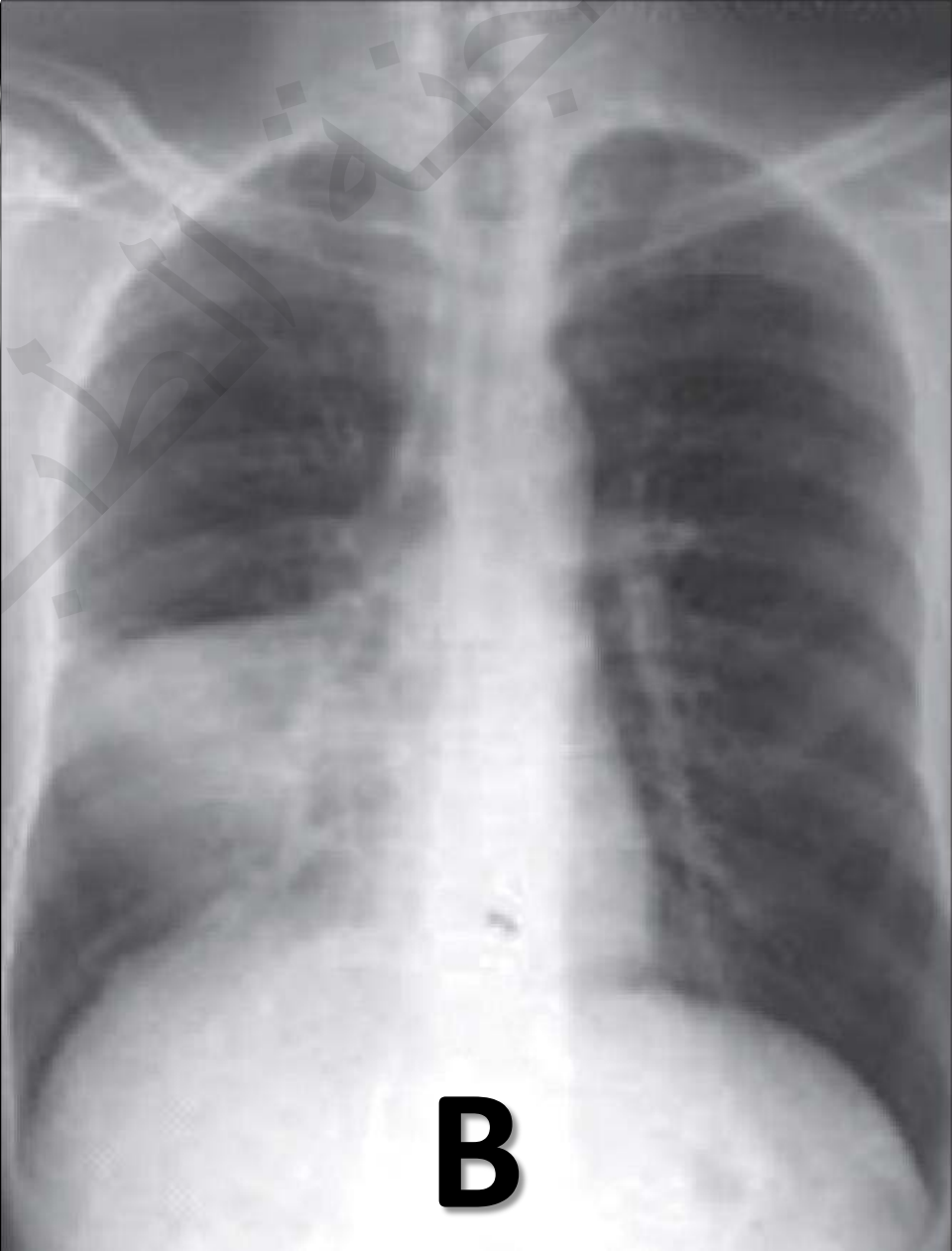
3. What is the Dx?

Neurogenic Bladder



Respiratory

Q16: Study the following pictures and answer the questions below



1. What is your diagnosis?

A- Right upper lobe pneumonia

B- Right middle lobe pneumonia

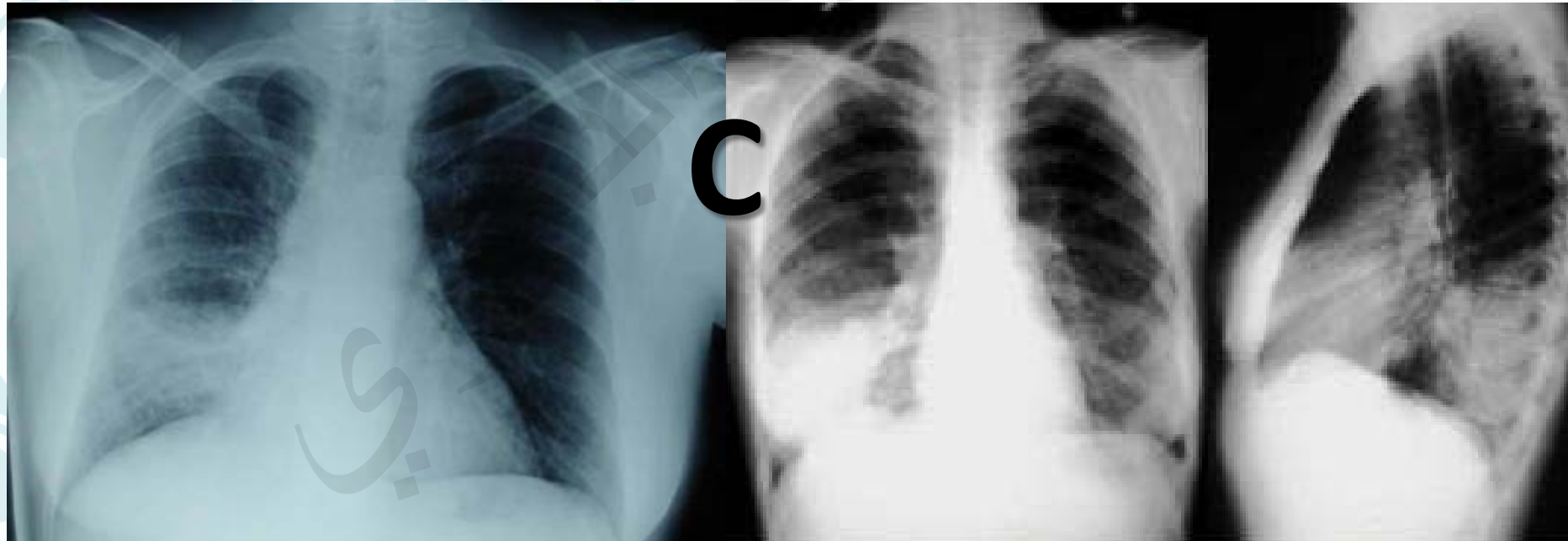
(because there's silhouette sign of the heart)

C- Right Lower right lobe pneumonia

2. what is the most common causative organism?

Strep Pneumonia (not mycoplasma: because it is lobar)

Other: RSV



A common question to ask, what are the causing agents based on the age (so read the question appropriately)

AGE GROUP	FREQUENT PATHOGENS (IN ORDER OF FREQUENCY)
Neonates (<3 wk)	Group B streptococcus, Escherichia coli, other gram-negative bacilli, Streptococcus pneumoniae, Haemophilus influenzae (type b, * nontypable)
3 wk-3 mo	Respiratory syncytial virus, other respiratory viruses (parainfluenza viruses, influenza viruses, adenovirus), S. pneumoniae, H. influenzae (type b, * nontypable); if patient is afebrile, consider Chlamydia trachomatis
4 mo-4 yr	Respiratory syncytial virus, other respiratory viruses (parainfluenza viruses, influenza viruses, adenovirus), S. pneumoniae, H. influenzae (type b, * nontypable), Mycoplasma pneumoniae, group A streptococcus
≥5 yr	M. pneumoniae, S. pneumoniae, Chlamydia pneumoniae, H. influenzae (type b, * nontypable), influenza viruses, adenovirus, other respiratory viruses, Legionella pneumophila

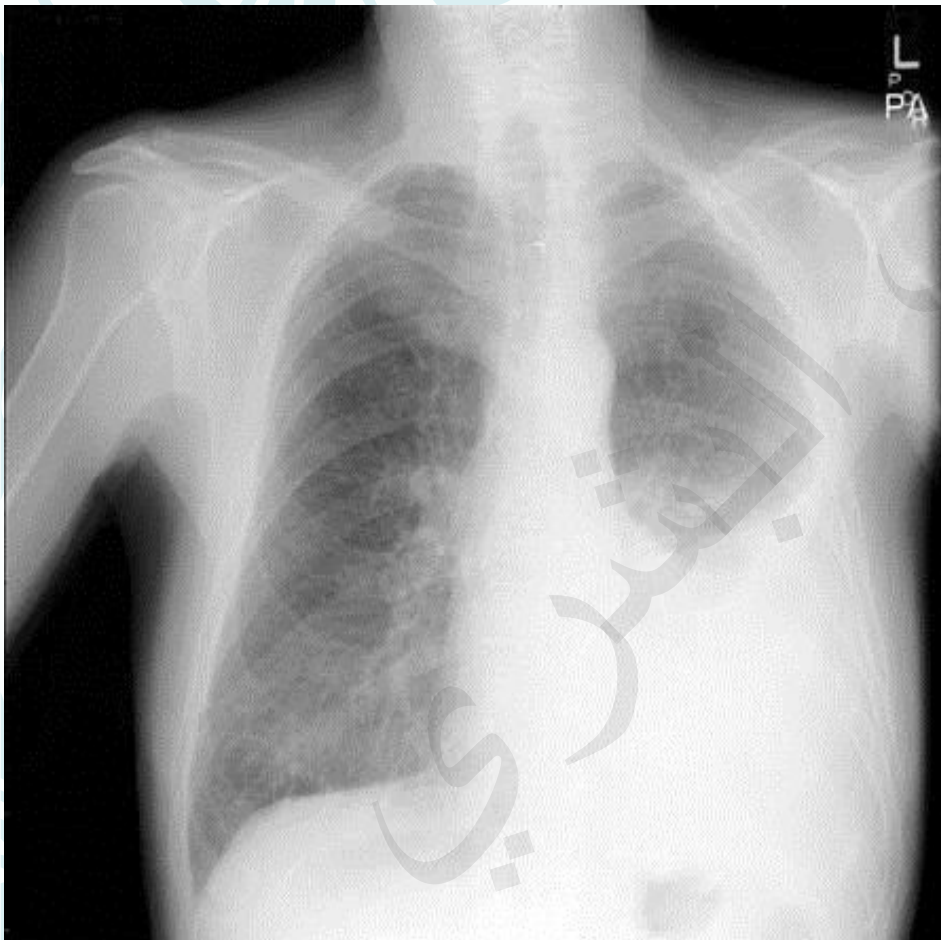
Q17:

1. What is your diagnosis?

Left lower lobe pneumonia with pleural effusion

2. Name 2 causative organisms?

- Strep Pneumonia
- Mycoplasma Pneumonia



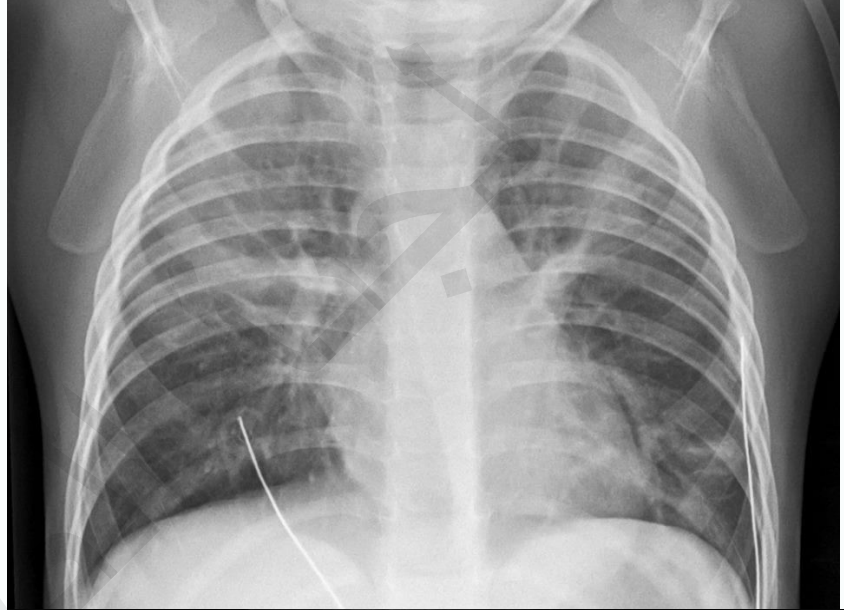
Q18: 5 month old comes in winter with crackles, difficulty in breathing and low grade fever:

1. What is the Dx?

Bronchiolitis

2. Give 2 causes?

- Respiratory syncytial virus (RSV – most common cause)
- Parainfluenza
- Adenovirus
- Mycoplasma



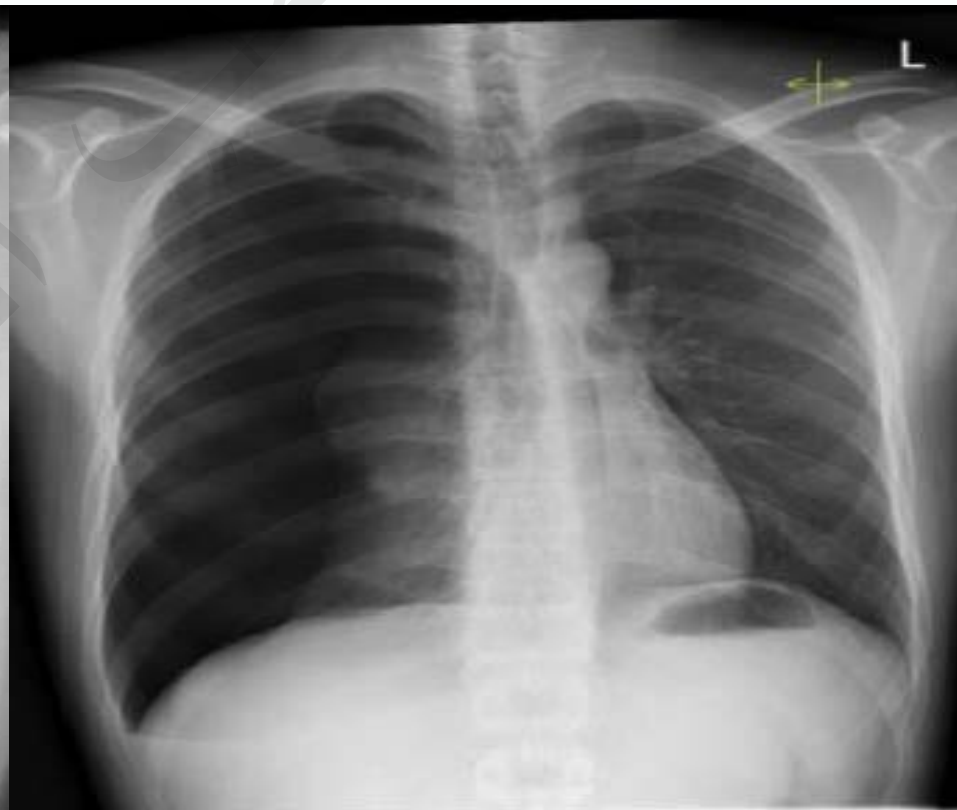
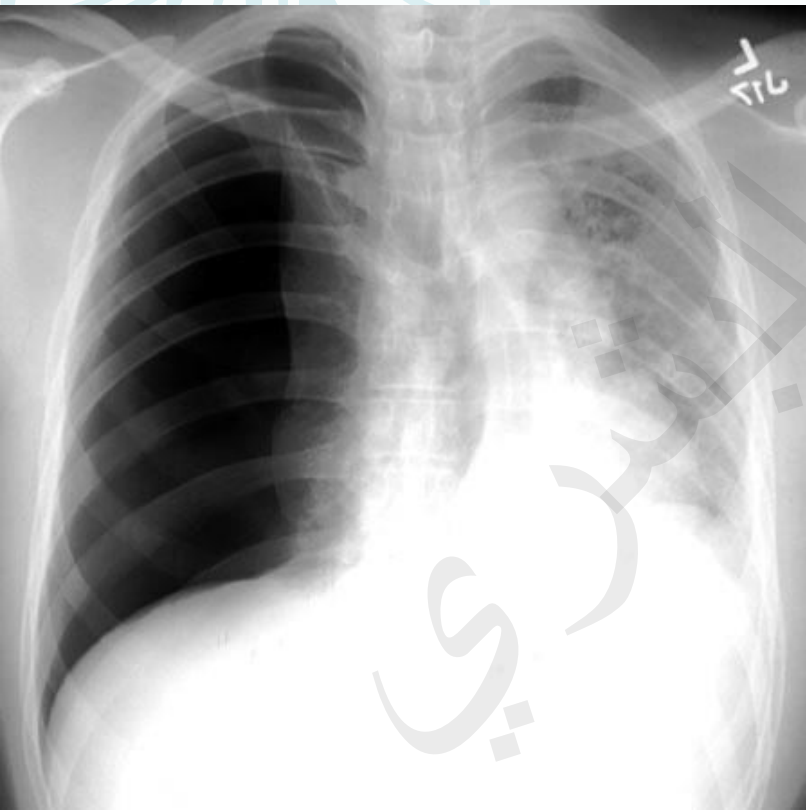
Q19:

1. What is the Dx?

Tension Pneumothorax
(Notice the shifted mediastinum)

2. What is the immediate urgent Mx?

Needle decompression / Chest tube



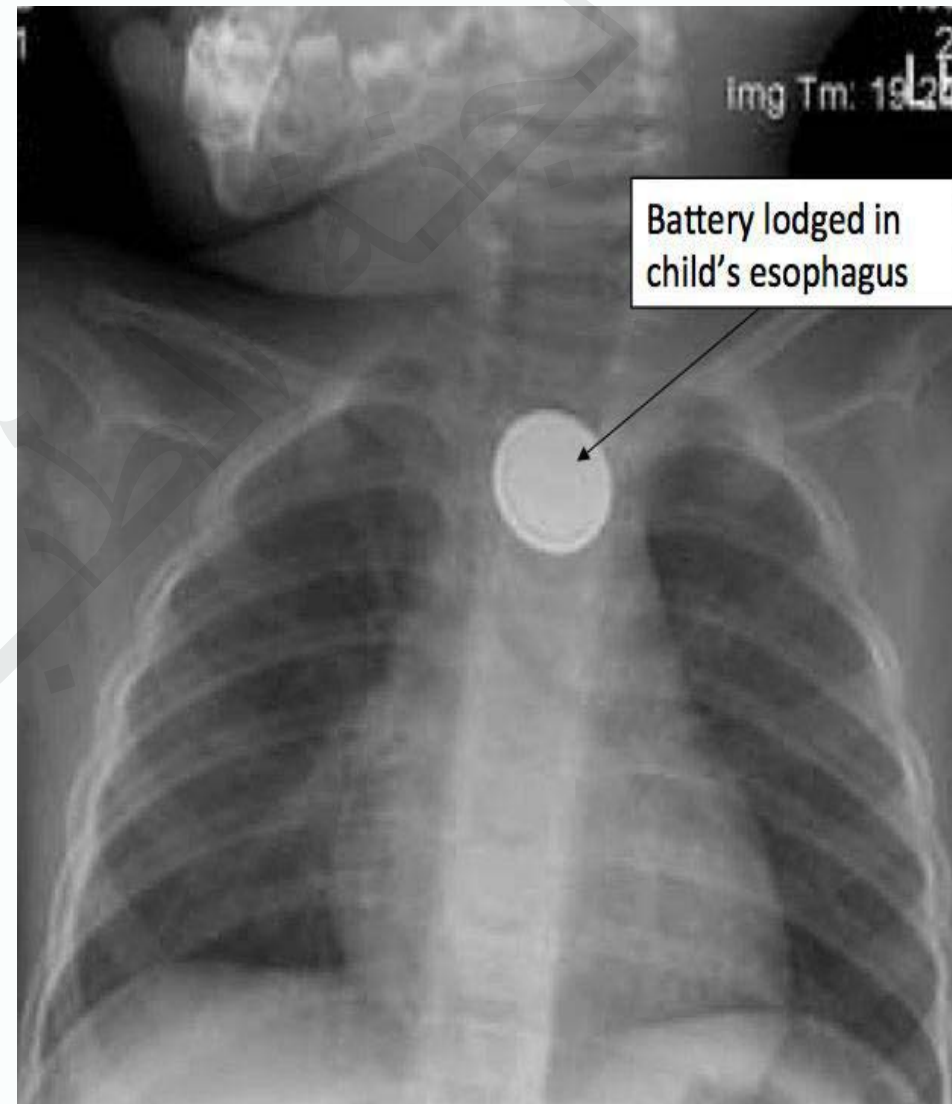
Q20:

1. What is the cause for injury in this case?

Chemical, electrical,
physical injuries

2. What is the immediate urgent Mx?

Emergent upper
endoscopy



Q21:

1. What is the Dx?

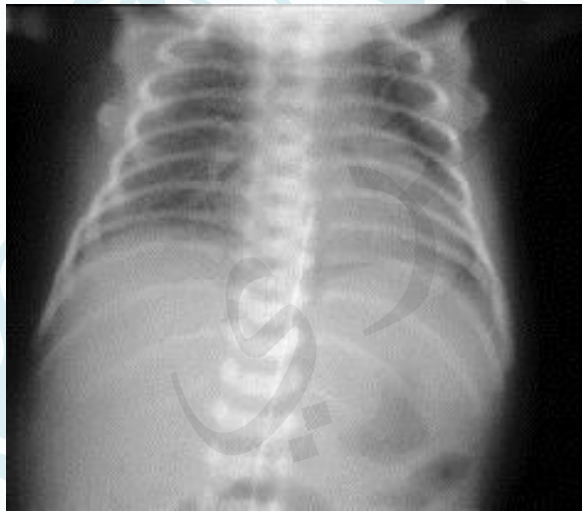
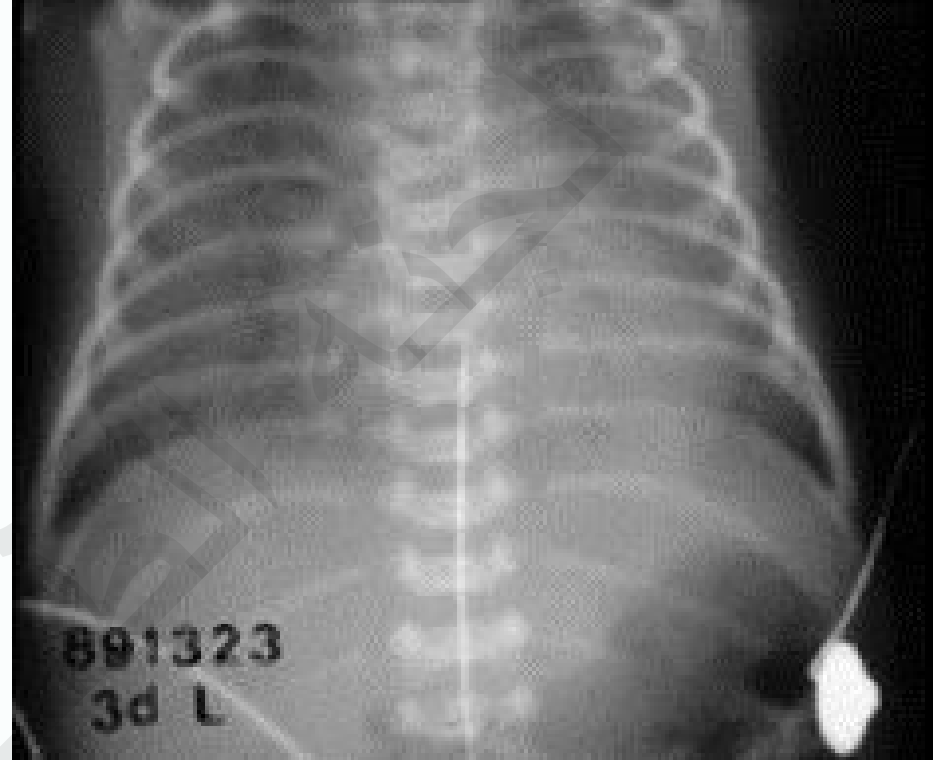
RDS

2. Give 2 Signs?

- Cyanosis
- Retraction

3. X-Ray Appearance?

Ground Glass Appearance



Q22: 10 y/o with recurrent chest infections and FTT:

1. What is the Dx?

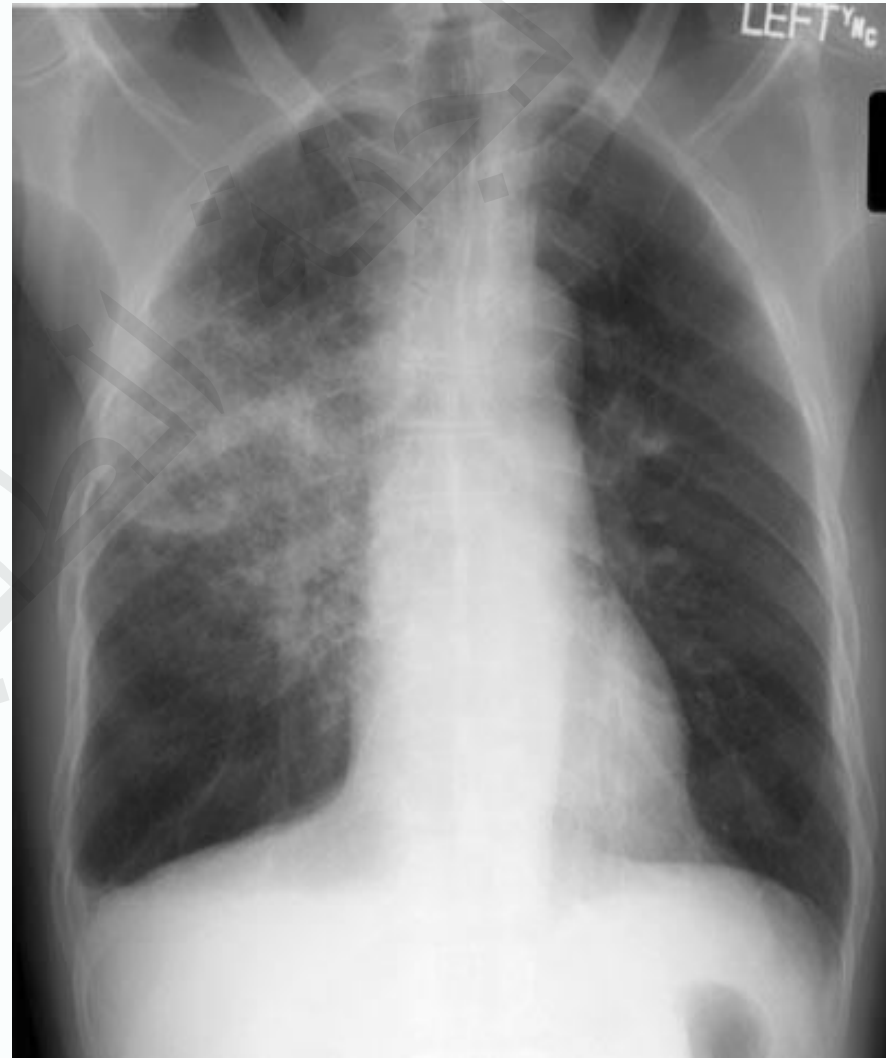
Cystic Fibrosis

2. How to confirm your Dx?

Chloride Sweat test >60 on 2 separated days, or genetic studies (>2 mutations), or abnormal nasal potential discharge

3. Name two organisms causing this image?

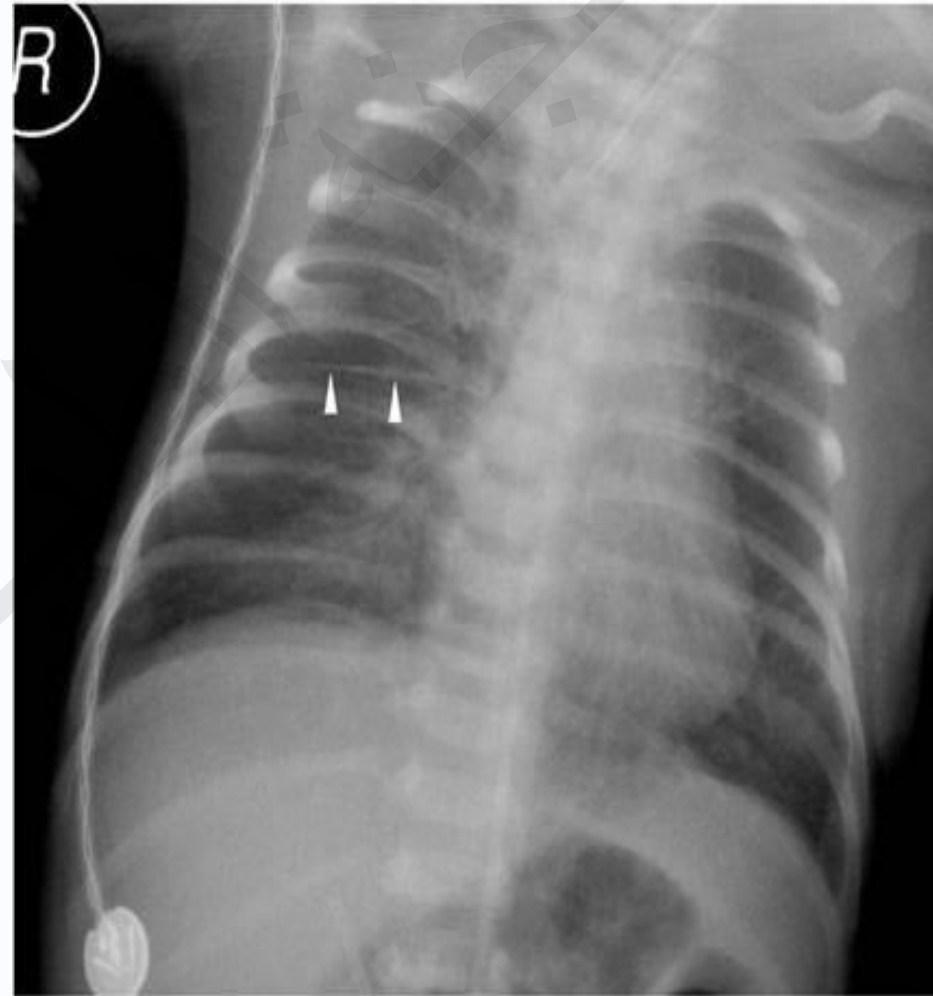
- Step. Pneumonia
- Mycoplasma
- Pseudomonas



Q23: a full term newborn born by C/S with this X-ray:

1. What is the Dx?

Transient Tachypnea of newborn (notice the fluid in the fissure)



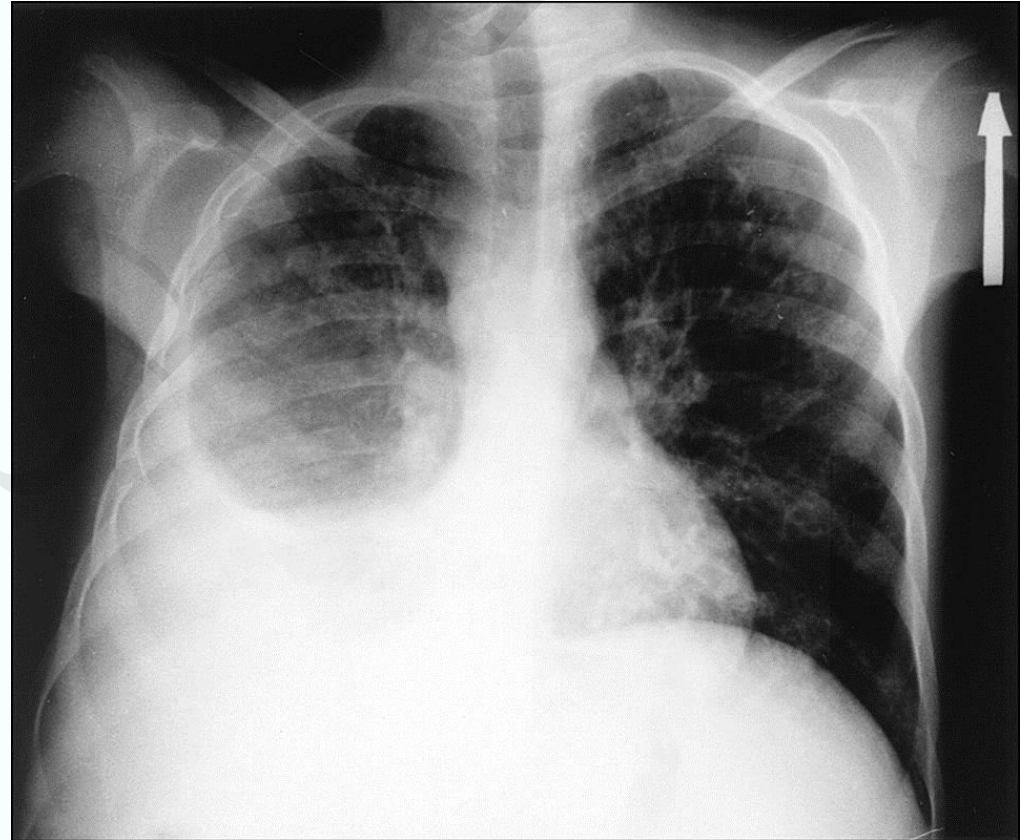
Q24: a patient known to have nephrotic syndrome with SOB, his CXR showed the following:

1. What is the abnormality?

Right pleural effusion

2. What medication can be given to treat this problem?

Diuretics (Furosemide)



Q25: a patient presents with barking cough and fever with non toxic appearance:

1. What is your Dx?

Croup

2. What is the most causative organism?

Parainfluenza virus



Q26:

1. What is this Device?
Inhaler Spacer

**2. Give 2 Drugs
delivered by it?**

- Inhaled corticosteroids
- SABA



Cardiology

Q27:

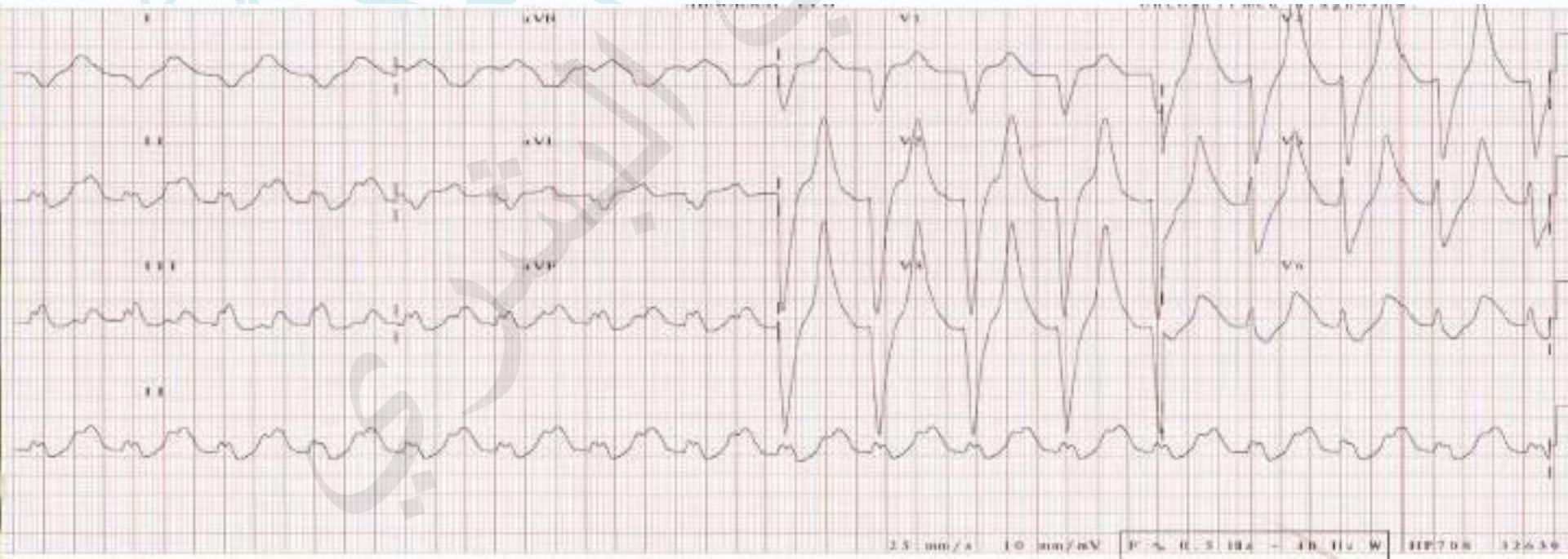
1. Name the finding on the ECG?

Peaked T wave

2. Give two modalities of Mx:

- Insulin

- Calcium gluconate



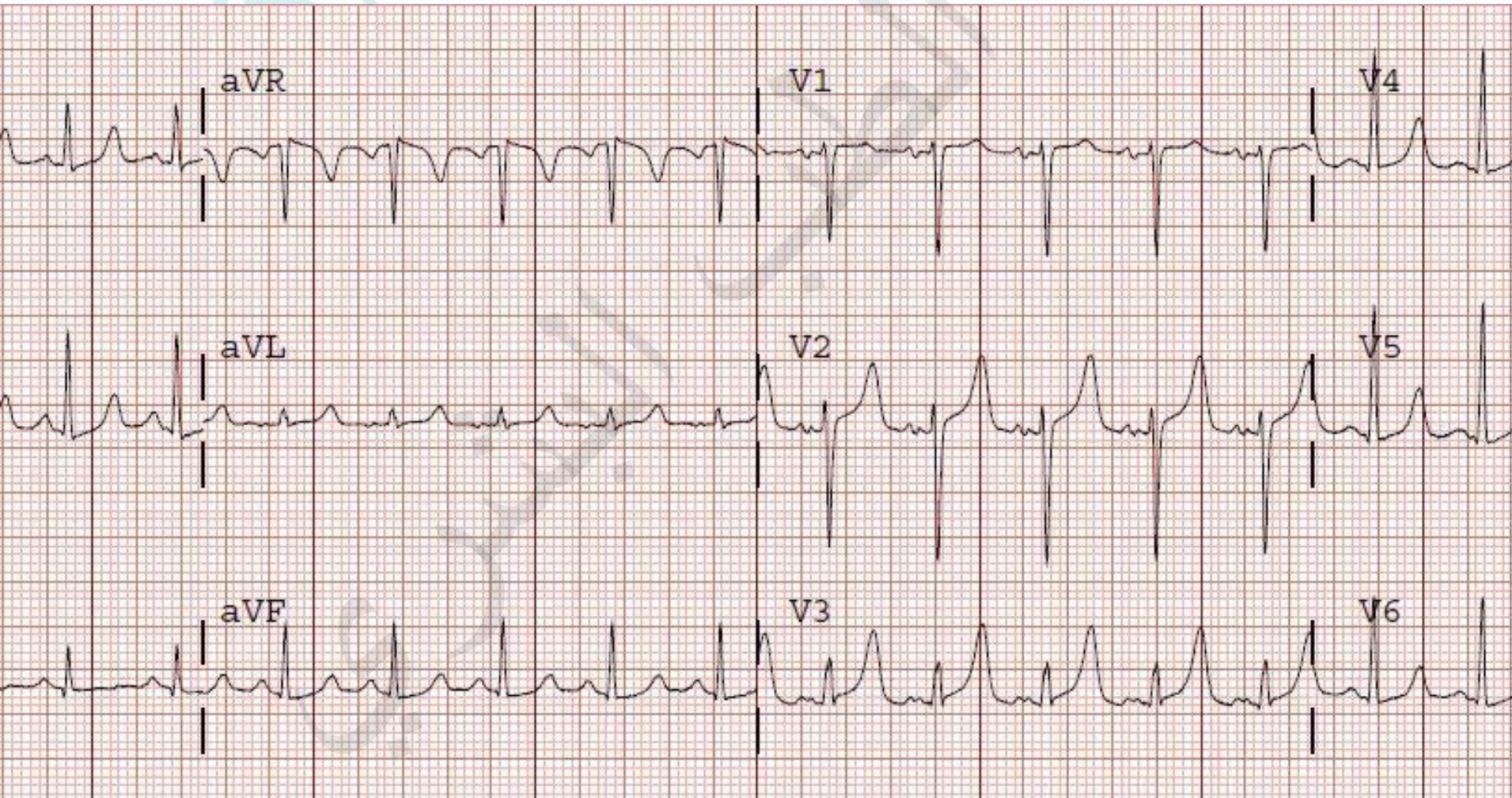
Q28:

1. What is the Dx?

Hyperkalemia (Hyper acute T wave)

2. Give two modalities of Mx:

- Insulin + Dextrose
- Calcium gluconate



Q29:

1. X-Ray finding?

- Cardiomegaly

2. What is the Dx?

- Pericardial Effusion



Q30: Down child with this CXR, exam showed systolic murmur with no S3:

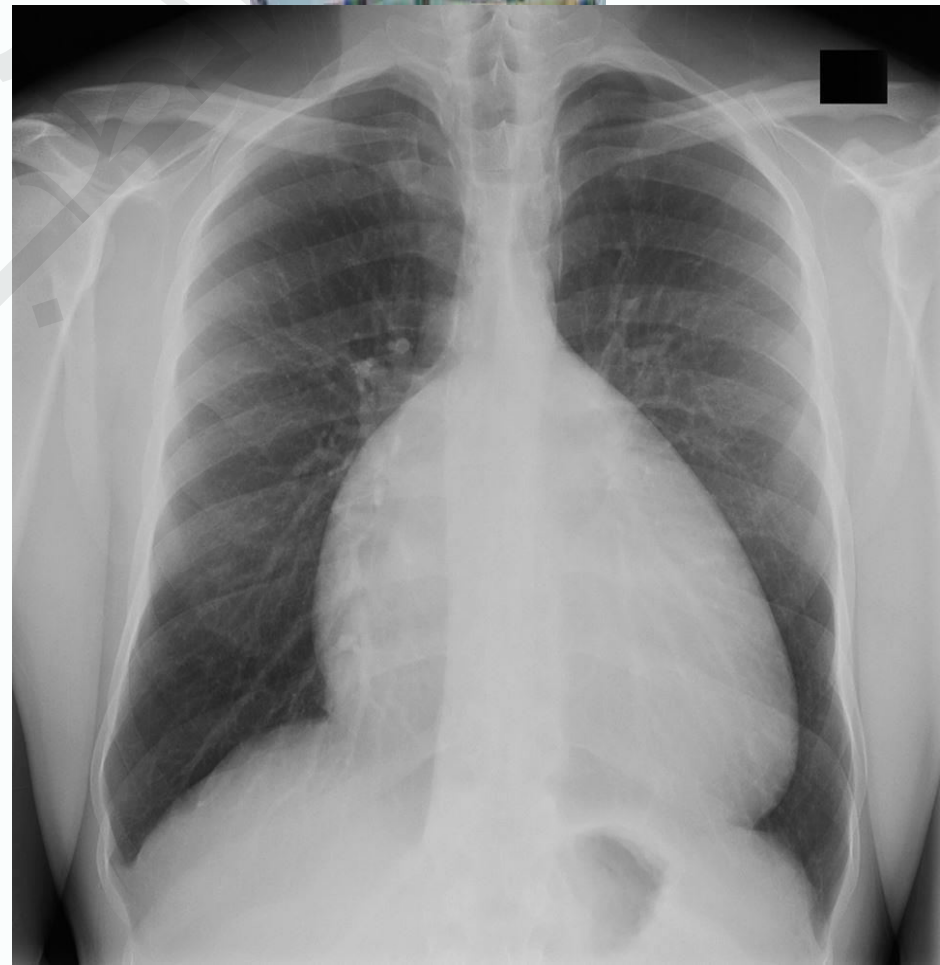


1. X-Ray finding?

- Cardiomegaly

2. What is the cause?

- Endocardial cushion defect
(AV canal, VSD, ASD)



Q31: A 5 year old with acute onset of SOB, on examination he appeared to have tachycardia, tachypnea, hepatomegaly:

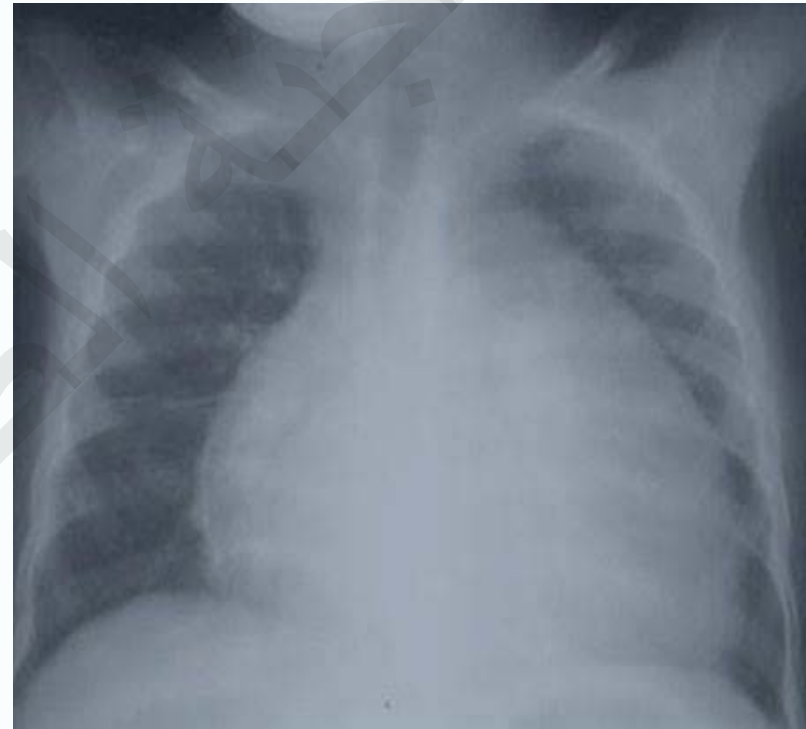
1. X-Ray finding?

- Cardiomegaly

2. What is the Dx?

- Congestive heart failure

(could be incorrect since it's an acute condition, but the CXR clearly shows cardiomegaly consistent with CHF)



Q32: 2 month old infant present with cyanosis when crying:

1. What is the Dx?

- Tetralogy of Fallot
(Boot shaped)

2. What is the next step for Dx?

Echo



Hematology

Q33:

**Breast fed one year infant
with this CBC**

1. What is your Dx?

Iron Deficiency Anemia

**2. Mention 2 further tests to
confirm your diagnosis:**

a. TIBC

b. Serum ferritin level

c. Transferrin saturation ratio

WBC	5.5	
	%	#
NE	54.7	3.0
LY	34.1	1.9
MO	7.5	0.4
EO	3.0	0.2
BA	0.7	0.0
RBC	4.28	L
HGB	9.7	L
HCT	29.9	L
MCV	69.7	L
MCH	22.6	L
MCHC	32.4	L
RDW	18.4	H
PLT	331	
MPV	8.8	

Q34: According to the blood film:

1. What is your Dx?

Sickle cell anemia

2. Next investigation?

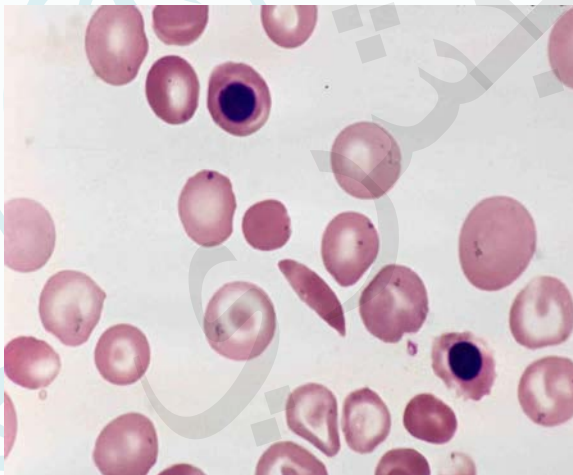
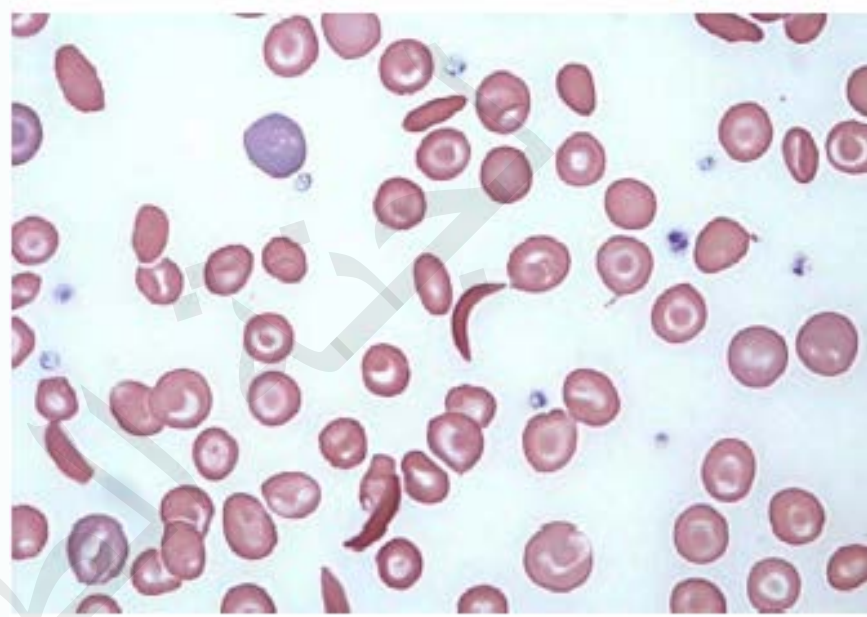
Hb electrophoresis

3. Name one complication?

Autosplenectomy

4. inheritance type?

Autosomal recessive



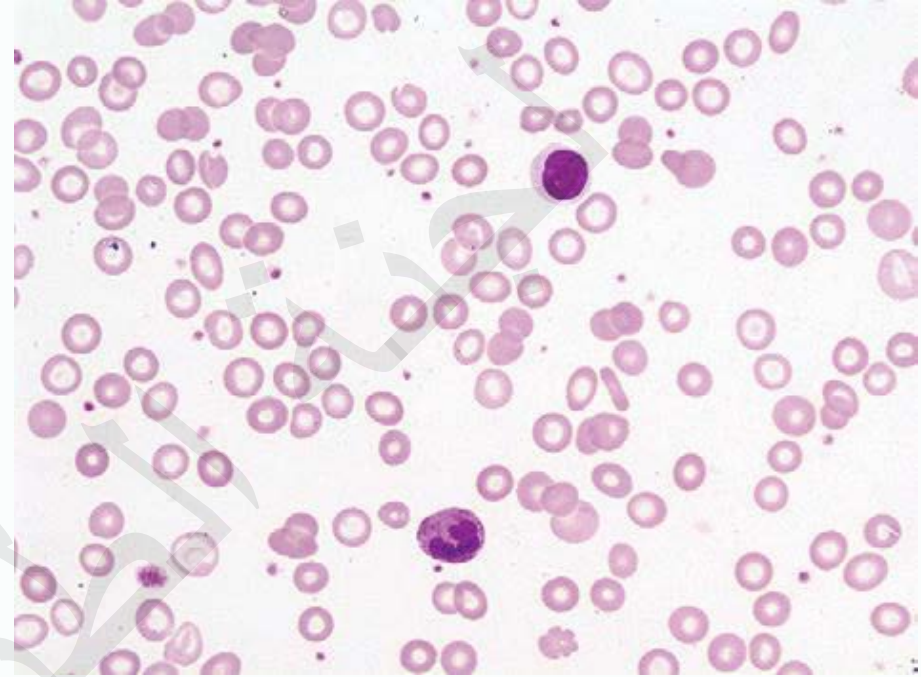
Q35: Blood film of an exclusively breast fed baby (upper picture is the patient, the lower one is normal):

1. What is your Dx?

Iron Deficiency Anemia

2. What other nutritional deficiency cause this pic?

Vitamin D



Q36:

1. What is your Dx?

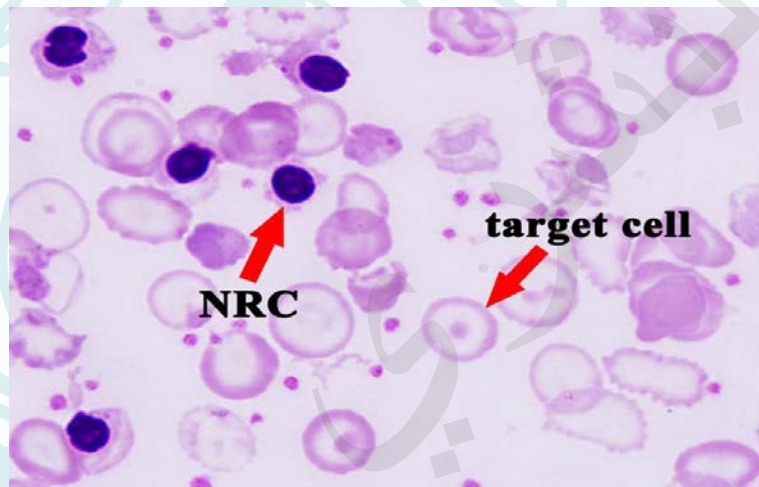
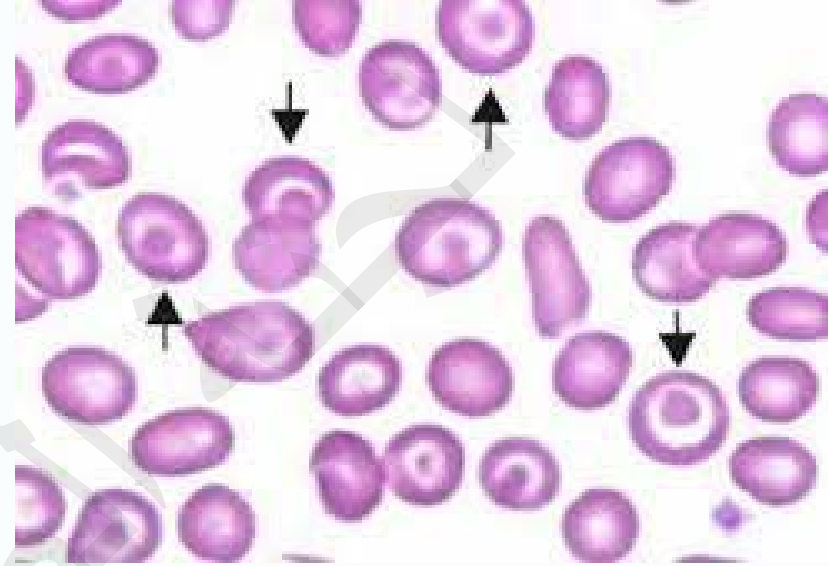
B-Thalassemia

2. Mode of inheritance:

Autosomal Recessive

3. Give two Mx:

- Schedule blood transfusion + Deferoxamine
- Splenectomy



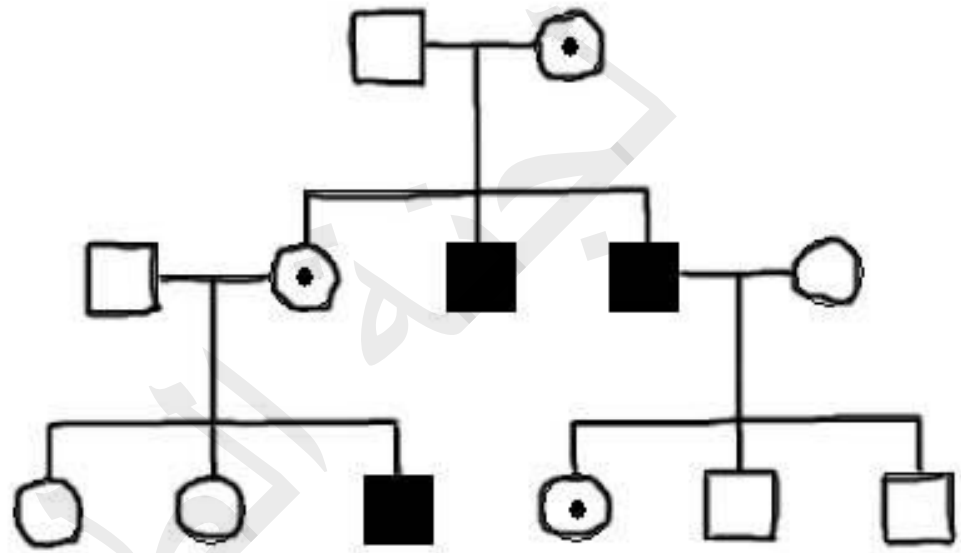
Q37:

1. What is your Dx?

Hemophilia

2. Mode of inheritance:

X-linked Recessive



Q38:

1. What is the Dx?

Fanconi Anemia

2. Name one other physical finding:

Short stature



Q39:

1. What is the Dx?

Fanconi Anemia

2. What is the definitive diagnostic test:

Chromosomal analysis
(karyotyping)

(from the internet: DNA cross linking agents chromosomal breakage)



Q40: Patient presented with abdominal pain, joint pain and this rash:

1. What is the Dx?

Henoch–Schönlein
purpura

2. Name 1 complication:

- Nephritis
- Intussusception



Q41:

1. What is the Dx?

Kawasaki Disease



2. Name the most serious complication:

Coronary Artery

Aneurysms

- Other: Pericarditis



Q42:What is the Dx?

Hemangioma



Endocrinology

Q43: 1 month old infant presented with a hx of weak cry and hypoactivity since birth:

1. What is your diagnosis?

Congenital hypothyroidism

2. Write three signs?

- Macroglossia
- Umbilical Hernia
- Painless oral ulcer



Q44: Mother had Gestational DM: Mention 2 fetal complications?

- Hypoglycemia
- Polycythemia
- Jaundice
- Sacral Agenesis

Neurological

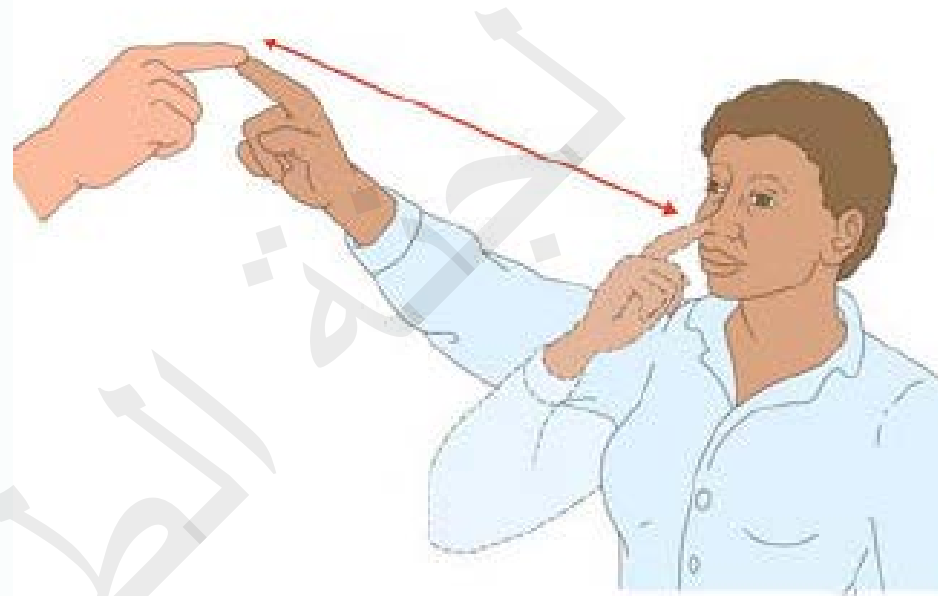
Q45:

1. What is the name of these tests?

- Finger to nose test
- Tandem gait test

2. What are they used for?

Cerebellar function or coordination



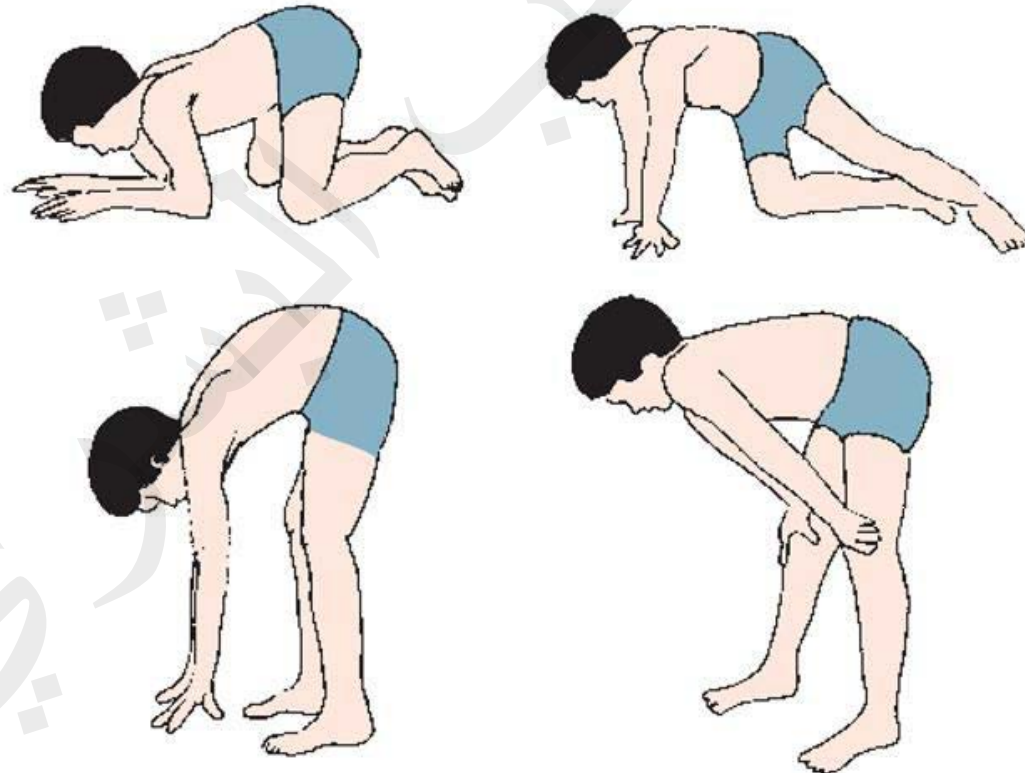
Q46:

1. Name of this sign?

Gower Sign

2. Mention two causes?

- Duchenne and Becker muscular Dystrophy



Q47:

1. What is the Dx?
Myelomeningocele

2. Name one complication:

Fecal and urinary incontinence



Q48:

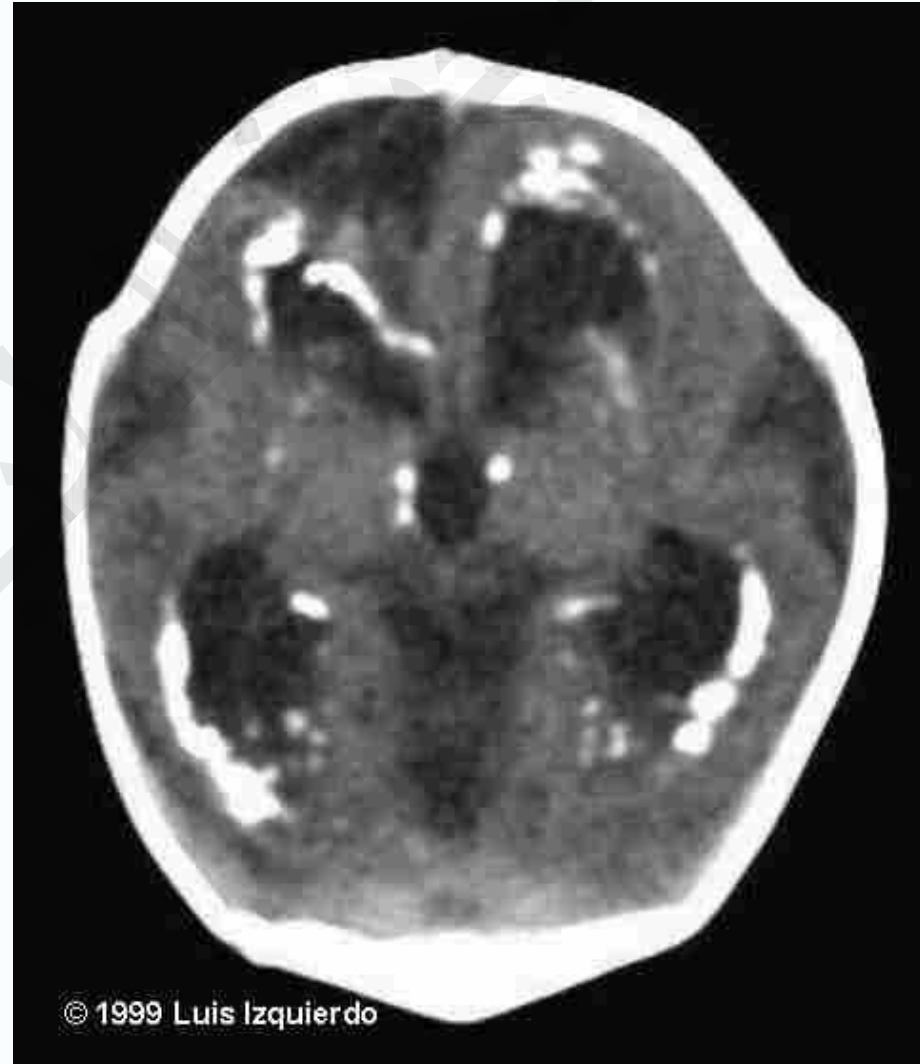
1. Describe what you see?

Periventricular calcifications

2. What is your Dx?

Congenital CMV
(C-shaped)

(Congenital toxoplasmosis causes diffused scattered intracranial calcifications, also tuberous sclerosis causes calcifications as well, but for this case CMV is the Dx)



Q49: a child presented with this CT and his head circumference was at 97th percentile:

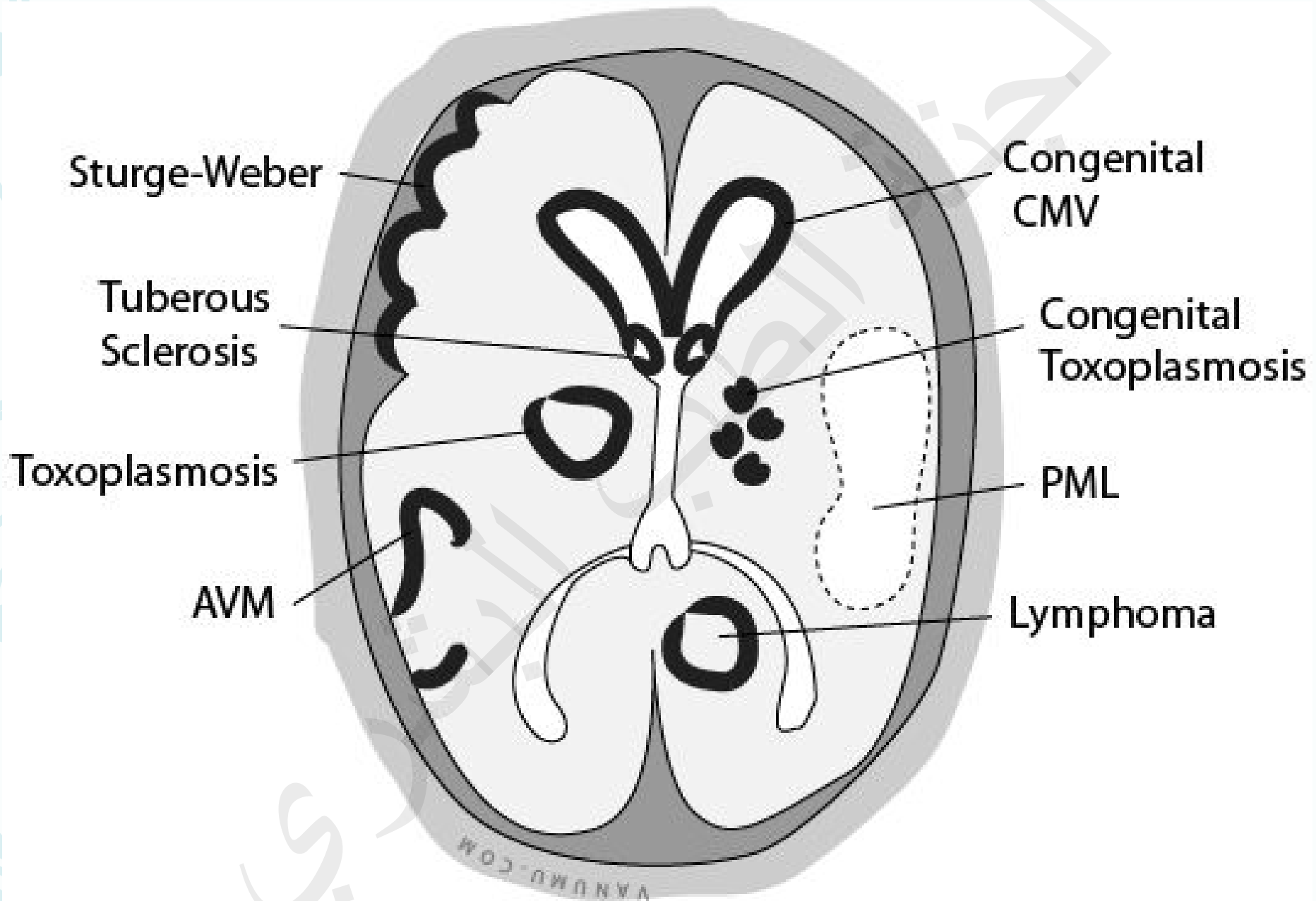
1. Mention two signs?

- CT signs: widening of the ventricles (ventriculomegaly) and effacement of sulci
- PE signs: sunset eyes and bulging fontanelle

2. Mention two symptoms?

- Headache
- Projectile vomiting





Q50:

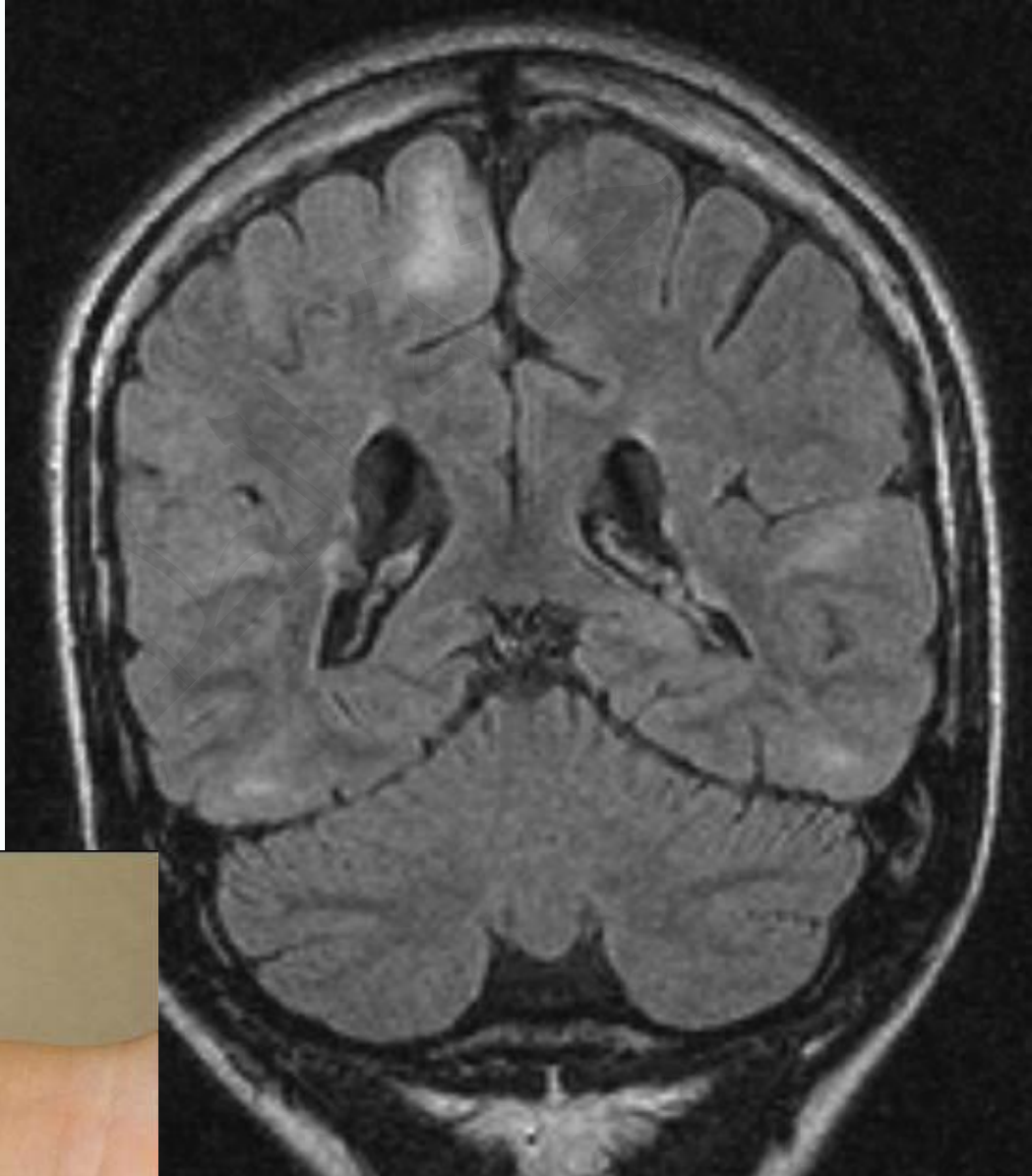
1. What is the spot Dx?

Tuberous Sclerosis

2. Name of skin lesion?

“Ash leaf spots”

(Hypomelanotic macules)



Q51: CSF Analysis (bacterial meningitis) for unvaccinated 4 yo:

1. What are the two mc organisms that may cause it?

- Streptococcus pneumonia
- Neisseria meningitis

2. What is the Mx?

- Vancomycin
- Ceftriaxone

	Normal newborn	Normal children	Bacterial meningitis	Viral meningitis	TB/fungal meningitis
WBC (mm ³)	0-30	0-6 in >3months 0-9 in 1-3 months	>1000	100-500	100-500
PMN (%)	2-3	0	>50*	<40	<50
Protein (mg/dl)	20-150	15-45	>100	50-100	100-1000
Glucose (mg/dl)	30-120	40-80	<30	normal	low-normal
CSF/blood glucose (%)	40-250	60-90	<40 (<60 for term infant)	normal	low-normal

Infections



Q52: Patient presents with these lesions and new onset murmur

1. What is your diagnosis?

Infective endocarditis

2. what is the causative organism?

Strep viridians (or Staph aureus – dr. saiel said you can write any)



Q53: What's is your diagnosis for the following cases?

1. Immunity to hepatitis B 2ry to hepatitis B vaccination
2. Acute hepatitis B Infection

	Hbs Ag	Hbs Ab	Hbc Ab	IgM
1	Neg	Pos	Neg	Neg
2	Pos	Neg	Pos	Pos

Hepatitis B Serology

“According to slides”

HBsAb	HBsAg	HBcAb IgG	HBcAb IgM	HBeAg	HBV DNA	Liver Enzymes	Duration	Results
+								Immunity secondary to vaccination
+		+						Immunity secondary to resolved
	+			-	-	normal	> 6 mo	Carrier
	+			+/-	+	High	> 6mo	Active Chronic
	+			+/-	+	normal	> 6 mo	Immune tolerant phase of chronic hep
	+		+				< 6 mo	Acute
				+				Viral replication – infectious
		Remain +						Resolved, carrier or chronic
+							> 6 mo	Chronic

Q54:

1. What is your Dx?

Chickenpox

2. Causative agent?

Varicella Zoster

3. Mention 2 CNS Complications?

- a. Transient cerebellar ataxia
- b. Encephalitis
- c. Meningitis
- d. Seizures
- e. Hearing loss

4. Other complications:

Skin infection: cellulitis



**Q55: Hx of fever (39C)
which subsided and
was followed by the
appearance of the
rash:**

1. What is your Dx?

Roseola Infantum
(6th disease)

2. Causative agent?

HPV 6,7



**Q56: Hx of 3 day fever
(40C) and URTI, followed
by this rash:**

1. What is your Dx?

Roseola Infantum
(6th disease)

2. Causative agent?

HPV 6,7



Q57:

1. What is the causative agent?

Neisseria Meningitides (Meningococemia)

2. What does it stain?

Red (because it is an aerobic, gram (-), diplococci bacteria)



Q58: This patient presented with Hx of sore throat and fever 3 weeks ago and this rash:

1. What is the causative agent?

Group A Strep

2. What is the most serious complication?

Carditis



Q59: This patient presented with Hx of sore throat and and paper like rash:

1. the causative agent?

Group A Strep
(Streptococcus pyogenes)

2. Name 2 complications?

- Glomerulonephritis (PSGN)
- Rheumatic fever
- Scarlet fever



© 2012 Logical Images, Inc



Q60:

1. Mention two S/Sx that will be present in this patient other than those in the pictures?

- Fever
- Oral ulcers

2. What is the causative micro-organism?

Coxsackie A16



Q61:

1. What is your Dx?

Impetigo

2. Mention two causing agents?

- Staph. Aureus
- Group B Strep



**Q62: 2 weeks fever, high
CRP, X-Ray
(Osteolytic lesion):**

**1. What is your
diagnosis?**

Osteomyelitis

(Note you should write if it's
acute or chronic (>2 weeks))

**2. Most causing
organism?**

Staph Aureus



Oncology



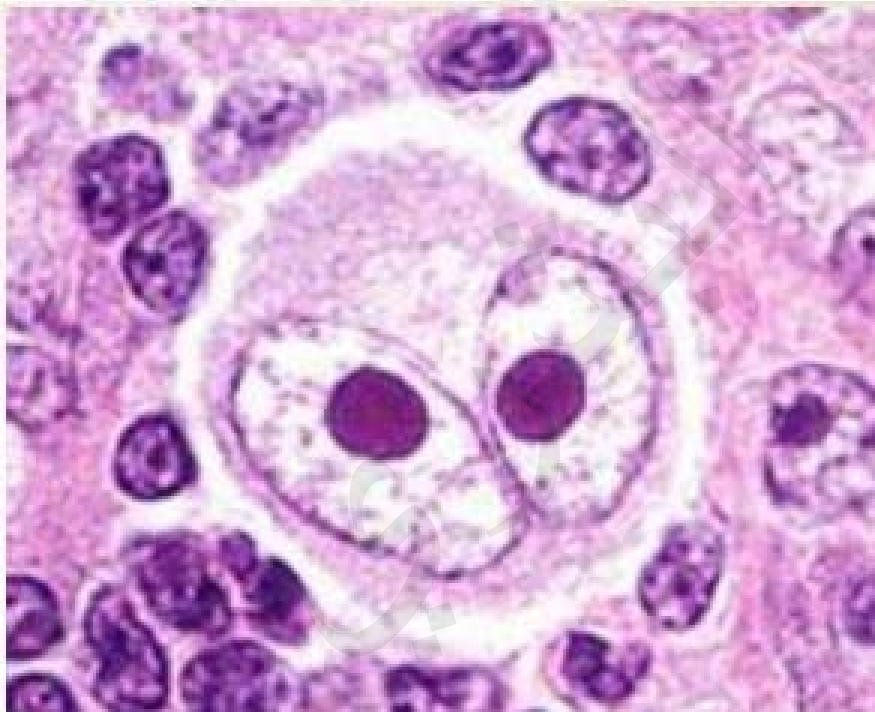
Q63:

1. What is the name of the cell on the biopsy?

Reed Sternberg cell

2. What is the Dx:

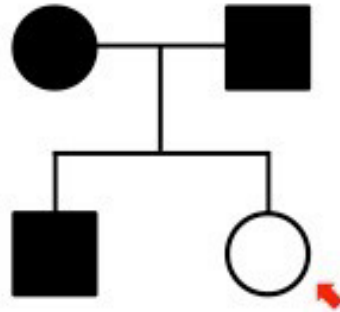
Hodgkin's Lymphoma



Genetics

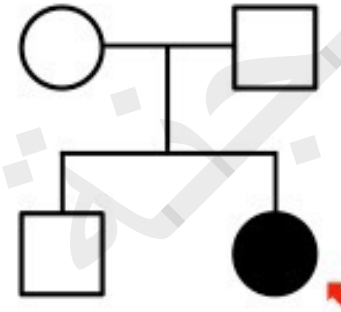


AUTOSOMAL DOMINANT



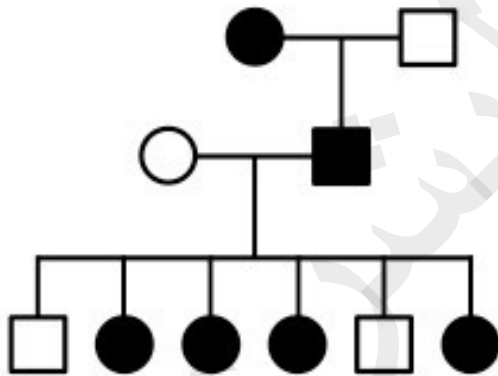
Cannot be recessive as two affected parents could **not** have an unaffected offspring
Parents **MUST** be heterozygous

AUTOSOMAL RECESSIVE



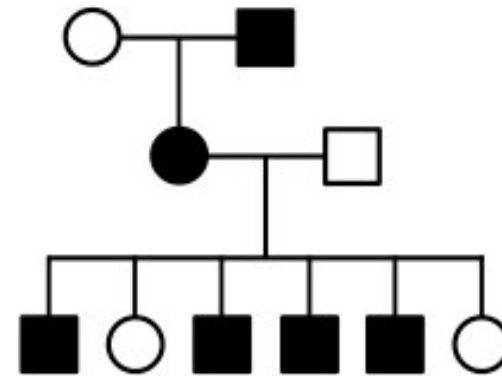
Cannot be dominant as two unaffected parents could **not** have an affected offspring
Parents **MUST** be heterozygous

X-LINKED DOMINANT



Sex linkage cannot be confirmed
100% incidence of affected daughters from an affected father *suggests* X-linked dominance

X-LINKED RECESSIVE



Sex linkage cannot be confirmed
100% incidence of affected sons from an affected mother *suggests* X-linked recessive

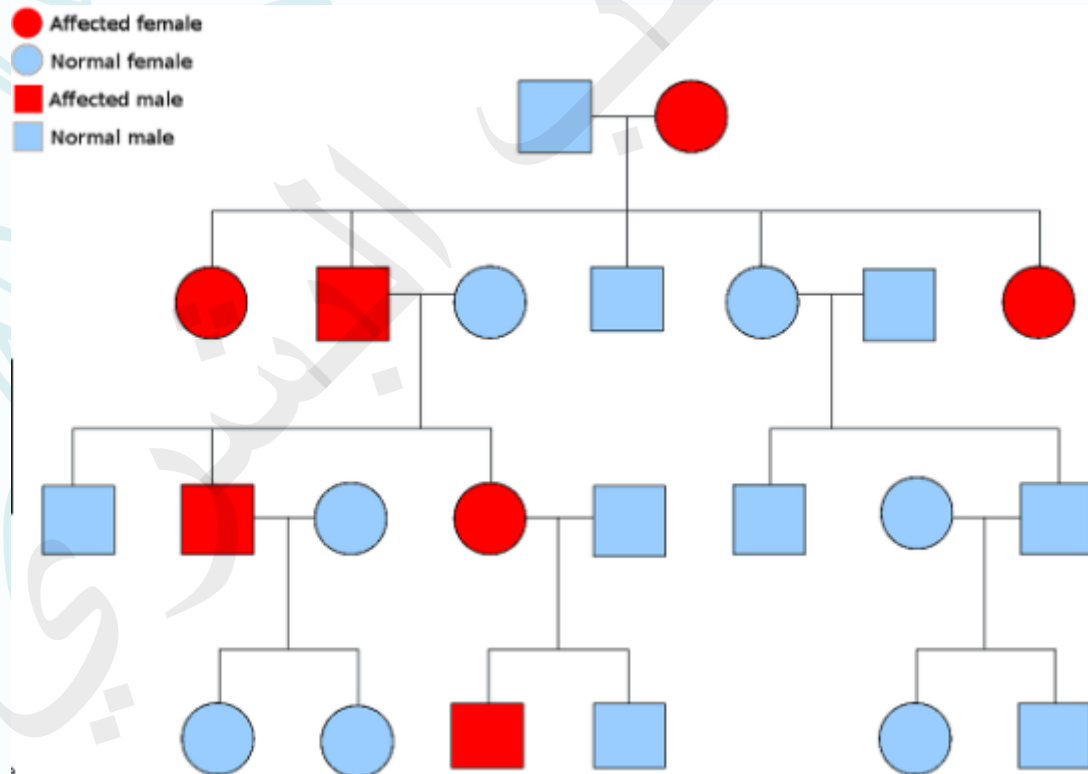
Q64:

1. What is the mode of inheritance?

Autosomal Dominant

2. Give 2 examples?

- Polycystic kidney disease
- Hipple Landu



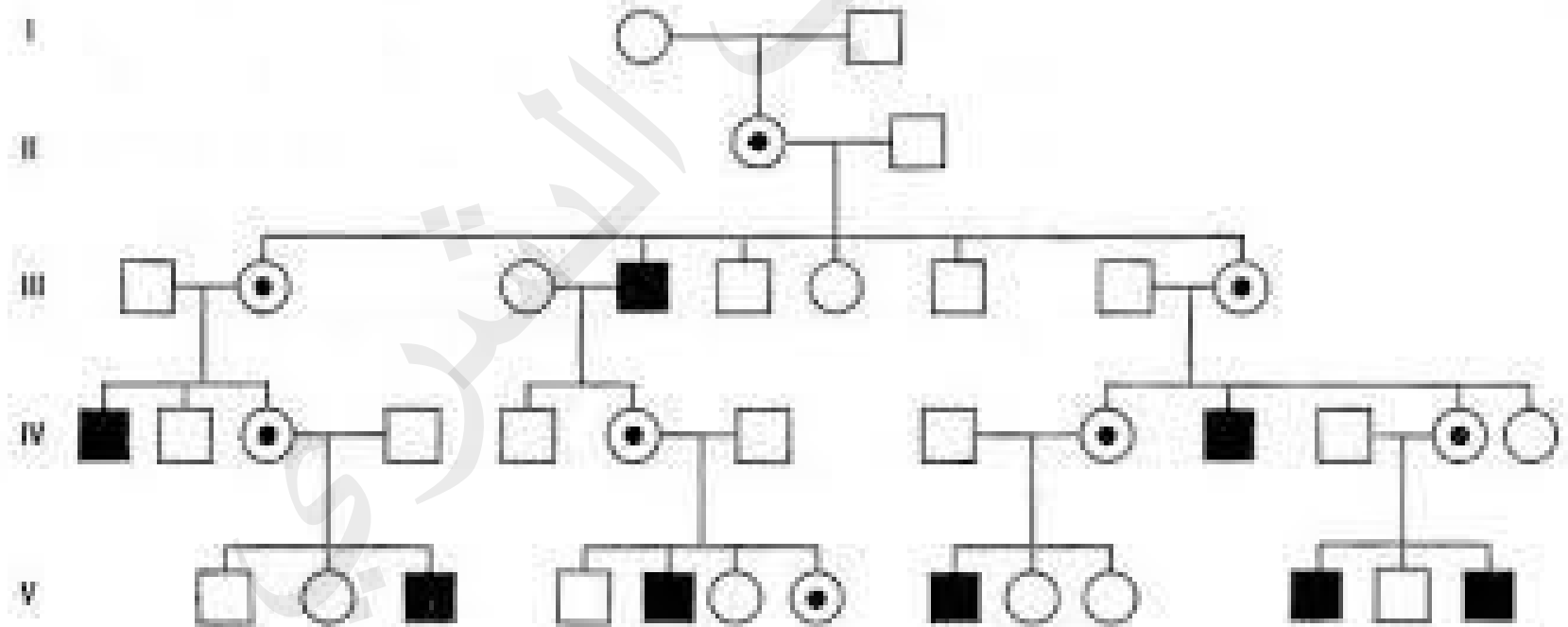
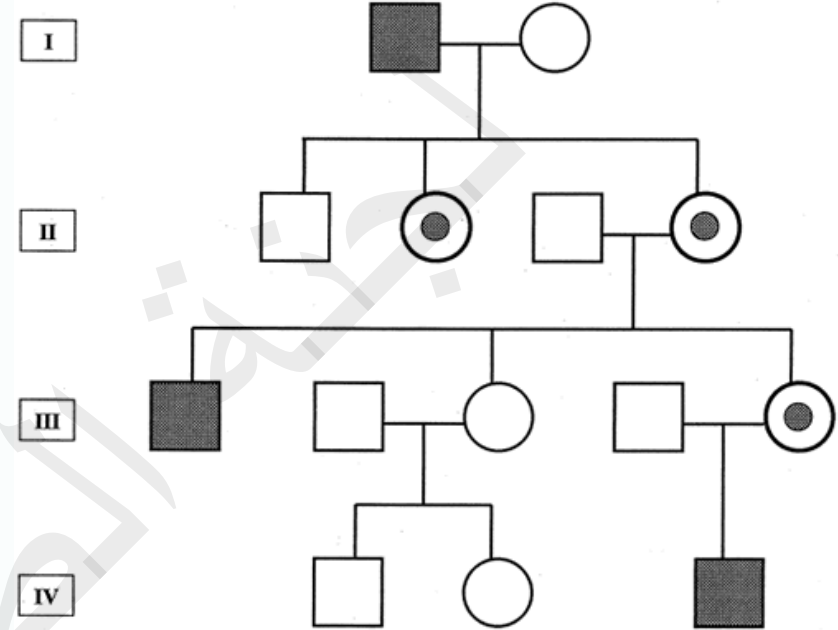
Q65:

1. Inheritance mode?

X-linked recessive

2. Give 2 examples?

- G6PD Deficiency
- Hemophilia A&B



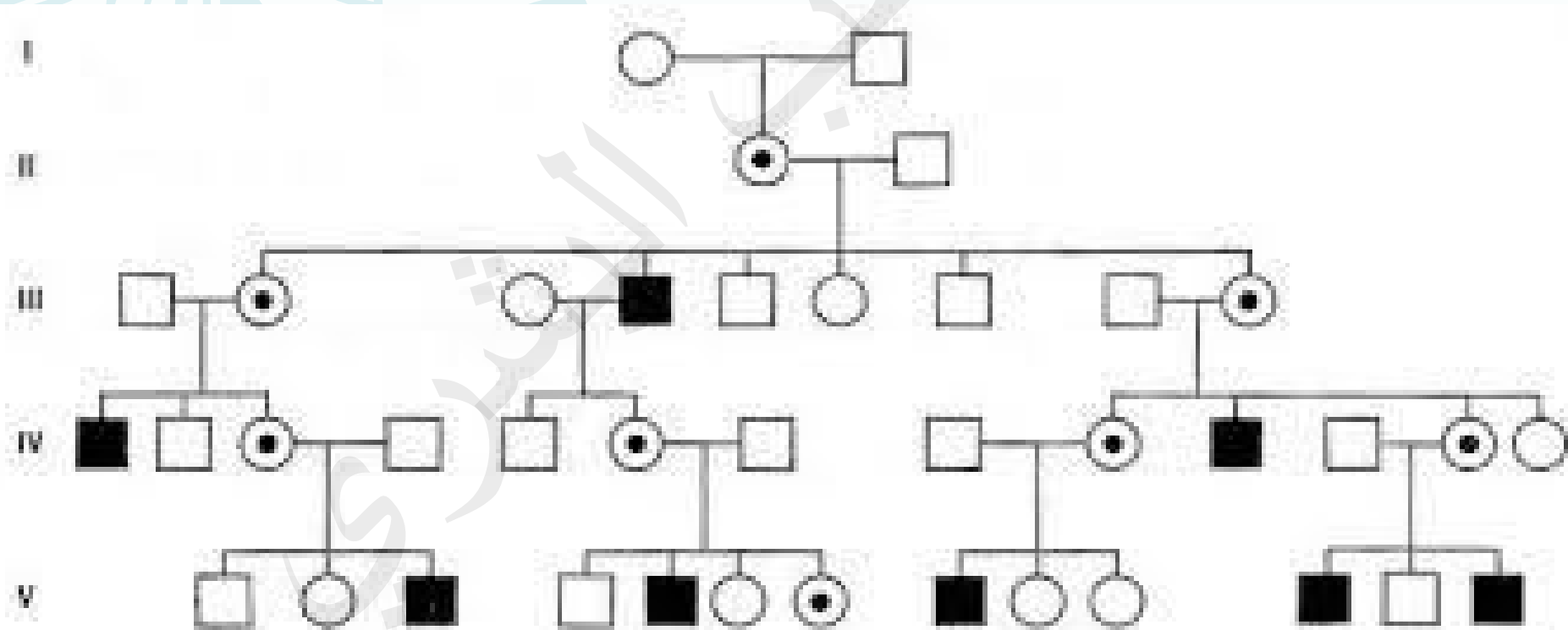
Q66: FHx of progressive muscle weakness:

1. What is the inheritance mode?

X-linked recessive

2. What is the most likely Dx?

- Duchenne muscular dystrophy
(or Becker muscular dystrophy)



Q67:

1. What is your diagnosis?

Down Syndrome

2. What is the most common abnormality in the heart?

Endocardial cushion defect
(AV canal)

3. What is the main abnormality in the GI?

- Duodenal Atresia
- Other (Annular pancreas, hirschsprung disease, imperforated anus)



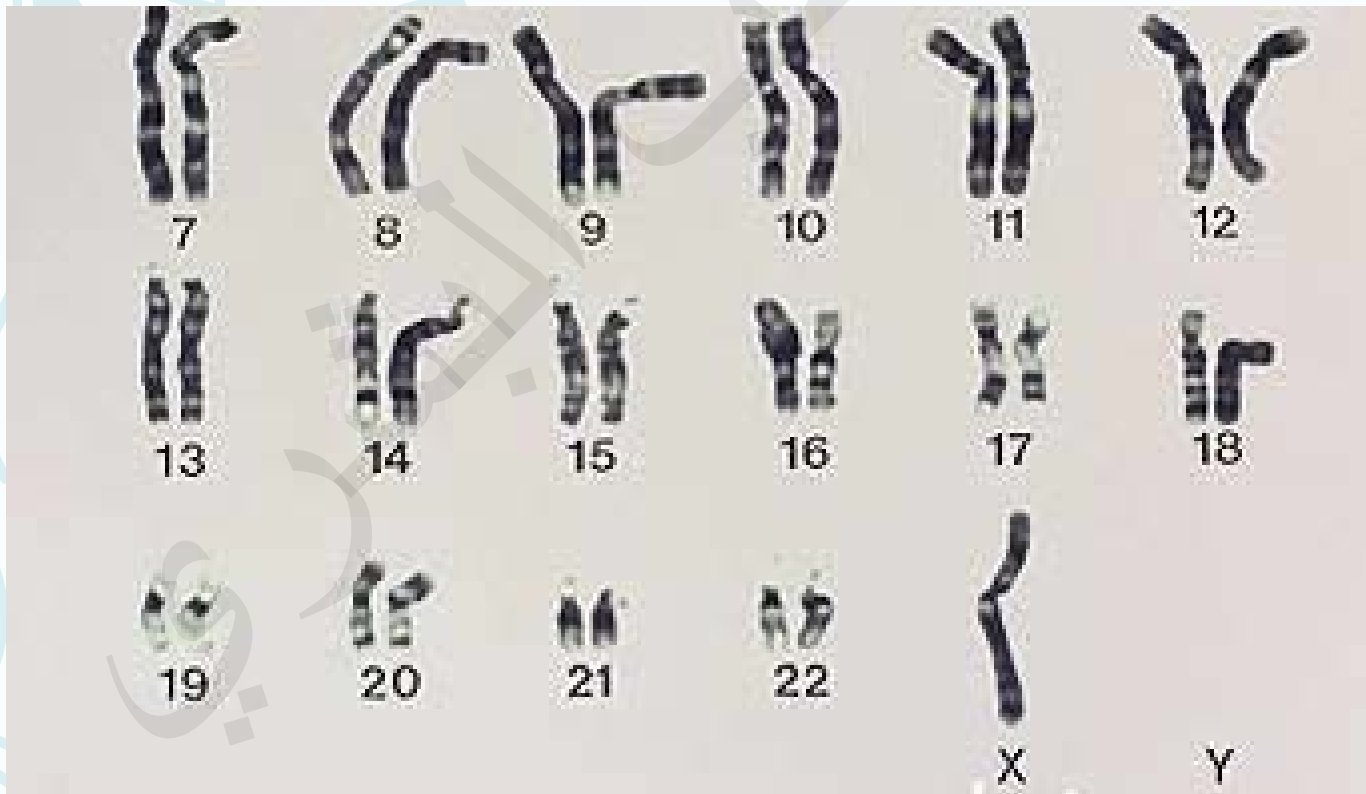
Q68:

1. What is your Dx?

Turner Syndrome (45 XO)

2. Mention two congenital anomalies in this pt?

- Bicuspid aortic valve (BAV)
- Coarctation of the aorta (COA)
- Renal Malformation (Horseshoe Kidney)



Q69:

1. What is your Dx?

Turner Syndrome
(45 XO)

**2. Most common
complication?**

- AV Canal



Q70: What is your Dx?

Neurofibromatosis 1



© AboutKidsHealth.ca



Development

Q71: Name the age of the child in the picture:

**Stands supported
10 months**



**Rope jumping
5 Years**



Q72: Name the age of the child in the picture:

**Draw a circle
3 years**



**Climbing 1 stair at a time
18 months**

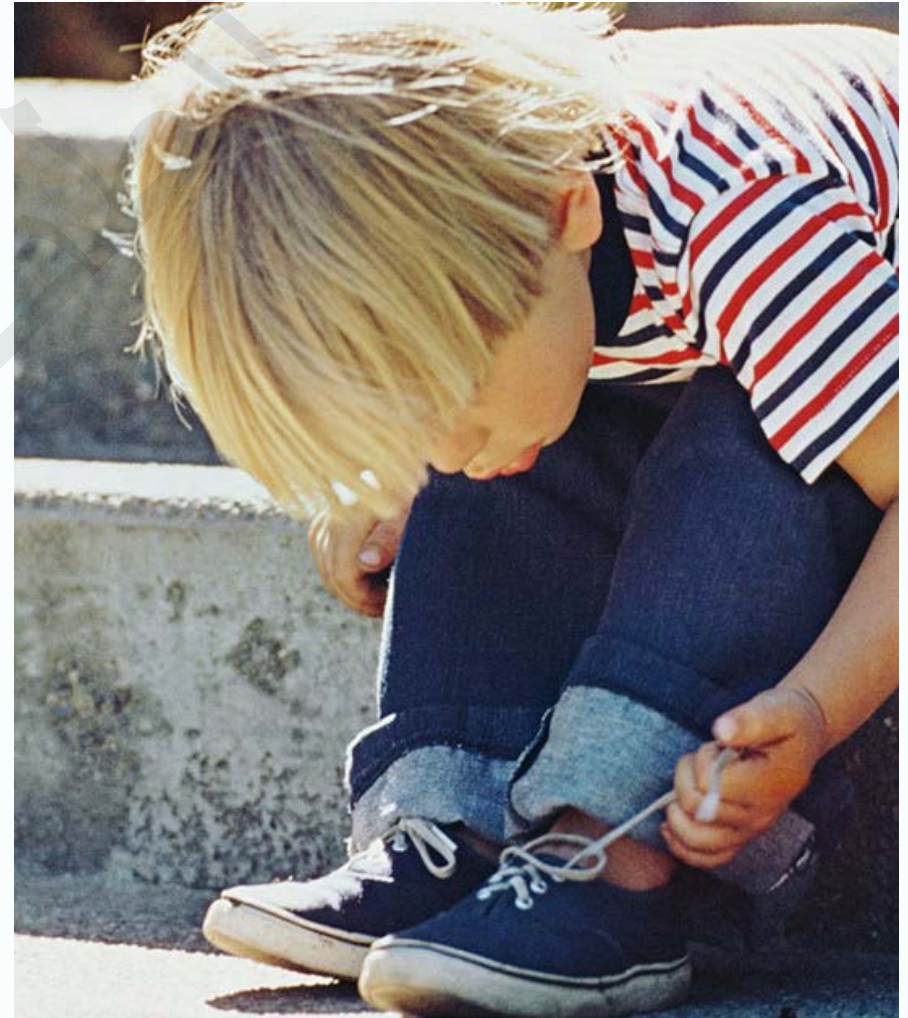


Q73: Name the age of the child in the picture:

Wave Bye-Bye
9 months



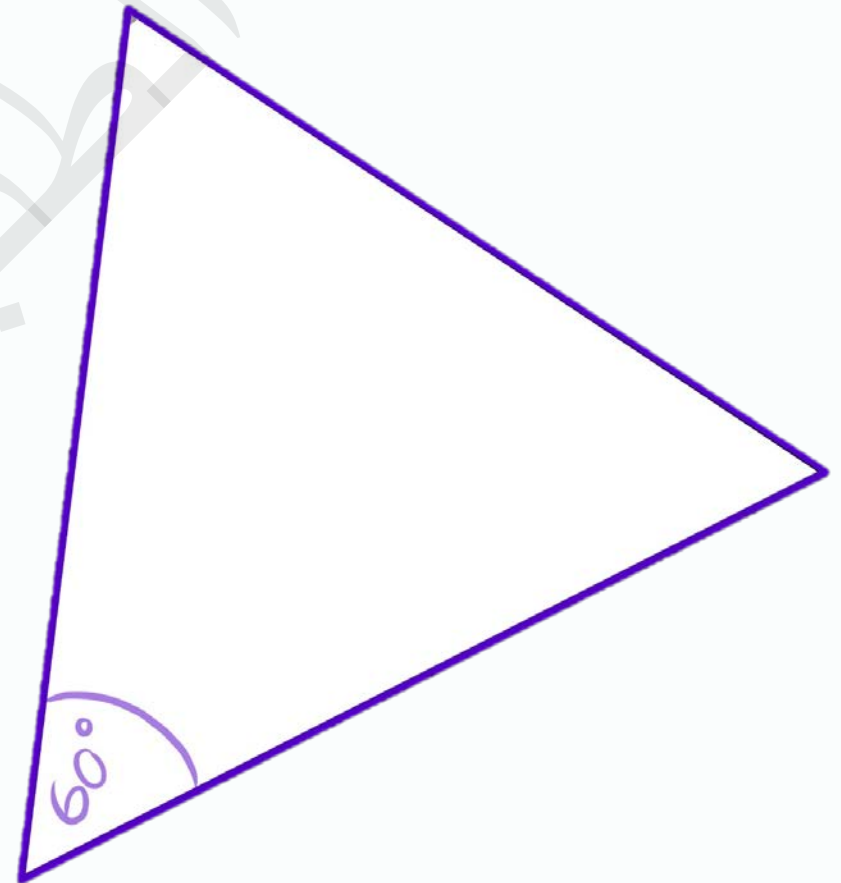
Tie Shoes
5 years



Q74: Name the age of the child in the picture:

Tricycle
3 years

Triangle
5 years



Q75: Name the age of the child in the picture:

Sitting without support

9 months

Skips

5 years



Q76: Name the age of the child in the picture:

**Crawls
6-7 months**

**Mature Pincer Grasp
12 months**



Q77:

A- a boy who says few words other than mama, dada, baba, has just started to walk well and has a mature pincer grasp: what is the baby's age?

1 year (12 months)

B- A child walk independently, give a range age?

12-18 month

C- left her head, says goo, ahh, what is the age?

3 month

D- Child who can pull to stand, has immature pincer grasp, wave bye bye, say mama and baba indiscriminately, what is the child age?

9 months

Q78:

1. What is this reflex?

Parachute Reflex

2. When does it disappear?

9 Months



1. What is this reflex?

Moro Reflex

2. When does it disappear?

4-6 Months (6 month accurate)





Others

Q79:

1. What is the name of these lesions?

Café au lait spots

2. Mention two conditions that cause these lesions?

- Neurofibromatosis
- Fanconi Anemia
- Tuberous Sclerosis

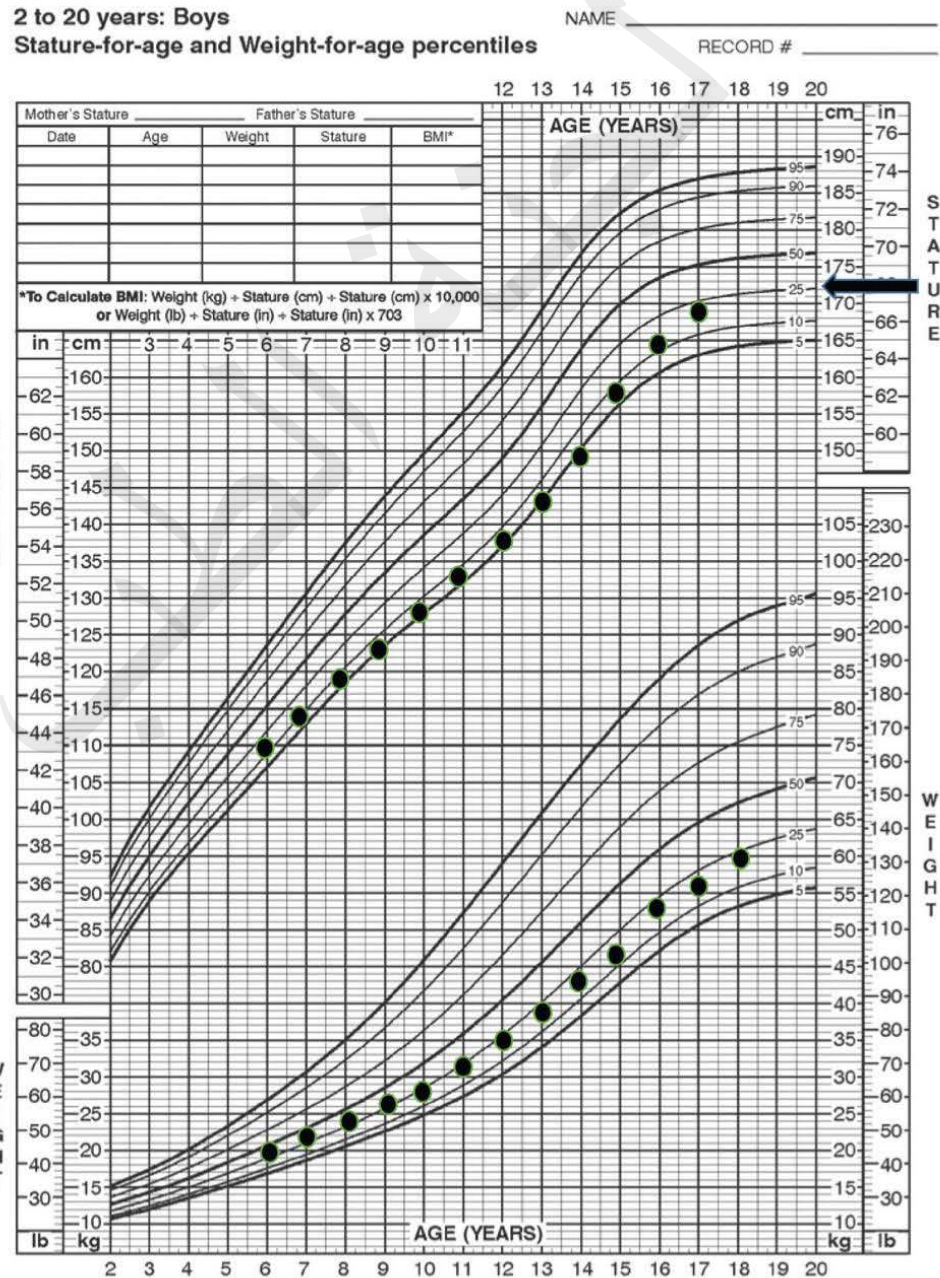


Q80: According to this growth chart:

1. What is your Dx?
Constitutional delay of growth

2. What do you think about the bone age (normal/delayed)?

Normal



Q81:

1. What is this treatment?

Phototherapy

2. Mention 2 conditions that require this therapy?

(Basically any causes of pediatric jaundice)

- Cephalhematoma
- ABO incompatibility
- Crigler-Najjar Type I
- G6PD



Q82: Picture of congenital cataract came with jaundice and elevated liver enzymes

1. Mention 2 causes of this condition?

- Congenital Rubella**
- Galactosemia

2. Mention it's diagnostic test?

- Rubella (Rubella specific immunoglobulin IgM)
- Galactosemia (galactose level in blood)



Q83:

1. What is the name of the sign?

Leukocoria

2. Give two Causes?

- Retinopathy of prematurity
- Retinoblastoma



Q84:

1. What is your diagnosis?

SLE

2. Write 2 other diagnostic criteria?

- Discoid rash
- Arthritis
- Painless oral ulcer



Q85: Bowing of legs:

1. What is your Dx?

Rickets

2. Radiological findings?

- Bowing of long bones
- Cupping and Fraying of the metaphyseal region

3. Give two causes?

- Hypophosphatemia
- Vitamin D Deficiency
- Hypocalcemia



Q86: patient who is exclusively breast fed presents with the following x-ray:

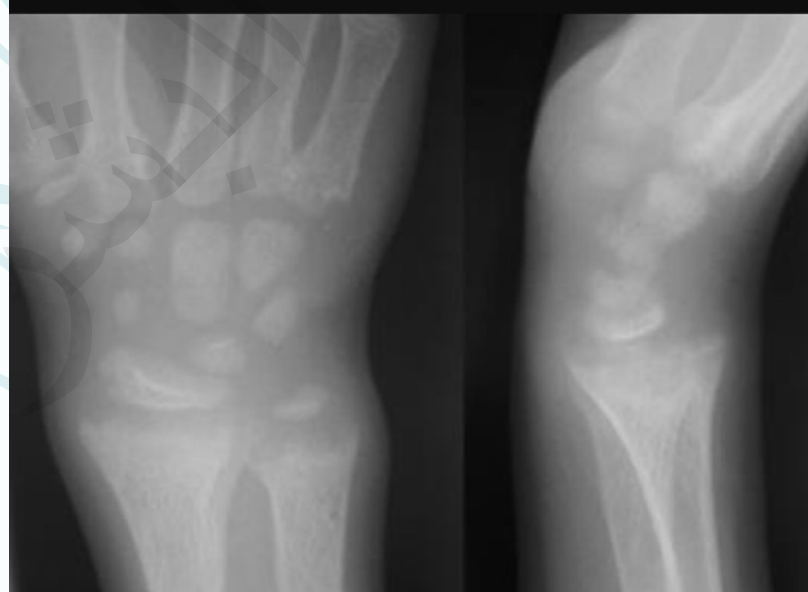
1. What is your Dx?

Rickets

2. Name two abnormal tests?

- Low Ca^{+2}

- Low Vitamin D



Q87: Petechial rash on the back and mentioned it was without fever and non blanchable:

1. Next step in investigation?

Blood culture, CSF Analysis (to R/O Meningococemia)

2. Give 2 DDx?

- Bacterial meningitis
- Vasculitis
- Meningococemia



Q88: 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



Q89: What is the Dx?

Vernix Caseosa

In Latin, *vernix* means *varnish* and *caseosa* means *cheesy*, **Vernix caseosa**, also known as **vernix**, is the waxy or cheese-like white substance found coating the skin of newborn human babies. It is produced by dedicated cells and is thought to have some protective roles during fetal development and for a few hours after birth.



**Q90: Case of Dehydration and Hypotension,
weight = 10 Kg**

1. Degree of dehydration?

Severe Dehydration

2. Type of fluid to give?

Normal Saline

**3. Amount of fluid must be given at time of reaching
hospital?**

20-30 ml/kg = 200-300 ml

Q91: 11 month old who weight 10 kgs presents with moderate hyponatremia dehydration signs, his Na⁺ is 125

1. Calculate the sodium maintenance?

Maintenance = 2-4 mEq/kg, so nearly 30 mEq

2. Calculate sodium deficient?

Deficit – 8-12 mEq/kg, so nearly 100 mEq

Q92:

These Data are for a patient with Duchenne muscular dystrophy:

A- What is your interpretation?

Compensated Respiratory Acidosis with Hypoxemia

pH	PCO ₂	HCO ₃	PO ₂	PO ₂
7.36	55	26	70%	87

B- What is your interpretation?

Mixed respiratory and metabolic acidosis with hypoxia

“Metabolic is the primary”

pH	PaCO ₂	PaCO ₂	HCO ₃
7.2	55	85	12

Q93: Mention two abnormalities ?

- Non compensated respiratory acidosis
- Low O₂ saturation (Hypoxia)

pH	PCO ₂	HCO ₃	PO ₂	PaO ₂
7.22	53	24	50	73

Q94: 3KG baby, expect his weight on:

4 days → 2.7 kg

10 days → 3kg

5 months → 6kg

1 year → 9kg

**** first 3 months weight must increase 20-30 gm/day**

**** in first 4 days he will loss 10% of his birth weight because of losing the extra fluid and in the next 4 days (day 8) he will get this 10% back (weight at birth again), so in the first 8-10 days his birth weight will not change.**

**** Double at 5 months. Triple at 1 year, 4x at 2 years, 5x at 3 years, x6 at 5 years**

Q95: What is the Antidote of the following:

Name	Antidote
Paracetamol	N-acetylcysteine
Carbon monoxide	100% O ₂
Organophosphate	Atropine
Iron	Desferoxamid

تنويه مهم

– هذا التجميع يحتوي على جميع سنوات امتحانات الأطفال (الميني أوسكي) في الجامعة الهاشمية لكل من السنة الخامسة والسادسة, موزعين حسب المواضيع.

– نود التنبيه على أن هذه الأسئلة واجاباتها هي تجميع طلاب وقد تحتل الصواب والخطأ, تم محاولة تدقيق جميع الأسئلة قدر الامكان لكن من الممكن وجود بعض الأخطاء المتبقية.

– في حال اكتشاف خطأ في إجابة أي سؤال يرجى التواصل مع أحد أعضاء الفريق الأكاديمي في دفعتك ليقوم بإيصال الملاحظة لنا وتعديلها.

– شكر جزيل لكل من ساهم في جمع هذه الأسئلة, لم يكن ليتم هذا العمل لولاكم, وشكر خاص للزميل يزن علاونة من دفعة إحسان على جهوده الكبيرة في جمع وتنسيق هذا الملف.

كل التوفيق نرجوه

لكم



دعتم جميعاً بود

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.



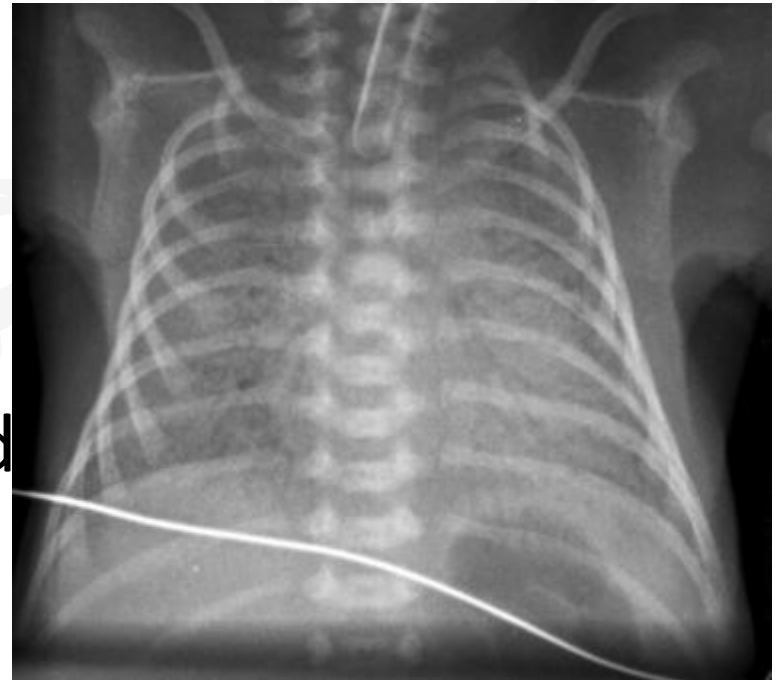
- A: vernix caseosa
- B: hemangioma

لجنة الأطباء البشريين

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.

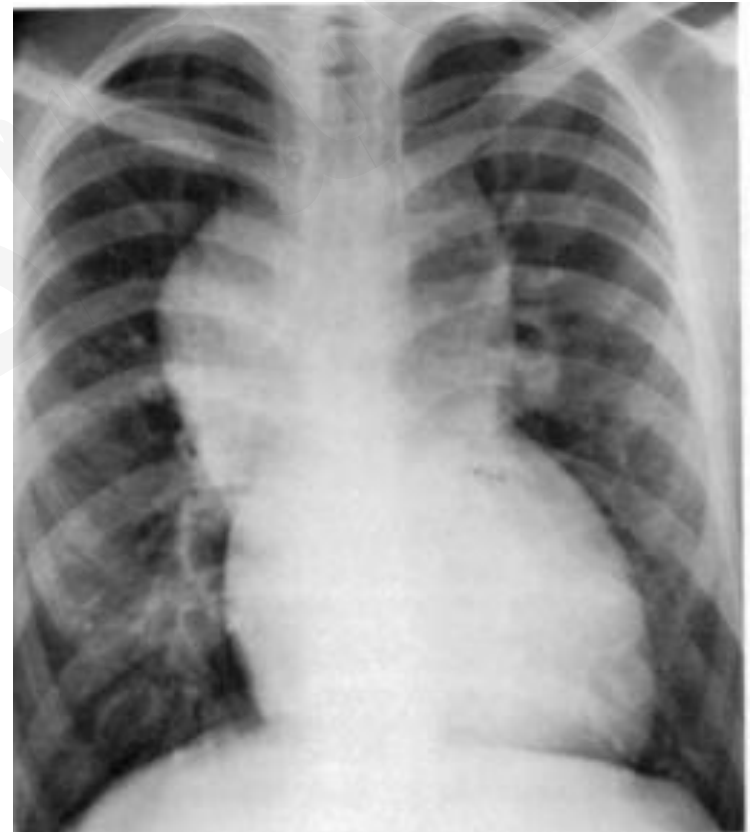


- A: RDS
- B: chronic lung disease

Q7:

A. what is the name of this radiological sign?

B. what is your diagnosis?

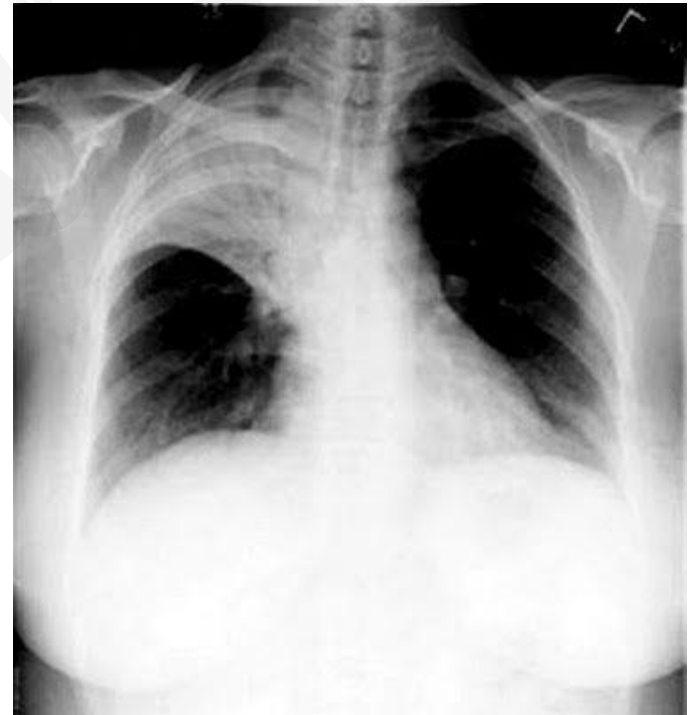


- A. Snowman sign
- B. Total anomalous pulmonary venous return.

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

لجنة الأطباء البشري

Pediatrics

Mini OSCE

Groups C – 6th Year – Ihsan Batch



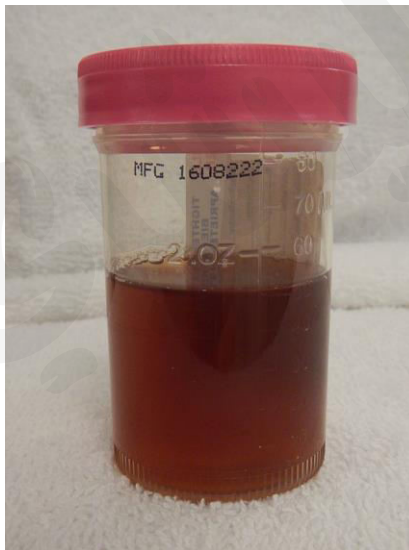
Patient came complaining of arthritis, red urine and rash on the face

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



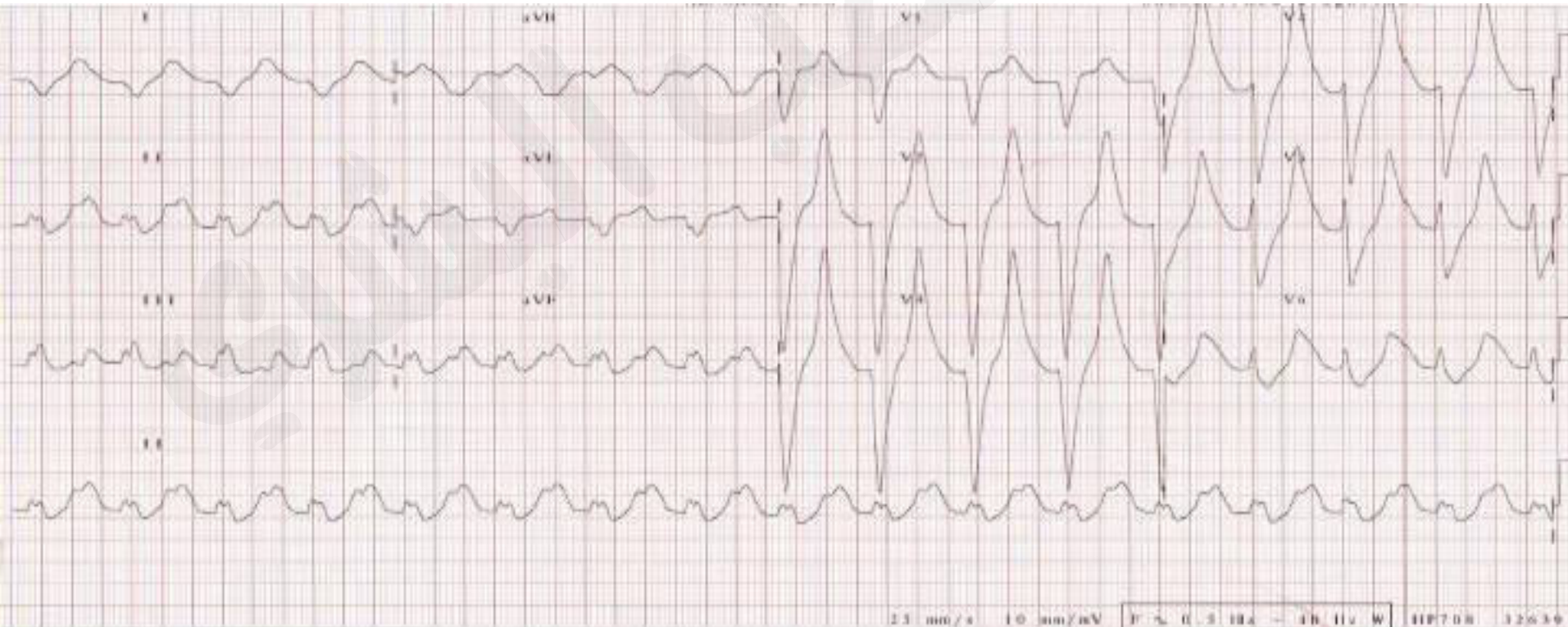
Q: Pt with CKD:

Q1: Name the finding on the ECG?

Peaked T wave

Q2: Give two modalities of Mx:

- Insulin + Glucose
- Calcium gluconate
- B-agonist

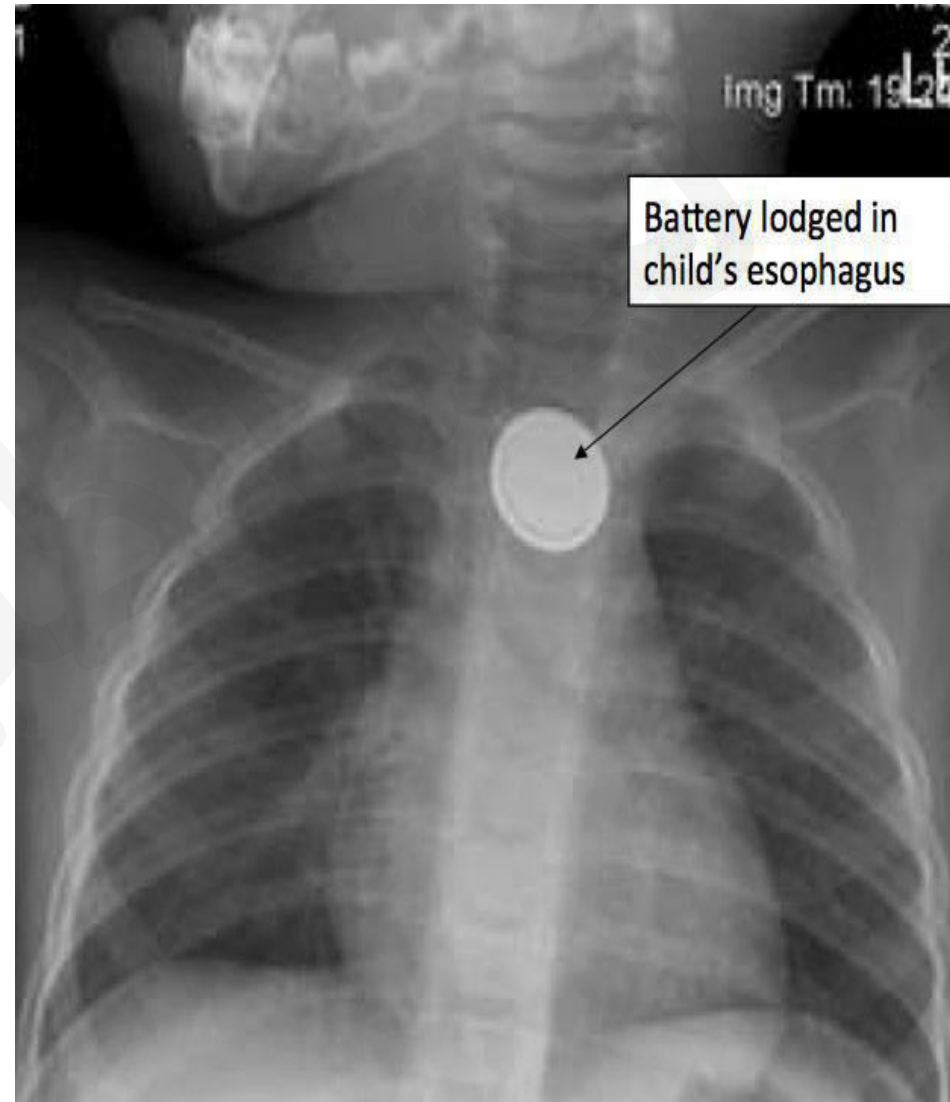


Q1. Name 2 types of injury in this case?

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:

مكتبة الطبيب البشري

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

fifth- year Pediatrics mini-osce

17-10-2019

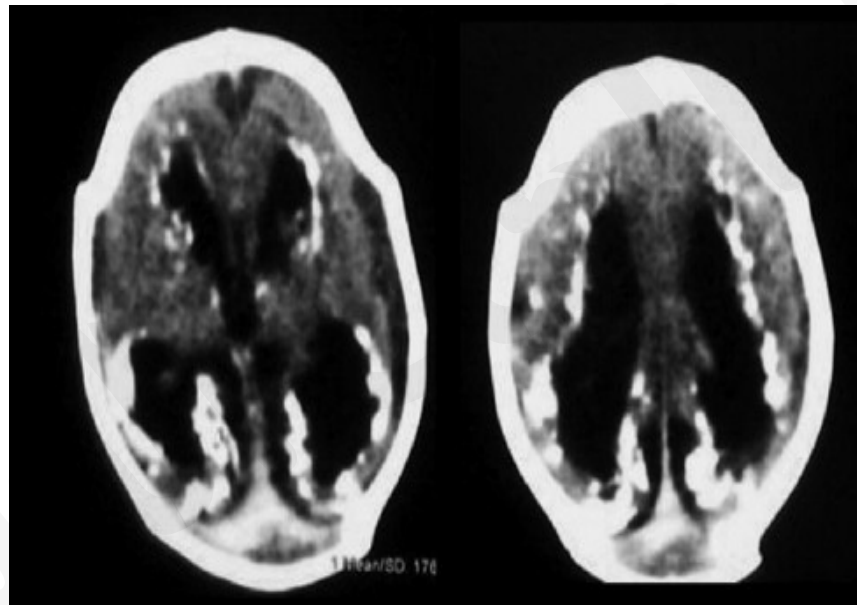
Group A

Q1 :What is the diagnosis?

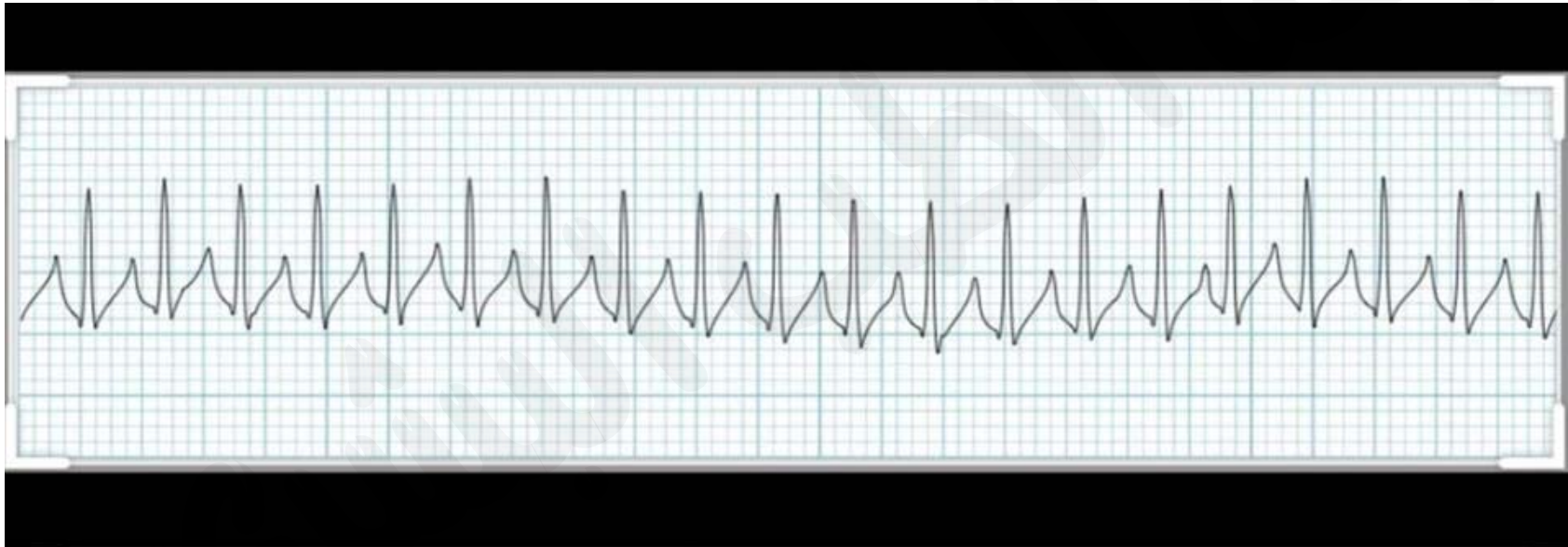
-Duodenal atresia.



Q2:What is the diagnosis?
-Congenital CMV.



Q3:What is the diagnosis?
-Supraventricular tachycardia.



Q4: A: What is the diagnosis?

-Chickenpox.

B:What is the causative microorganism?

-Varicella zoster.



Q5:A:what is the diagnosis?
-Right-sided pneumothorax.

B: Mention one cause?
-Trauma.



Q6: The case was about dehydrated child his weight is 10 kg, he was hypotensive for 10 days.

A:What is the sign?
-Skin retraction.

B:What is the initial fluid to give?
-Normal saline.

What is the amount ?
- 20-30 ml/kg.



Q7: A: Name this neurological test?
-Rebound test.

B: What does it assess?
-Cerebellar function.



Q9 : The history was about child with red urine and hypertension of 3 days duration.

A:What is the diagnosis?

-Acute nephritic syndrome.

B:Mention tow abnormalities in the urine?

-Proteinuria.

-RBCs,RBC casts.



Q9:A: What is the causative microorganism?
-Neisseria meningitidis.

B:What does it stain?
-Red gram-negative diplococci



Q 10:History of cyanosis and FTT.

A: What is the diagnosis?

-TOF.

B:mention tow known complications?

-Heart failure, clubbing.



PEDIATRICS MINI OSECE

Group B

Soul batch 2021

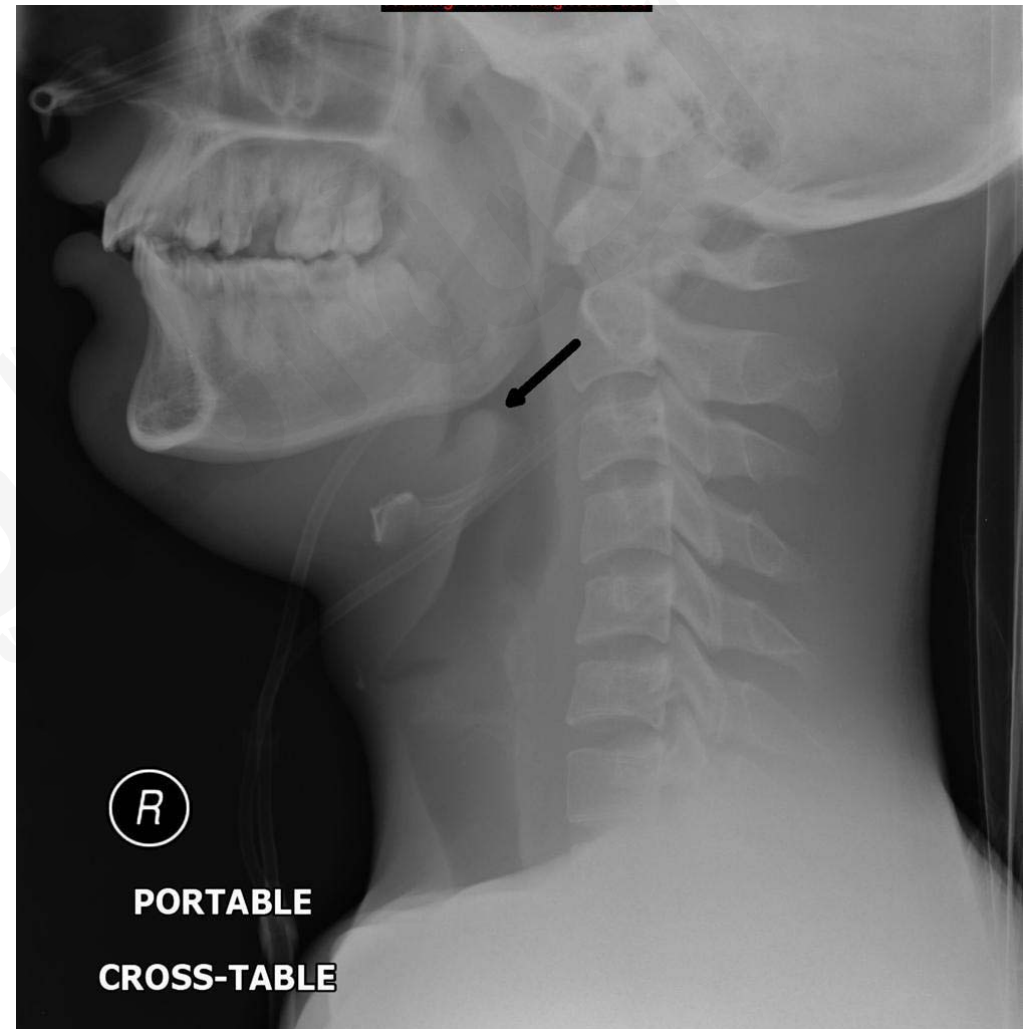
3 year old unvaccinated
presented with SOB and
stridor

- **What is your diagnosis?**

Epiglottitis

- **What is the most important
step in management?**

Intubation in O/R



scaly rash around the mouth, with red urine, headache, BP 140/100

- **What is your diagnosis?**

PSGN

- **What is the prognosis/poor or good?**

Good



- **What does it show?**

Air fluid levels

- **Name one cause?**

Intestinal obstruction



- **What is this test called?**

Tandem test/heel to toe test

- **What does it for?**

Cerebellar function



- **is this doctor trying to test for?**

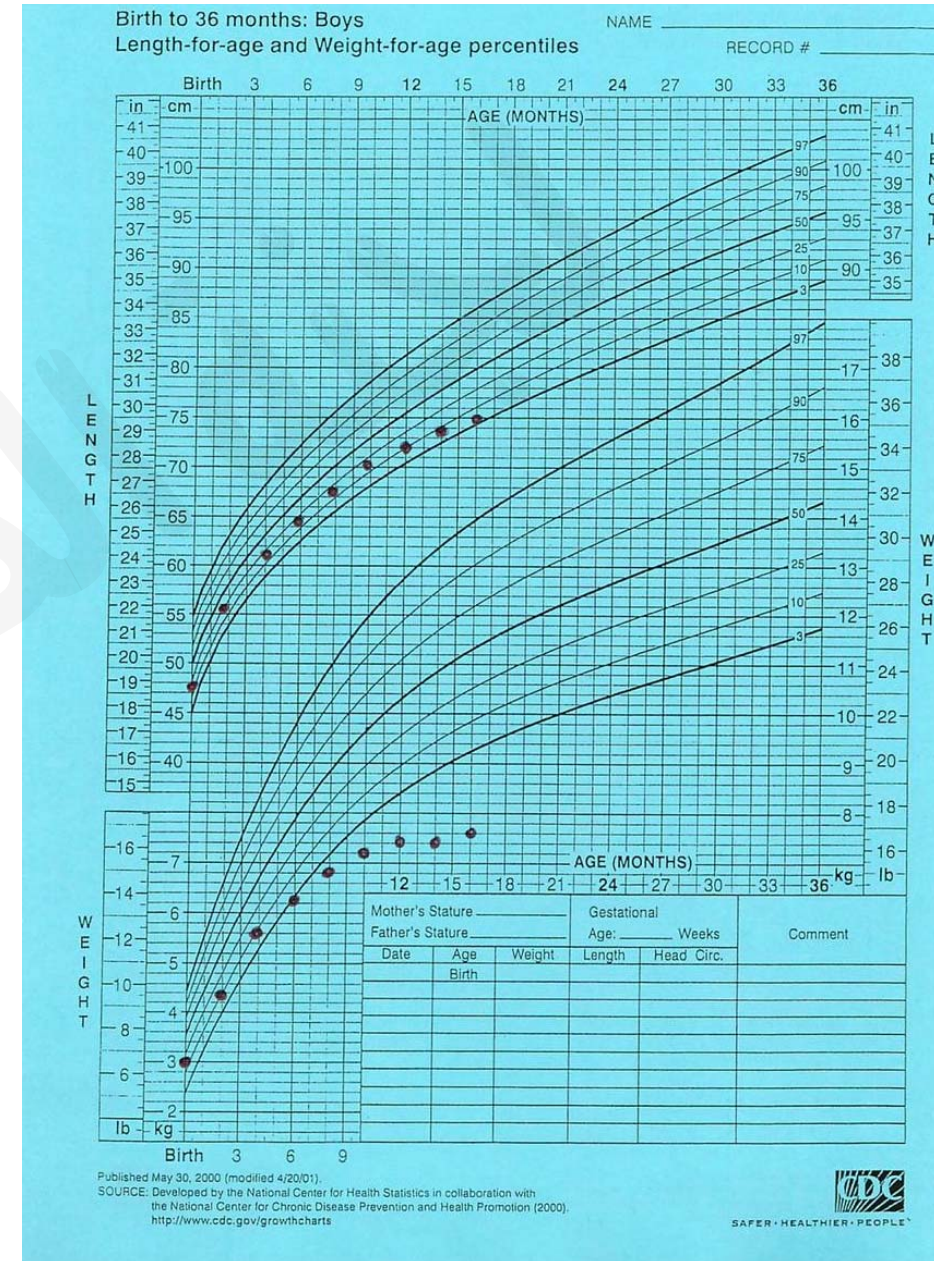
Asymmetrical tonic neck reflex

- **At what age does it disappear?**

3-4 months



- **what is this pattern called?**
Failure to thrive
- **What is the most common cause?**
Cystic fibrosis



- **Xray of RDS, what is your diagnosis?**

Respiratory Distress Syndrome

- **What substance is administered through endotracheal tube?**

Surfactant



Newborn full term, severe cyanosis, no murmur, single S2, no tachypnea.

- **What is the xray finding?**

Egg on a string

- **Diagnosis?**

Transposition of great vessels

الصورة كانت زي الي قدامكم فممکن
تلخبطها مع ال TOF بس الإجابة بتبين من
الهيستوري انو ال cyanosis بيبيش من
أولها او بكون طفيف



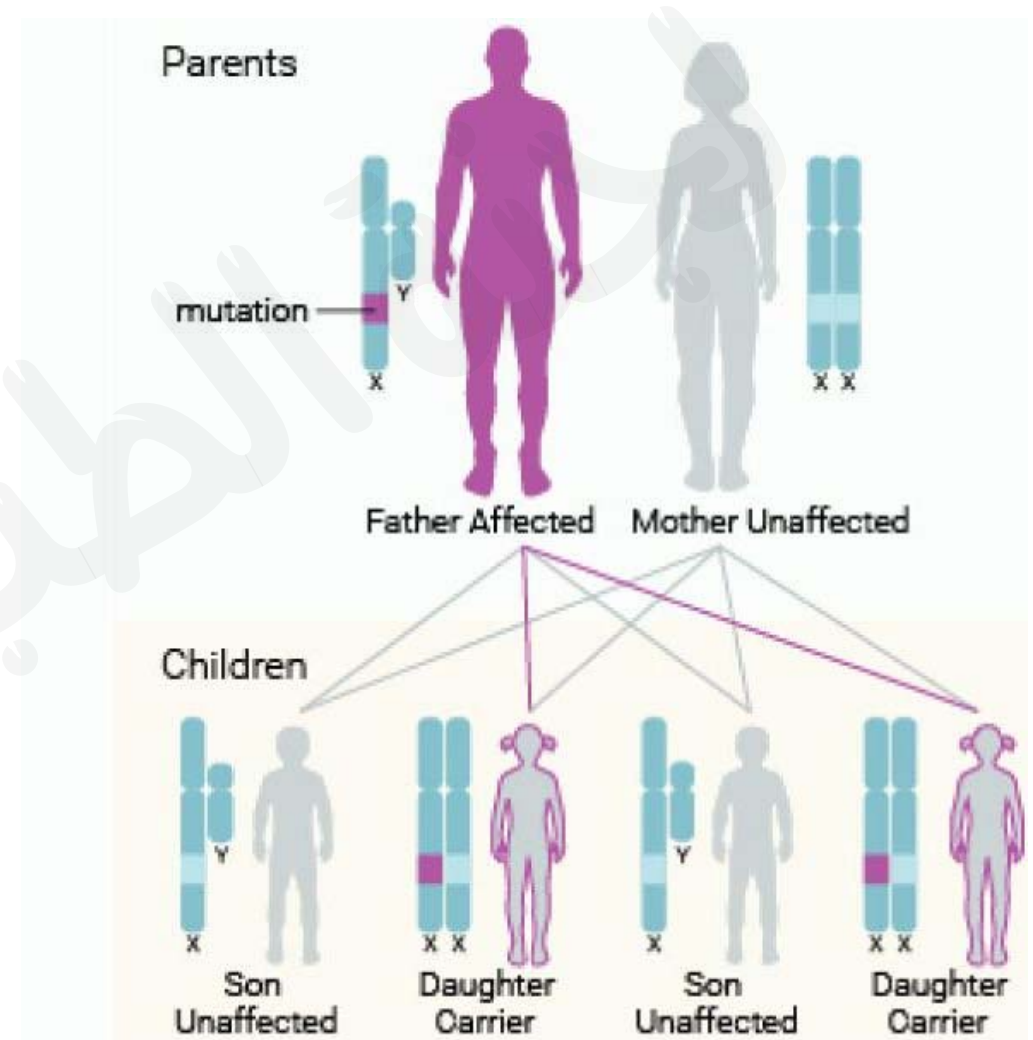
6 year old boy presented with acute onset of hematuria, jaundice, pedigree chart showing mode of inheritance

- **What is the mode of inheritance?**

X-linked recessive

- **Mention the disease?**

G6PD



- **What is the device used in the picture?**

Spacer

- **Name one medication used?**

SABA



Mini-Osce Pediatrics
Soul Batch
Group C

- 1-CBC showing ? Iron deficiency anemia.
- 2-uncompensated respiratory acidosis with hypoxia.
- OSCE > chronic diarrhoea.

<p>Q: Breast fed one year infant with this CBC:</p> <p>1. What is your Dx? Iron Deficiency Anemia</p> <p>2. Mention 2 further tests to confirm your diagnosis:</p> <ul style="list-style-type: none"> a. TIBC b. Serum ferritin level c. Transferrin saturation ratio 	WBC	5.5		
		%	#	
		NE	54.7	3.0
		LY	34.1	1.9
		MO	7.5	0.4
		EO	3.0	0.2
		BA	0.7	0.0
		RBC	4.28	L
		HGB	9.7	L
		HCT	29.9	L
		MCV	69.7	L
		MCH	22.6	L
		MCHC	32.4	L
		RDW	18.4	H
	PLT	331		
	MPV	8.8		

- High arm blood pressure with low lower limb blood pressure.
 - 1- What is the differential? Coarctation of Aorta
 - 2- What is the sign in the picture? Radiofemoral delay

- Hx of delayed meconium passage + picture of finger clubbing.
 - 1- What is the differential? Cystic Fibrosis
 - 2- What is the mode of inheritance? AR
 - 3- Most common gene? CFTR

- X-ray showing boot shaped heart
 - 1- What's the differential? Tetralogy of Fallot
 - 2- Finding on ECG? Right axis deviation

- A child with fever of 8 days duration and a picture showing swollen lymph node in the neck and abdominal distention (hepatosplenomegaly)
 1. give two DDx
 2. Mention two lab tests that help in diagnosis



Cruises
10-11 months

Skips
5 years



Parachute Reflex

Appears at **6-9 months**, and lasts for the rest of life



Q: picture of patient with non-blanchable purpuric rash in the lower limbs:

Q1: what is the Dx?

- HSP

Q2: mention 2 clinical findings in this pt?

- 1) Arthralgia
- 2) Abdominal pain
- 3) Renal manifestation (hematuria)

Q3: name 2 important tests you will order?

- 1) KFT
- 2) Skin biopsy from the lesion
- 3) Urine analysis

Q4: if the pt has a toxic appearance with a rapidly evolving rash what will be your Dx?

- Acute meningococemia

Q5: Name 2 complications?

- Nephritis
- Intussusception



Final mini-OSCE
5th year
Hashemite university

09 / 06 / 2020

Group D Online Exam

Question 1

A 2-day-old baby required this form of therapy.

Mention one disease (situation) that may require this form of therapy.



Question 2

One-year-old child ingested the object shown.

What is the first line of management?



Question 3

Give the developmental age of the child shown in the picture.



Question 4

Name one disease associated with the finding shown in the picture.



Question 5

The examiner in the picture is assessing the tone of this infant.

Give the developmental age where this response starts normally.

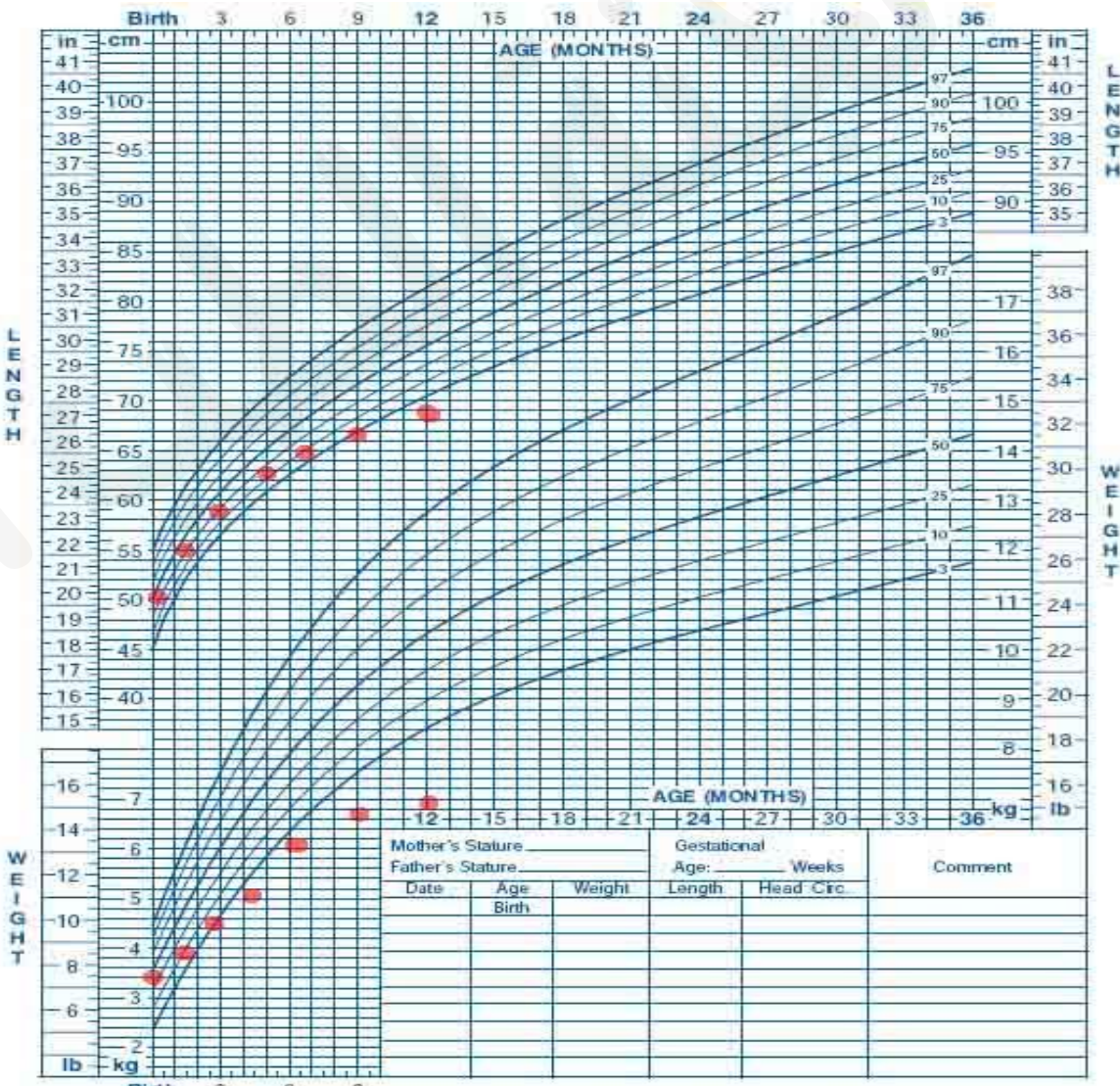


Question 6

This is the growth chart of a 3-year-old child with nasal polyps as shown.



What disease you should rule out?



Question 7

This test is performed in a patient with Guillain-Barre syndrome.

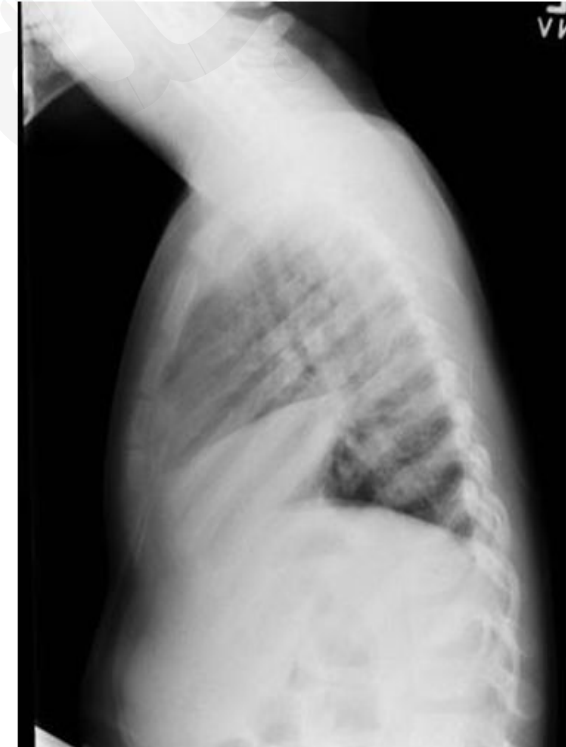
What is the expected response ?



Question 8

This is a chest X-ray of a 3-year-old child who presented with cough and high fever.

What is your diagnosis?



Question 9

Describe the posture you see in this infant.



Question 10

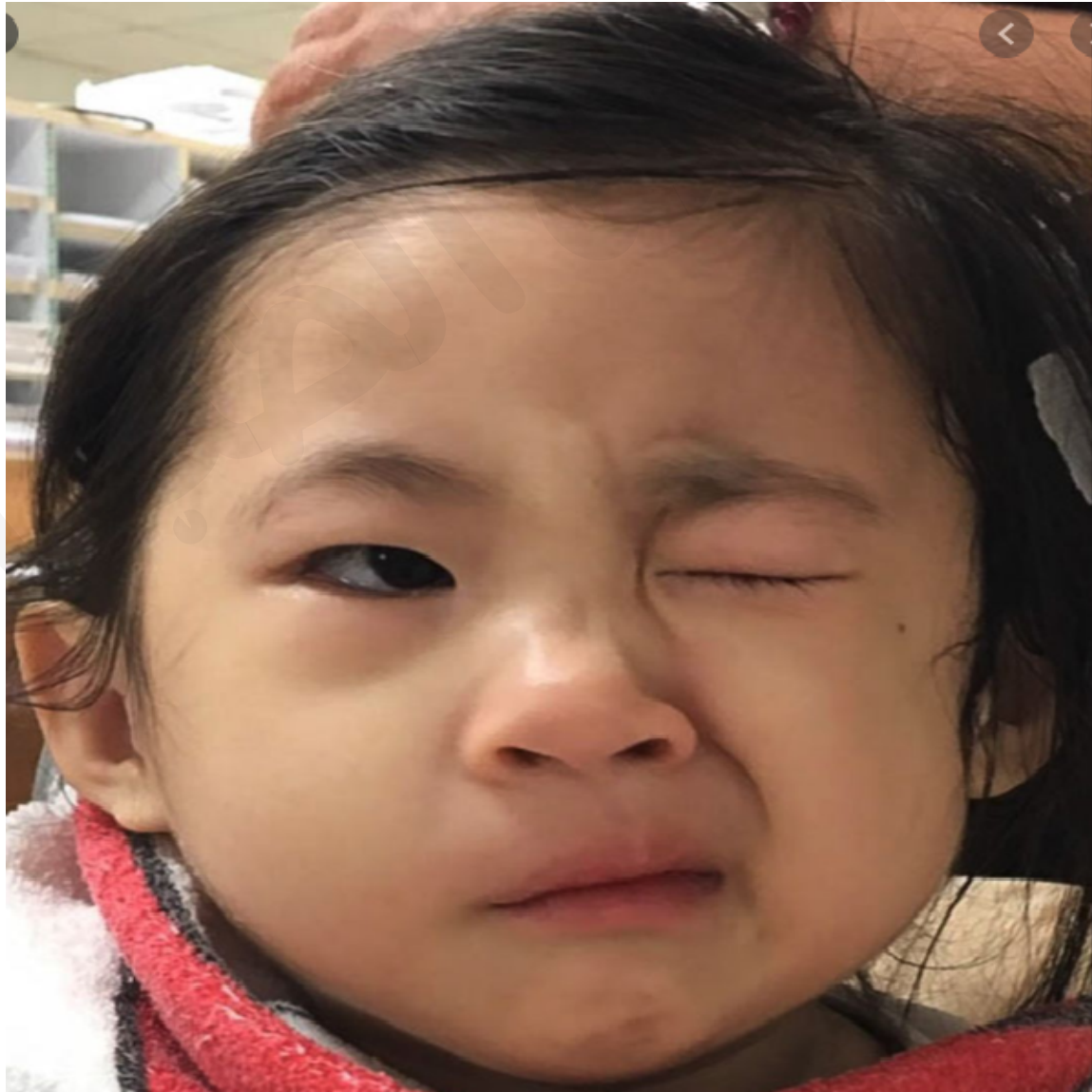
**Looking at the
nails of this
patient.**

**What is your
diagnosis ?**



Question 11

What is your diagnosis according to the findings seen in this picture ?



Question 12

This 14-year-old girl presented with photophobia and this rash.

A. What is your diagnosis?

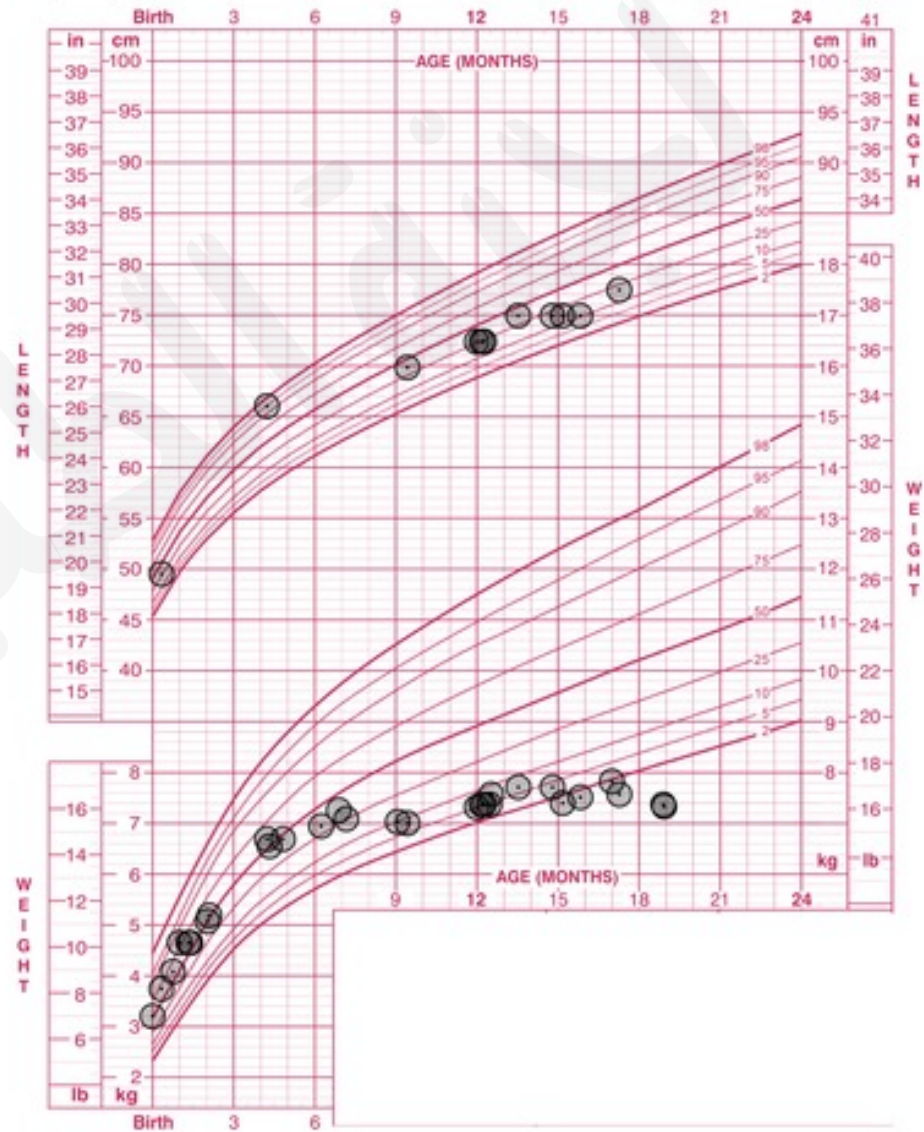


Question 13

This is a growth chart for an infant girl (for weight and length).

What is your diagnosis?

A Body Length and Weight



Question 14

Five-year-old boy presented with fever.

The picture show findings in his throat.



mention the most likely bacterial pathogen in this situation?

Question 15

What is the name of the sign (test) you see in the picture?



Question 16

This boy is known to have cyanotic congenital heart disease. He prefers to sit-down in this posture (as shown) when the cyanosis is exacerbated & when he gets shortness of breath.

What is the most likely diagnosis of his cardiac anomaly?



Question 17

In this is a 10-year-old girl.

A. What is the finding you see in the picture?



Question 18

This is a 2-day-old full term newborn. He developed central cyanosis few hours after birth.

Mention one differential diagnosis.



Question 19

This is a one-month-old boy.

The picture shows the way he vomits.

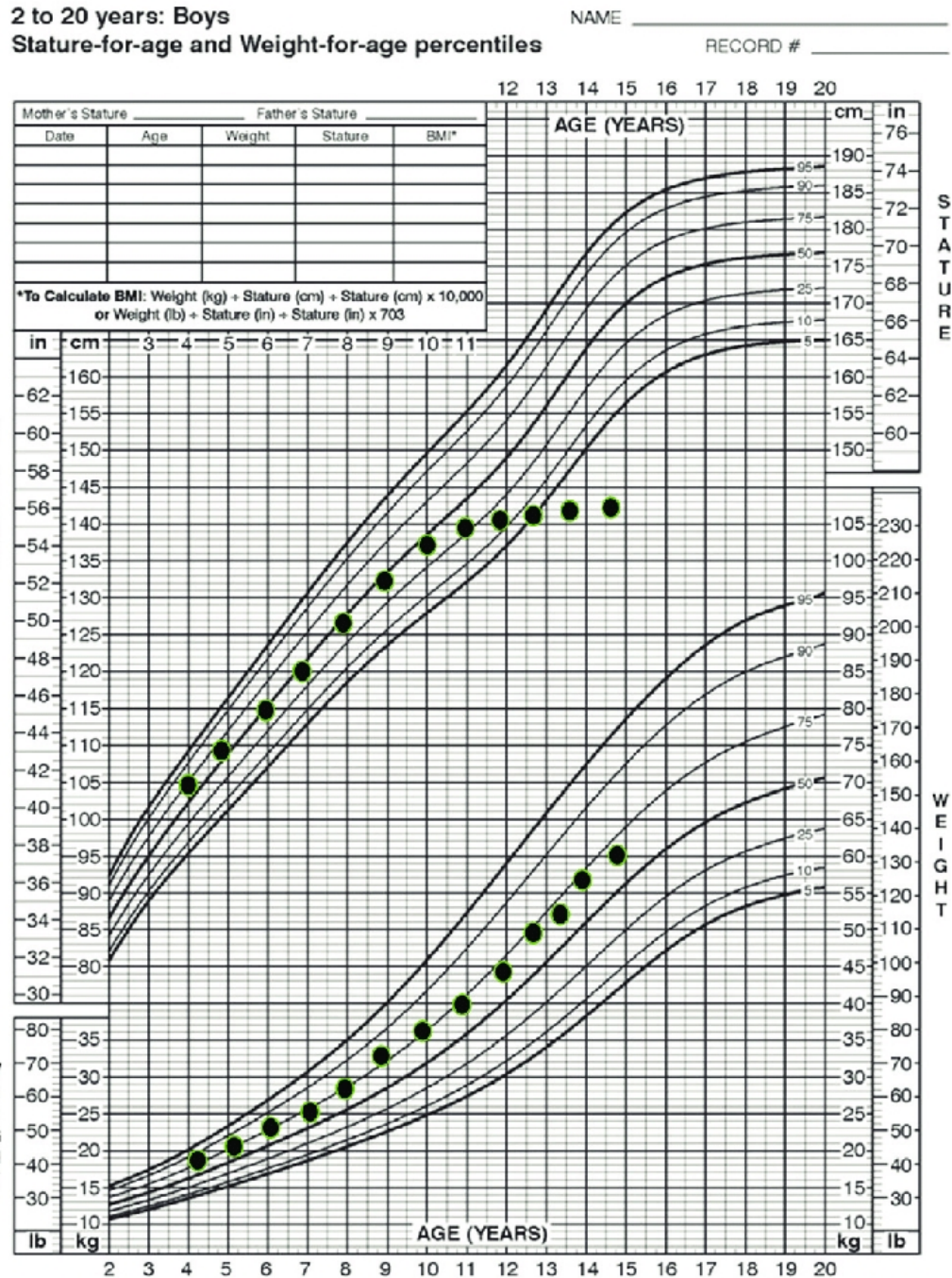
His venous blood gases revealed metabolic alkalosis.

What is the most likely diagnosis?



Question 20

What is the main finding that you can see in this growth chart ?



Question 21

This is a 2-month-old infant with Down Syndrome. He presented with shortness of breath. Upon exam, he had a systolic murmur, but no cyanosis.

Mention the most common anomaly leading to the finding that you can see in his chest x-ray ?



Question 22

This is a 5-year-old child who presented with fever, cough & shortness of breath.

What do you see in his chest X-ray ?



Question 23

This is a very sick 4-year-old boy who had fever, neck stiffness, and sudden appearance of this rash.



What is the most likely causative organism?

Question 24

The mother of this newborn baby had gestational diabetes.

Mention one possible complication expected to occur in this newborn.



Question 25

This child presented with periorbital swelling. He was found to have hypertension.

The lower slide shows his urine analysis (microscopy).

What is your diagnosis?



Question 26

This 3-year-old child presented with anemia.

What is your diagnosis ?



Question 27

- This CBC is for a 1 year old Breast fed infant. What is the diagnosis?

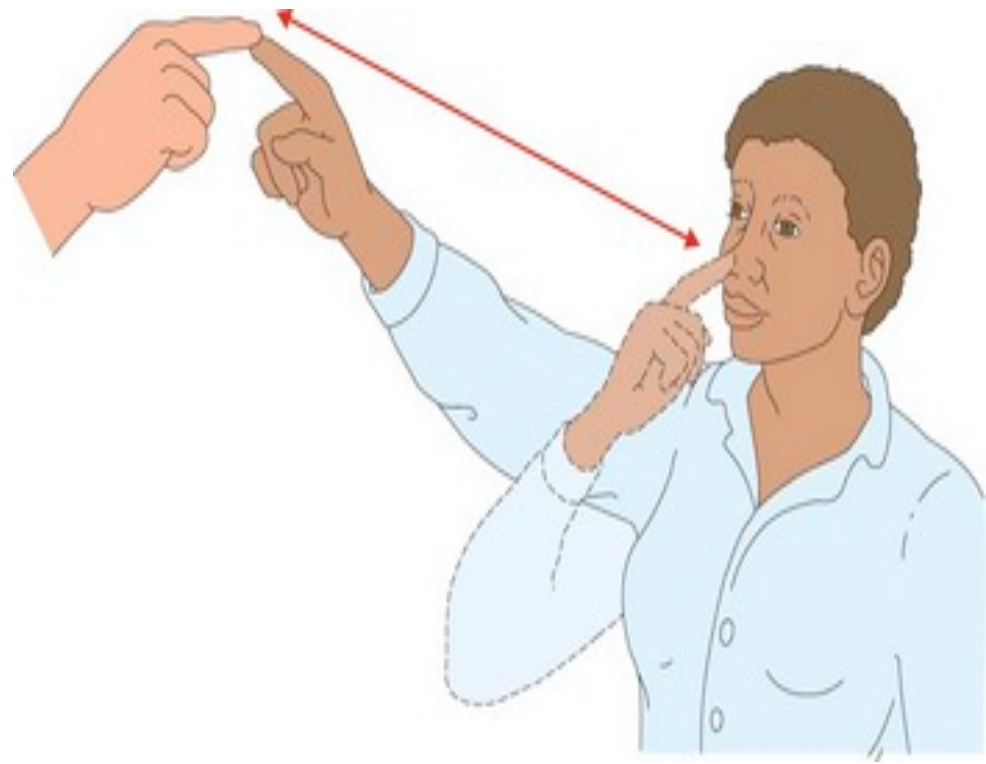
WBC	5.5		
	%		#
NE	54.7		3.0
LY	34.1		1.9
MO	7.5		0.4
EO	3.0		0.2
BA	0.7		0.0
RBC	4.28	L	
HGB	9.7	L	
HCT	29.9	L	
MCV	69.7	L	
MCH	22.6	L	
MCHC	32.4	L	
RDW	18.4	H	
PLT	331		
MPV	8.8		

Question 28

This one-month-old baby had direct hyperbilirubinemia.

Name one possible etiology.





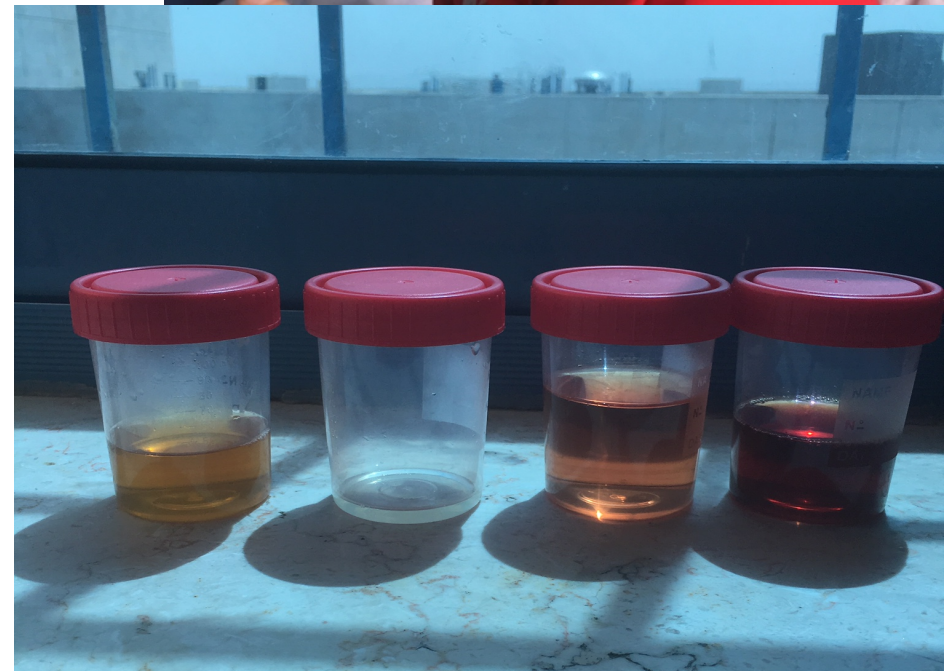
Question 29

What does this test for ?

Question 30

This child presented with acute onset of pallor, jaundice, and red urine (as shown).

What is the most likely cause?



Good Luck

Mini OSCE

Group A

Soul batch 2021

1-Jaundiced 4 week old child with coagulopathy and urine showed reducing substances, what is your diagnosis?

Galactossemia



2-This pt has hypocalcemic tetany.

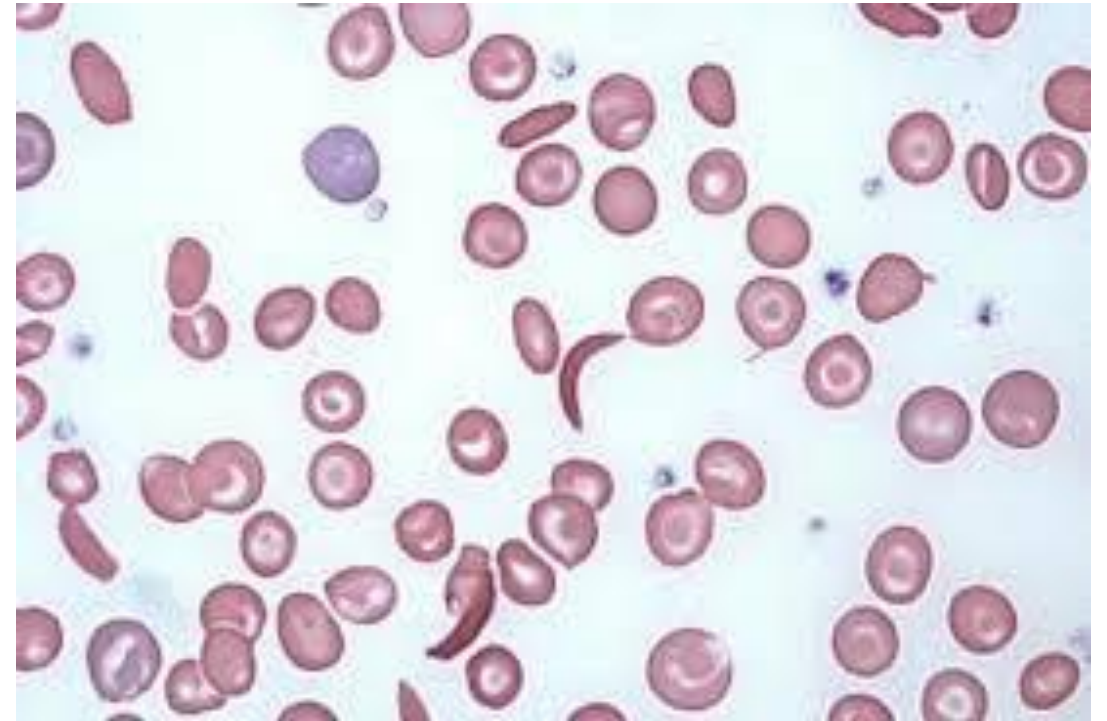
- Write the cause of immunodeficiency?

DiGeorge syndrome



3-Write two acute complications?

Acute chest syndrome, Splenic sequestration, dactylitis, priapism



4-Appearance of lacy rash and fever developed this sign on his face

- **What is your diagnosis?**

Fifth disease

- **Write a complication that might occur in a sickle cell patient?**

Aplastic crisis



5-this pt has **Bloody diarrhea**,
seizures. What's the most likely
diagnosis?

Shigella



6-This pt is known to have a congenital heart disease his parents report him having hypercyanotic spells for 20 minutes

The most likely cause?

TOF

Write two maneuvers and medication?

1-Calm the patient down and bring his knees to his chest

2-Beta blockers, morphine



7-

-What is this device called?

Spacer

-What is the most common medication administered?

SABA



8-What is the age of these children?



6m



36 m

9- A 30 wks old premature baby presented with bloody stool, Warm erythematous abdominal wall and abdominal distention, What is the diagnosis?

Necrotising enterocolitis NEC

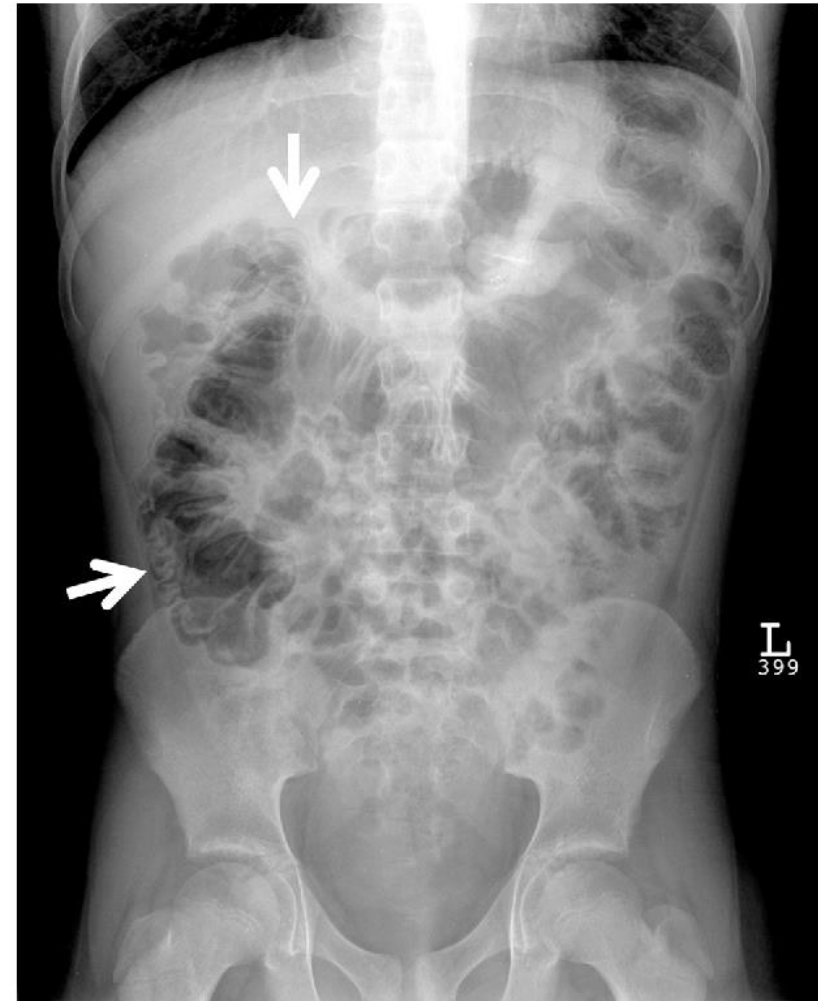


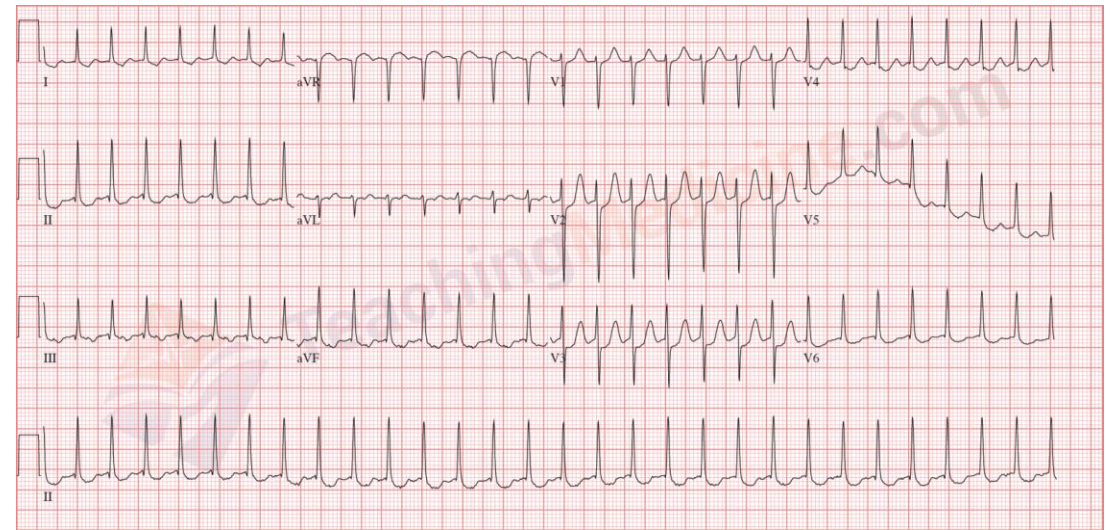
Figure 1. Anteroposterior abdominal x-ray demonstrated

10- Ecg, patient's bp is 90/60,
altered level of consciousness
What is your diagnosis?

SVT

Management?

Cardioversion



A 2.5 year old infant has recurrent vomiting, when taking her growth parameters they were in the 3rd percentile. Labs result pH 7.18, HCO₃ 16, CO₂ 30, Na, Cl 115, hypokalemia

1- identify the pH metabolic disturbance? **Metabolic acidosis**

2- calculate anion gap and identify if normal or increased? **Normal**

3- Describe the findings on the u/s? **Multiple hyper-echoic lesions**

4- What is the cause?
Nephrocalcinosis

5- Mention 3 likely causes?

Renal tubular acidosis

6- Mention 3 lines of management

9 months old infant, wt is 11Kg had multiple diarrheal episodes, at the ER his BP was 90/60 and has decreased level of consciousness, Na level was 135

• 1- what is the degree of dehydration?
15% or 9% (both were accepted)

2- What bolus will you give him in amount? 20 ml/kg (220)

3-What type? Normal saline

4-calculate the maintenance fluid
1050

5-calculate fluid deficit 1650

6- For how long will you give the fluid maintenance and deficit? 24h

7-calculate Na maintenance? 33

8- calculate na deficit? 77

9-most common cause in unvaccinated child? Rota virus

10- If prolonged diarrhea what formula will you give him? Lactose free formula

1) Malabsorption of fat soluble vitamins manifests as:

-Vitamin A manifests as night blindness , keratomalacia , immunosuppression, xerosis cutis

-Vitamin K manifests as coagulopathy

-Vitamin D: rickets, osteomalacia , hypocalcemic tetany

-Vitamin E: neurological manifestations(demyelination of posterior column) , hemolytic anemia , muscle weakness .

2) The expected age of the child for:

Act	Age
Cooing	3-4 months

Copying a triangle

Triangle: 60 months



3)

Q36:

1. What is your Dx?

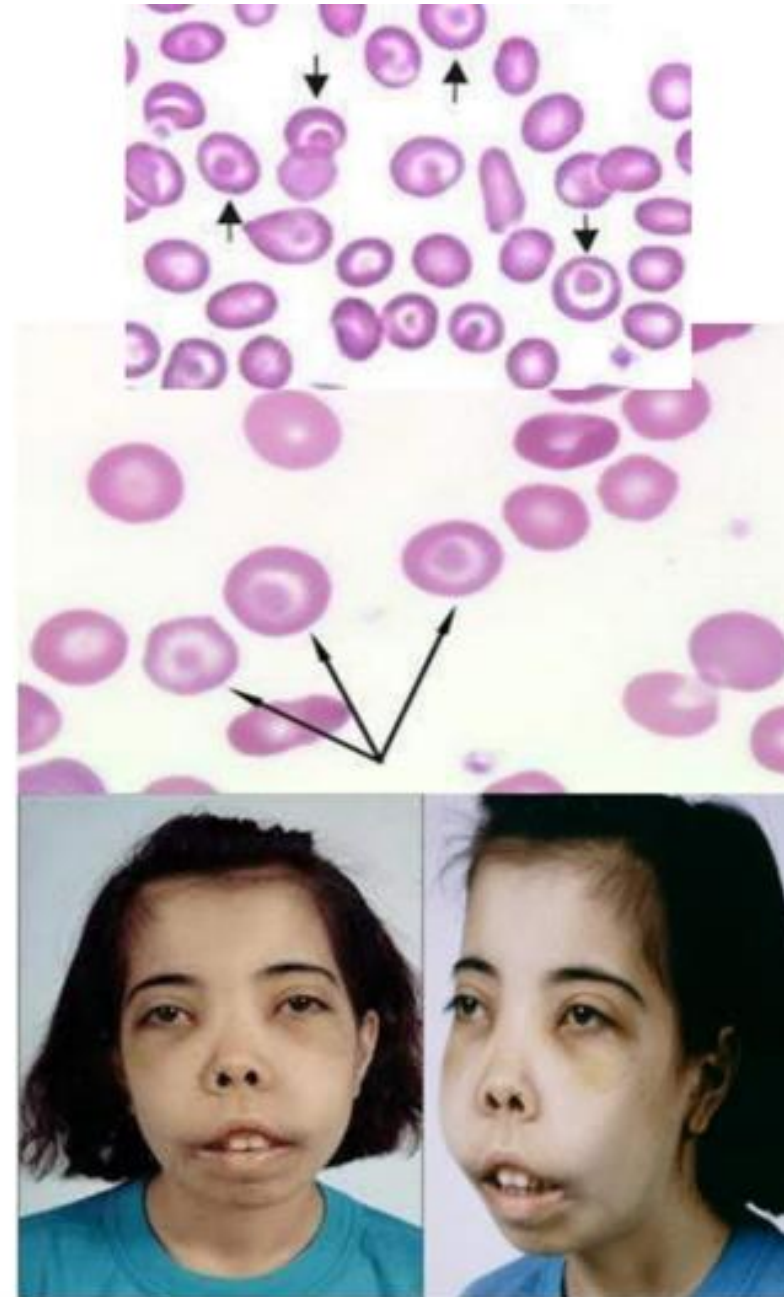
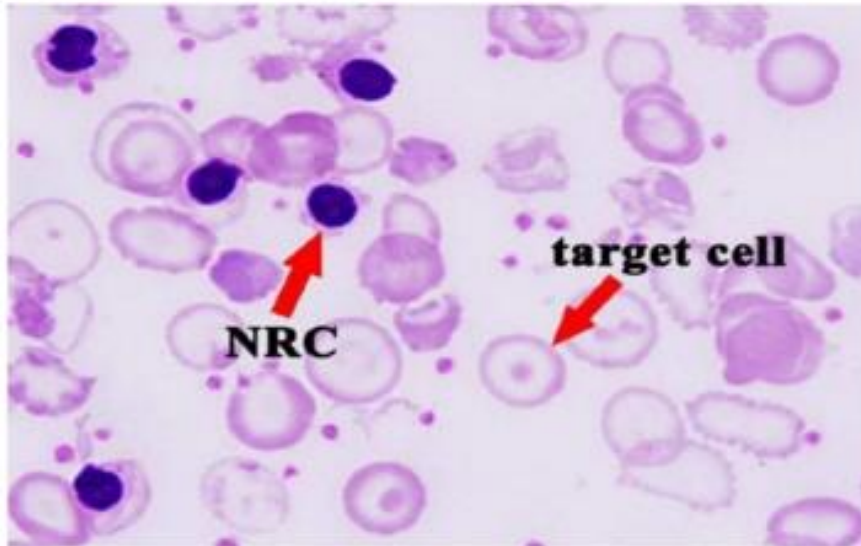
B-Thalassemia

2. Mode of inheritance:

Autosomal Recessive

3. Give two Mx:

- Schedule blood transfusion + Deferoxamine
- Splenectomy



4) the patient improves on penicillin

Q: This patient presented with Hx of sore throat and and paper like rash:

1. the causative agent?

Group A Strep
(Streptococcus pyogenes)

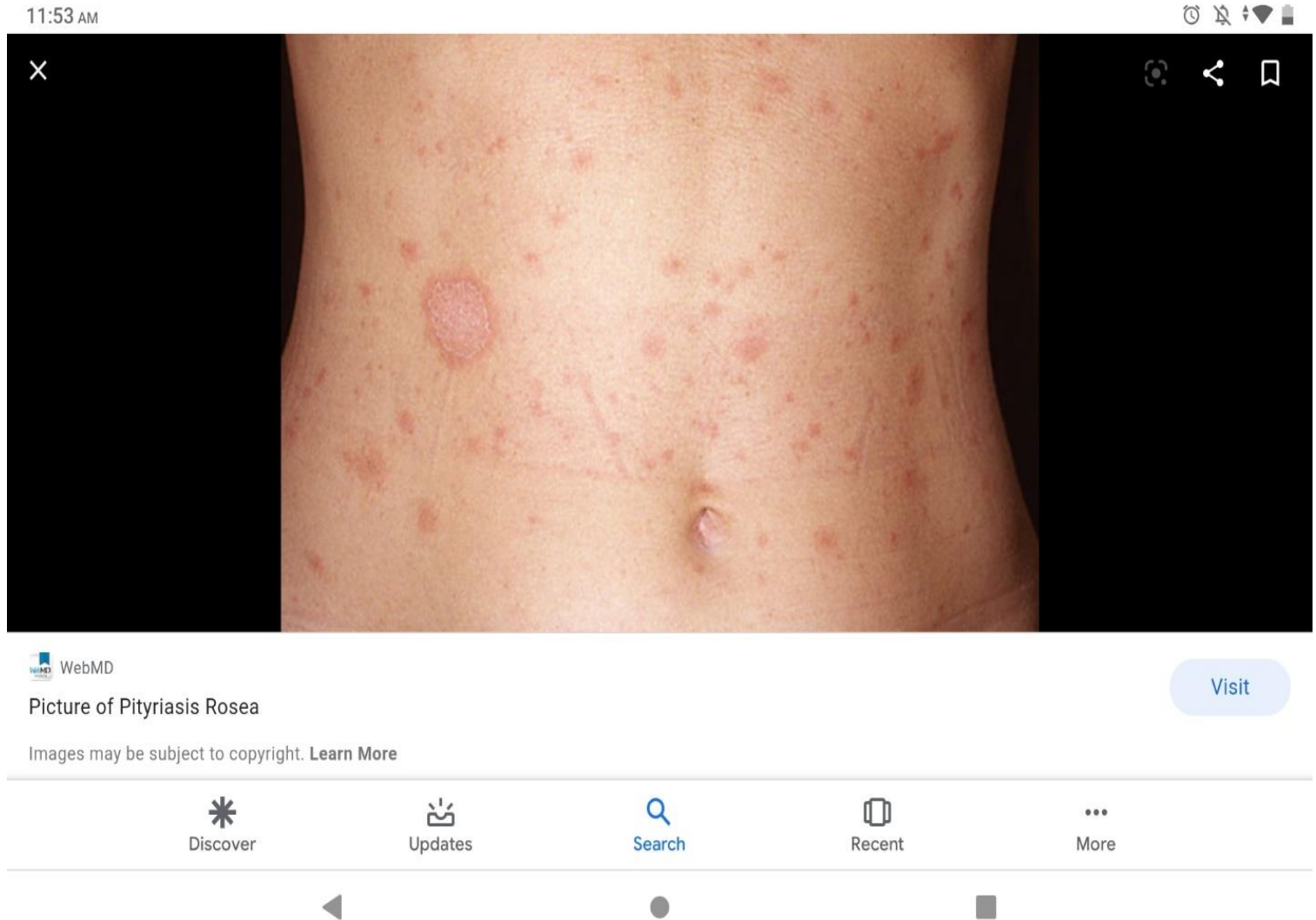
2. Name 2 complications?

- Glomerulonephritis (PSGN)
- Rheumatic fever
- Scarlet fever



5) the patient presented with this rose rash appearance, what is the expected cause?

HHV 6,7 infection



6)

a) **What is the type of this injury?**

Battery in the esophagus

b) **What is your management?**

removing it by endoscopy



7)

Q1: Name the finding on the ECG?

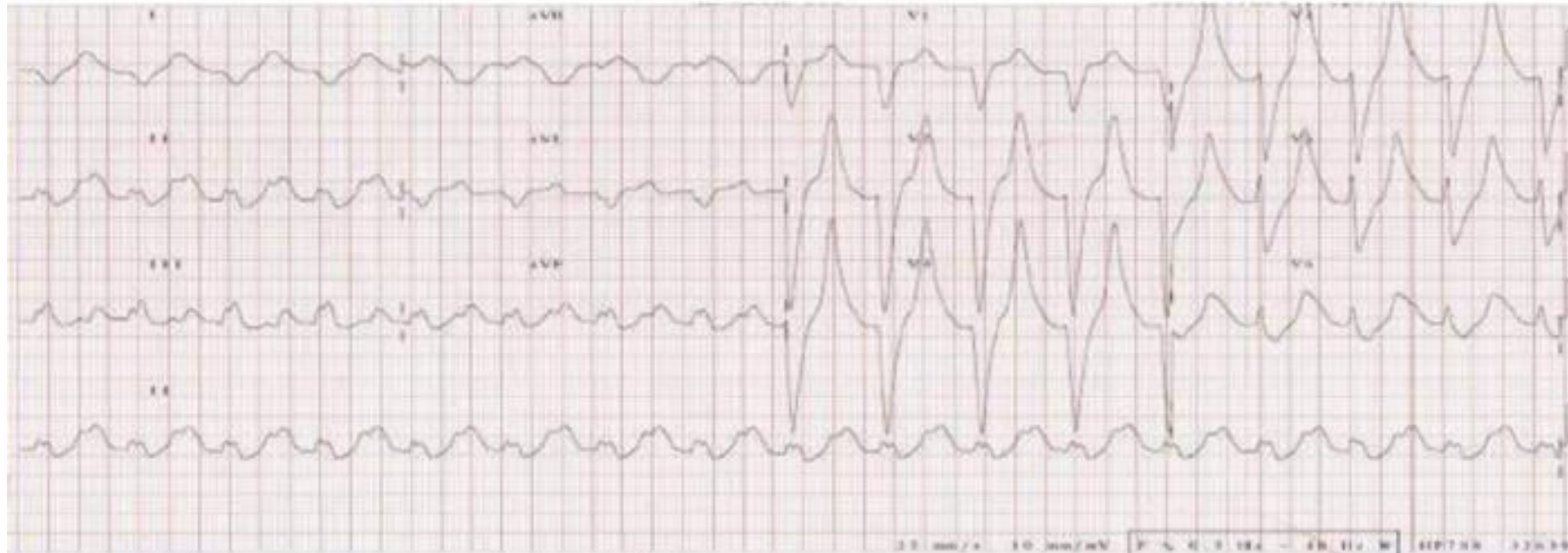
Peaked T wave

Q2: What is the Dx?

Hyperkalemia

Q3: Give two modalities of Mx:

- Insulin + Glucose
- Calcium gluconate
- B-agonist



Q: Vomiting and fever:

8)

Q1 What is the Dx? Meningococemia

a) What is the causative agent?

Q2: What is the causative agent? Neisseria Meningitides

Neisseria Meningitides

Q3: What does it stain? Red gram-negative diplococci

b) treatment?

3rd generation cephalosporin



9)

a) What is the most important thing to rule out?

Hypothyroidism

b) Tests?

TSH, T3, T4 levels

macroglossia



omphalocele



Case 1

Patient presented with chronic diarrhea , known case of celiac disease:

1) mention 2 tests to confirm diagnosis:

Anti ttg and total IGA level , upper endoscopy and biopsy

2) Mention the way for screening of the first degree relative for this patient:

ttg , IgA

3) Mention 3 syndromes can present with celiac disease:

Down syndrome, Williams syndrome, turner syndrome

Case 2

هاي الكيس مش مطلوبة معنا بس حطيناها مشان توخذوا فكرة عن طبيعة أسئلة ال Cases

10 yo girl with recurrent headache for 6 months :-

What signs you should look for immediately?(red flags)

-
-
-

Investigation that should be done Immediately to rule out the cause?

- CT scan/ MRI

The patient is now diagnosed with migraine

What is the management?

Acute treatment:

-
-

Prophylactic treatment:

-
-

Non pharmaceutical treatment:

DOWN SYNDROME CASE

What's the most common skeletal abnormality ?

Clinodactyly

Wide space between 1st and 2nd toes

Delayed anterior fontanelle closure



- What's your diagnosis?
pneumothorax
- What's the treatment?



- Renal case
calculate Estimated GFR?
- Whats the stage of renal injury?

- Question about apgar score
- Calculate it ?

- Whats your diagnosis? Hodgkin lymphoma
- What you see in chest xray related to disease? Hilar lymphadenopathy (infiltrate)



Cvs case there was

Upper limb htn , Lowe limb low bp :

dx : is COA

- What is the age for
- Social smile?? 0-2month
- scissoring ??



There was q about Fifth disease

And whats the most common organism ?

Parvovirus b1

Case 1:

7 years old with jaundiceect

- Dx: Hepatitis A

-Test: serology

-Ttt: supportive

-Do you admitt, why ? Yes , due to vomiting,
other indications for admition: 1 hepatic encephalopathy, 2
coagulopathy –

Type of isolation: food and bathroom separated ?

-if his Brother immunocompromised what u advise mother ? Avoid
contact and give vaccine

2nd case

Dx: febrile convulsions

Other causes of seizures : - meningitis/ hypo and hypernatremia

Rule out ? Meningitis

physical sign: menigeal signs

Prognostic factors to develop non febrile convulsions ?

1 duration of fever (shorter the higher risk), 2 temperature (the lower the higher risk), hx of epilepsy

بس مش اكيد الجواب

Ttt:

-treat the cause of fever

- Rectal diazepam

Case 1

pt with nephrotic syndrome , presented with edema ..answer qs :

1.criteria dx of nephrotic syndrome:

proteinuria (spot protein +2 , >40 mg/kg/day , >50 mg/m²/ hour , protein/cr ratio>2)

Hypoalbuminemia , hyperlipidemia, edema

2.what is your initial assessment of intravascular component?

Blood pressure , blood albumin level , capillary refill , electrolytes ..

3. Definition of : relapse ns and steroid resistance ns

Relapse : edema or proteinuria >7 days

Remission: no edema or proteinuria >5 days

4.serious Complication of ns: infection , thrombosis

Case 2

4yr pt with O₂sat 85 tachpnea.... Fever...Sob

1. Sign of respiratory distress: tachypnea , using accessory muscles , cyanosis

2.need admission and why?yes , bcz of hypoxemia (o₂ saturation 85)

3.mention 2 blood tests to do? Cbc , blood culture

Then x ray same pt

1. Describe what you see with the site , consolidation in the rt upper lobe

2. Vaccination should given : PCV

3. Complication : empyema, parapneumonic effusion

Mini osce

21:57

4G+ 75%



1)Pt presented with rt knee swelling , and with this rash:

Diagnosis? HSP

And mention 2 complications ? Nephritis , intestinal intssusception

2)Pt with lytic lesion in the x ray with fever ..

Diagnosis? Osteomyelitis

The most common micro organism ? Staph aureus



3)Pt with fever 3 weeks duration ...and new murmur

Diagnosis ? Infective endocarditis

Most common organism staph aureus

4- mention a screening test to each of the following :

Celiac: anti-ttg

, wilson: cirroplasmin

, pancreatic insufficiency .:fecal elastase

5- a child present after falling down , present with knee swelling and bruising , in the examination he was healthy, afebrile and no other problems in the next day he present with recurrent bleeding and bruise ? Diagnosis ?hemophilia

And mention the most serious complication ? Bleeding in to the brain



6- cardiac casesnow man apperance in the chest x- ray : Diagnosis? TAVR



What is the anomaly which is imp to found as life saving ? ASD

7_ pt present with dehydration , hypotention diarrhea and vomiting : what is your intial step ?

8- what is the expected age :

child reach and grasp intresting thing: 4m

Child start using the scissor : i dont know , maybe 5

9- pt with pancytopenia and this sign: diagnosis? Fanconi anemia

And mention 2 other signs : bruises , pallor

22:24

66%



10- what is the name of the of the diagnostic imaging? VCUG

Mention 2 abnormality you can see? VUR , neurogenic bladder



Pediatric mini-osce exam

Group B

2020-2021

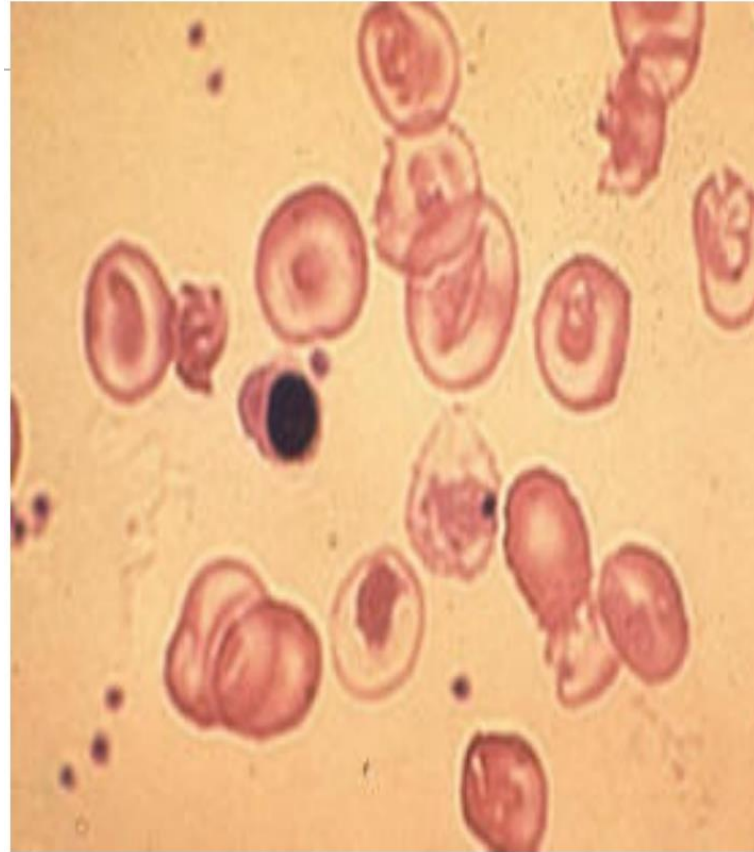
Osce questions

Q1. A 10 yrs old boy presented to the ER with his dad complaining of cough , wheezes and shortness of breath , after 2-3 days of having cold, his dad said that the symptoms are recurrent , had previous 4-5 previous episodes, he got relieved by using a nebulizer, his dad is a smoker

1. What are the most important vital signs you want to monitor
 1. Respiratory rate
 2. Heart rate
2. What is your dx
 - Acute asthma exacerbation
3. What findings you expected to find on chest examination to confirm you dx
 1. Wheezes and prolonged expiratory phase on auscultation
 2. Hyperinflation on palpation
4. What are the triggers mentioned in the case to cause the symptoms
 1. Viral infection
 2. Smoking
5. Mention risk factors to develop the dz
 1. Family hx
 2. Atopy
6. What is the drug in the nebulizer

Q2. A 4 yr old girl, known case of recurrent blood transfusion presented with hb=5 and mcv=55 and the following blood film

-



1. **What is the dx**
 - Beta thalassemia major
2. **What is the test of choice to confirm the dx**
 - Hemoglobin electrophoresis
3. **Mention 3 findings in the blood film you see**
 1. Nucleated RBC
 2. Target cells
 3. Microcytic hypochromic rbc
4. **Give three findings you will see on physocal examination**
 1. Frontal bossing and maxillary protrusion
 2. Short stature and failure to thrive
 3. Pallor
5. **Mention 3 complications**
 1. Bone marrow abnormality
 2. Hypersplenism
 3. Iron deposition in multiple organs causing dm, cardiomyopathy ,etc

Mini-Osce questions

Q1. What is the most cardiovascular problem this girl might have

- Bicuspid aortic valve
- (coarctation of aorta is the 2nd commonest)



Q2. Child complains of abdominal pain and ankle swe,swelling, what is your dx

- Henoch schinlen purpura



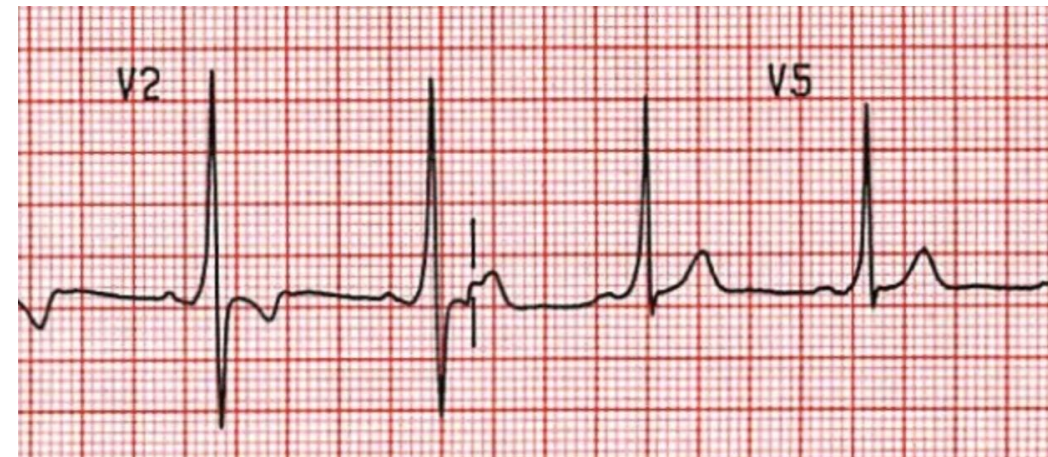
Q3. A 10 yrs old boy presented to the hospital with palpitation, when he calmed down, the ecg showed the following pattern

1. What is the dx

WPW

2. What is the complication might develop

Ventricular tachycardia (not sure)



Q4. A newborn baby, vaginally delivered, presented with cyanosis, no grunting or accessory muscle use, and otherwise normal

1. Give to Ddx

1. TTN, MAS
2. Cyanotic heart dz e.g. TGA

2. Give two diagnostic methods to help you

1. 100% Oxymetric test
2. Cxr to rule out obvious causes
3. Oxygen saturation

Q5.a 9 weeks old baby , previously preterm
,presented with paleness and otherwise normal ,
his hb =5, normal cbc and mcv is norma

1. What is your dx

1. Physiological Anemia

2. What is your mx

nothing , it is self limited

Q6. A 10 yrs old boy presenting to you with cough and fever, his father said it is recurrent , with steatorrhea and failure to thrive, his brother complains from the same symptoms too

1. What is the test of choice for dx
 - 2 sweat chloride test above 60
 1. What is the commonest organism you want to protect the child from
- Pseudomonads auregnosa



Q7. A 28 wks premie reaches this developmental milestone, what is his chronological age

- $40 - 28 = 12$ wk = 3 months /head control achieved on 3 months +3
- **=6 months**



Q8. Answer the following questions based on the pictures

1. What is his developmental age

8 months

2. What nutrient supplement will you give him

1. Iron
2. vit.d



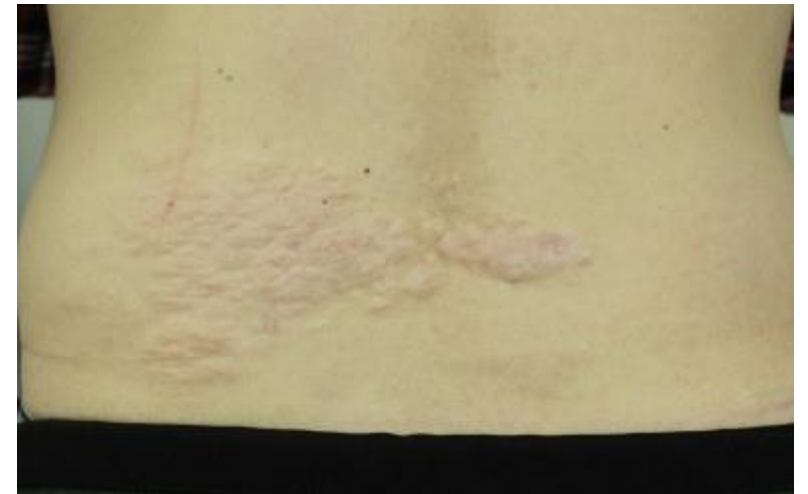
Q9. A child presented to you with infantile spasm ,
on examination you found this rash in back

1. What is your dx

Tuberous sclerosis

2. Mention one organ you want to examine

Kidney



Q10. Fill in the gap

3 months	Ipv	Rota, (hib,hbv,ntp)
4 months	Opv	Rota, (hib,hbv,ntp)
9 months	Measles	Opv

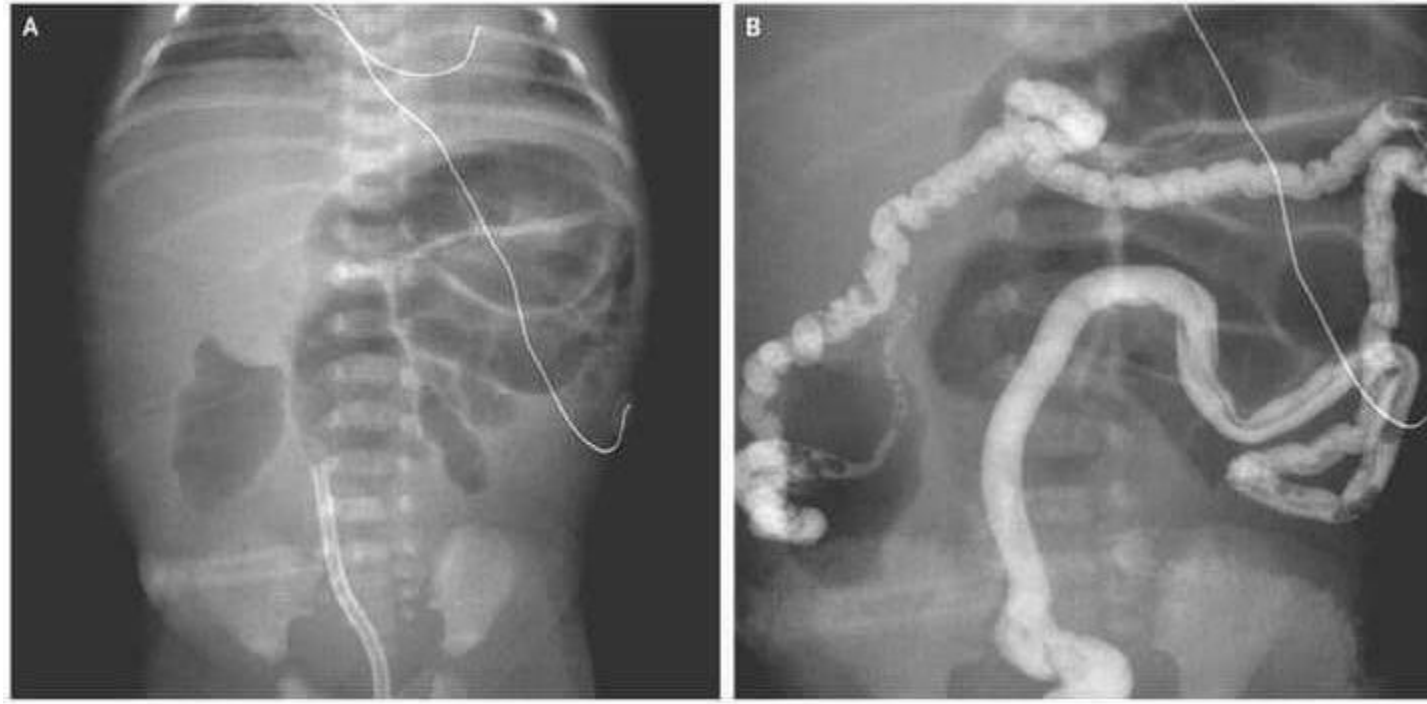
Pediatric

WATEEN
6TH YEAR

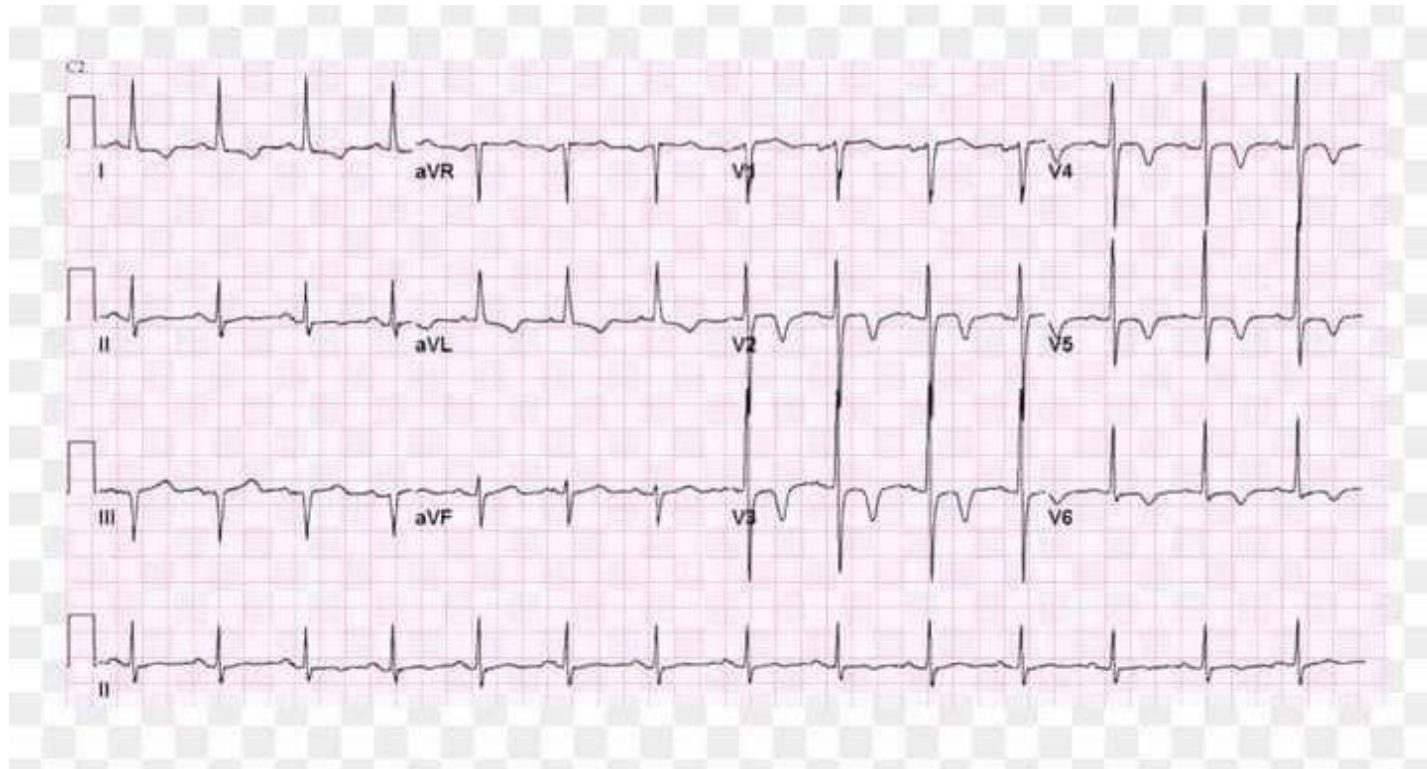


MINI OSCE

-Delayed passage of meconium Barium enema => meconium ileus . Dx : Cystic fibrosis Ix: sweat chloride test



-QRS axis ? LAD Acynotic heart lesion ? ostium primum ASD



-7 yr , 25th centile , 109/70 Systolic & diastolic BP centiles? Mx ?

Age (Year)	BP Percentile ↓	Systolic BP (mmHg)						Diastolic BP (mmHg)							
		← Percentile of Height →						← Percentile of Height →							
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
1	50th	80	81	83	85	87	88	89	34	35	36	37	38	39	39
	90th	94	95	97	99	100	102	103	49	50	51	52	53	53	54
	95th	98	99	101	103	104	106	106	54	54	55	56	57	58	58
	99th	105	106	108	110	112	113	114	61	62	63	64	65	66	66
2	50th	84	85	87	88	90	92	92	39	40	41	42	43	44	44
	90th	97	99	100	102	104	105	106	54	55	56	57	58	58	59
	95th	101	102	104	106	108	109	110	59	59	60	61	62	63	63
	99th	109	110	111	113	115	117	117	66	67	68	69	70	71	71
3	50th	86	87	89	91	93	94	95	44	44	45	46	47	48	48
	90th	100	101	103	105	107	108	109	59	59	60	61	62	63	63
	95th	104	105	107	109	110	112	113	63	63	64	65	66	67	67
	99th	111	112	114	116	118	119	120	71	71	72	73	74	75	75
4	50th	88	89	91	93	95	96	97	47	48	49	50	51	51	52
	90th	102	103	105	107	109	110	111	62	63	64	65	66	66	67
	95th	106	107	109	111	112	114	115	66	67	68	69	70	71	71
	99th	113	114	116	118	120	121	122	74	75	76	77	78	78	79
5	50th	90	91	93	95	96	98	98	50	51	52	53	54	55	55
	90th	104	105	106	108	110	111	112	65	66	67	68	69	69	70
	95th	108	109	110	112	114	115	116	69	70	71	72	73	74	74
	99th	115	116	118	120	121	123	123	77	78	79	80	81	81	82
6	50th	91	92	94	96	98	99	100	53	53	54	55	56	57	57
	90th	105	106	108	110	111	113	113	68	68	69	70	71	72	72
	95th	109	110	112	114	115	117	117	72	72	73	74	75	76	76
	99th	116	117	119	121	123	124	125	80	80	81	82	83	84	84
7	50th	92	94	95	97	99	100	101	55	55	56	57	58	59	59
	90th	106	107	109	111	113	114	115	70	70	71	72	73	74	74
	95th	110	111	113	115	117	118	119	74	74	75	76	77	78	78
	99th	117	118	120	122	124	125	126	82	82	83	84	85	86	86

-Ambiguous genitalia+ dehydration Dx? Medication in ER?

-Complication of delivery? Cephalhematoma
Management ? Reassurance in case of hyperbilirubinemia: phototherapy



-hand foot mouth coxsackie A16



- 1. Chronic diarrhea - celiac disease
- 2. Red urine - G6PD deficiency - ttt of UTI in this patient? Penicillin
- 3. Headache - meningitis

OSCE