

# 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.

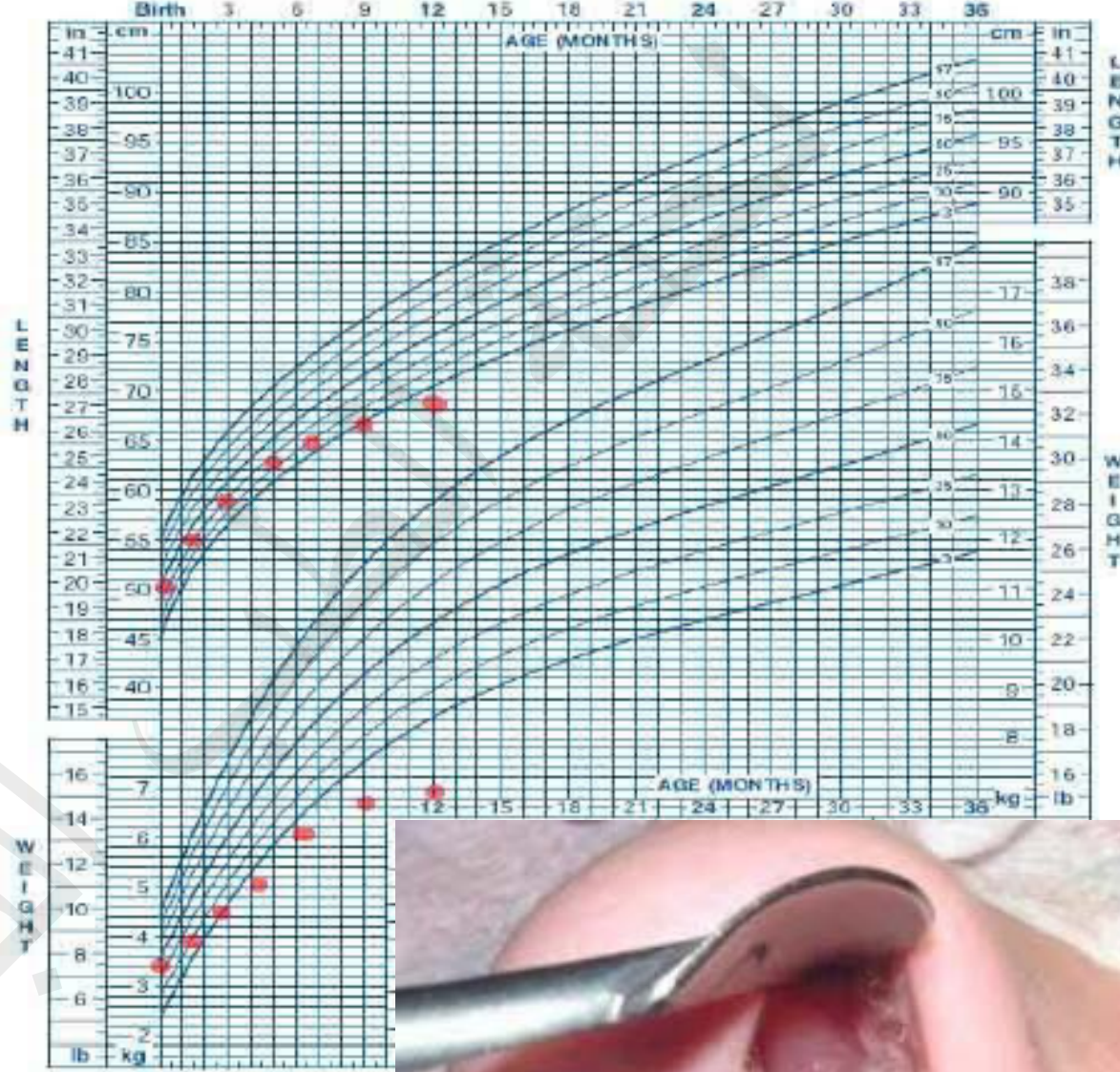
# Gastrointestinal

**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





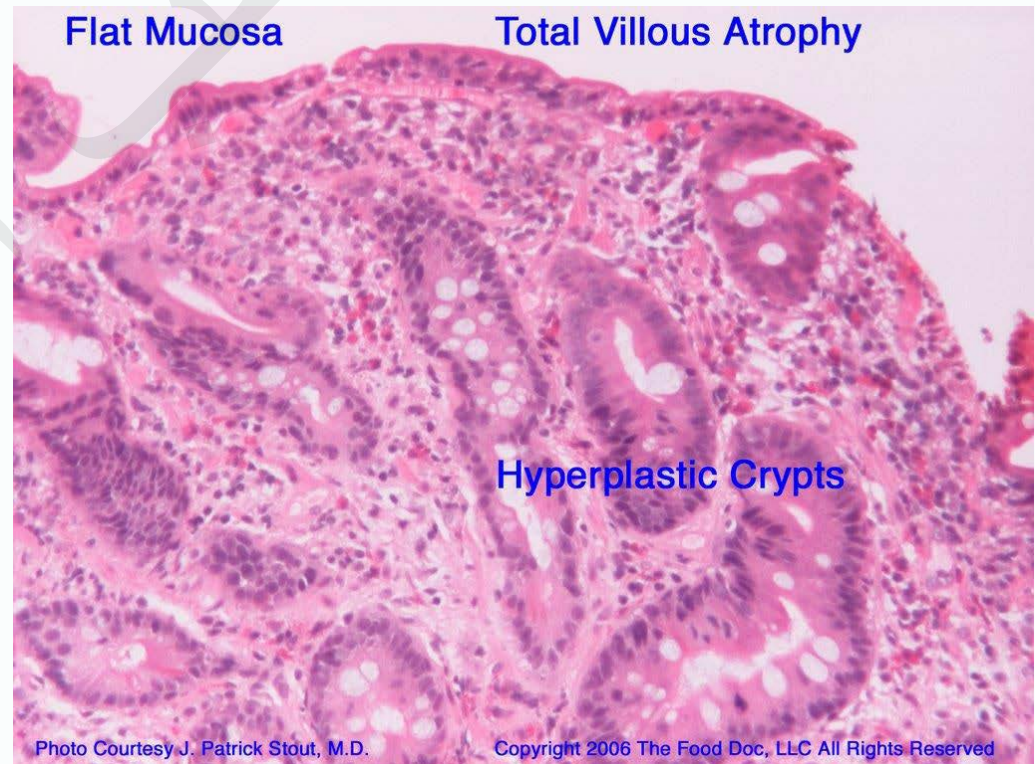
**Q2: Abdominal distension and diarrhea, on histology there is villous atrophy and hyperplastic crypts**

**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

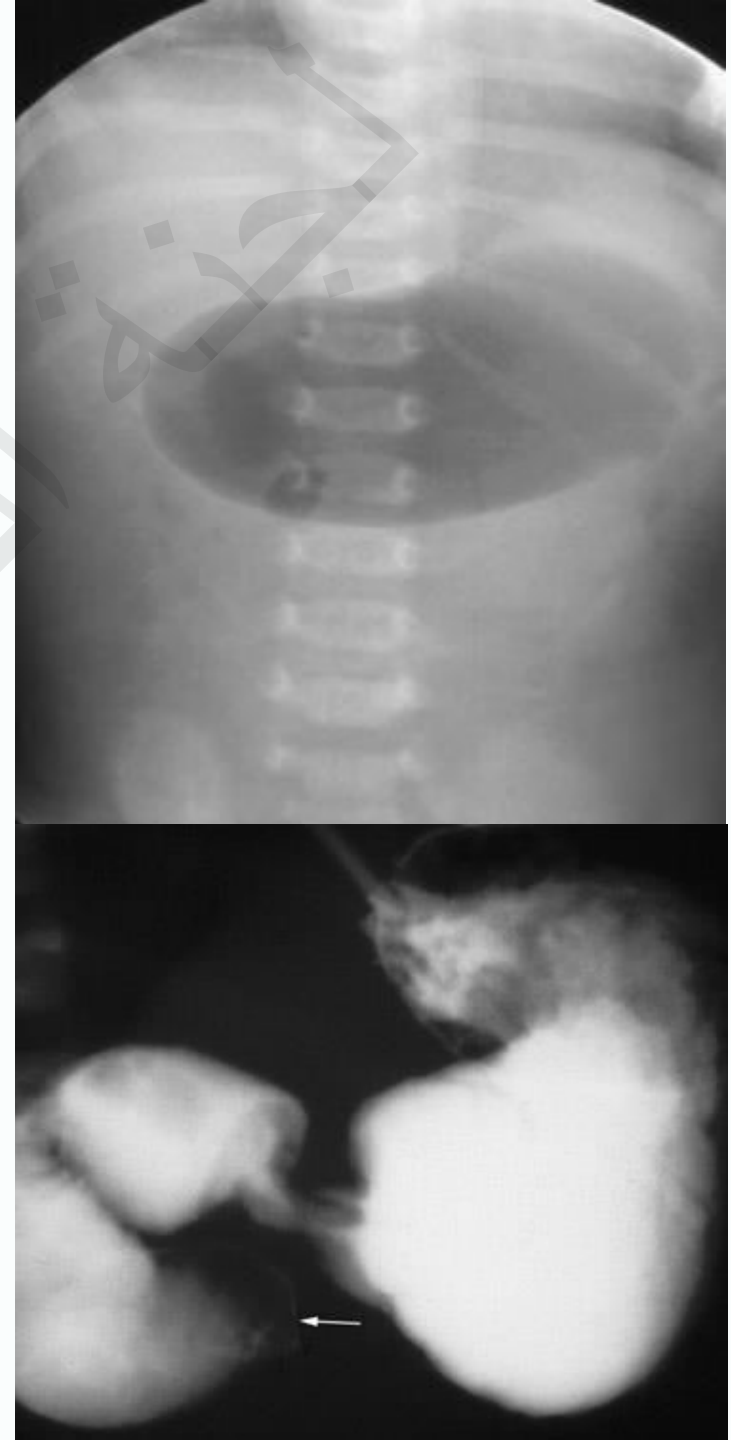
**2. How to Diagnose it?**

Ultrasound

**3. What is the definitive Mx?**

Surgical Mx

(Pyloromyotomy)



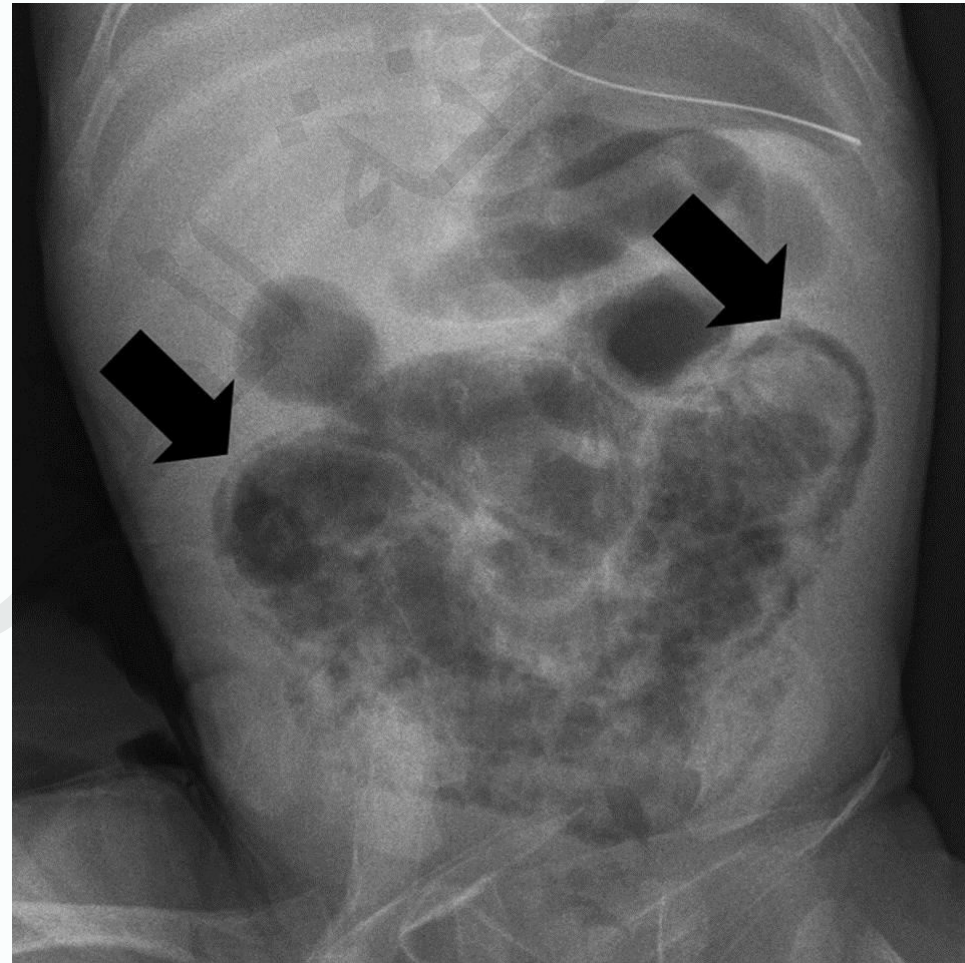
## Q5: Pneumatosis intestinalis:

### 1. What is your Dx?

Necrotizing Enterocolitis

### 2. First line of Mx?

- NPO
- NGT for decompression
- Empirical Abx





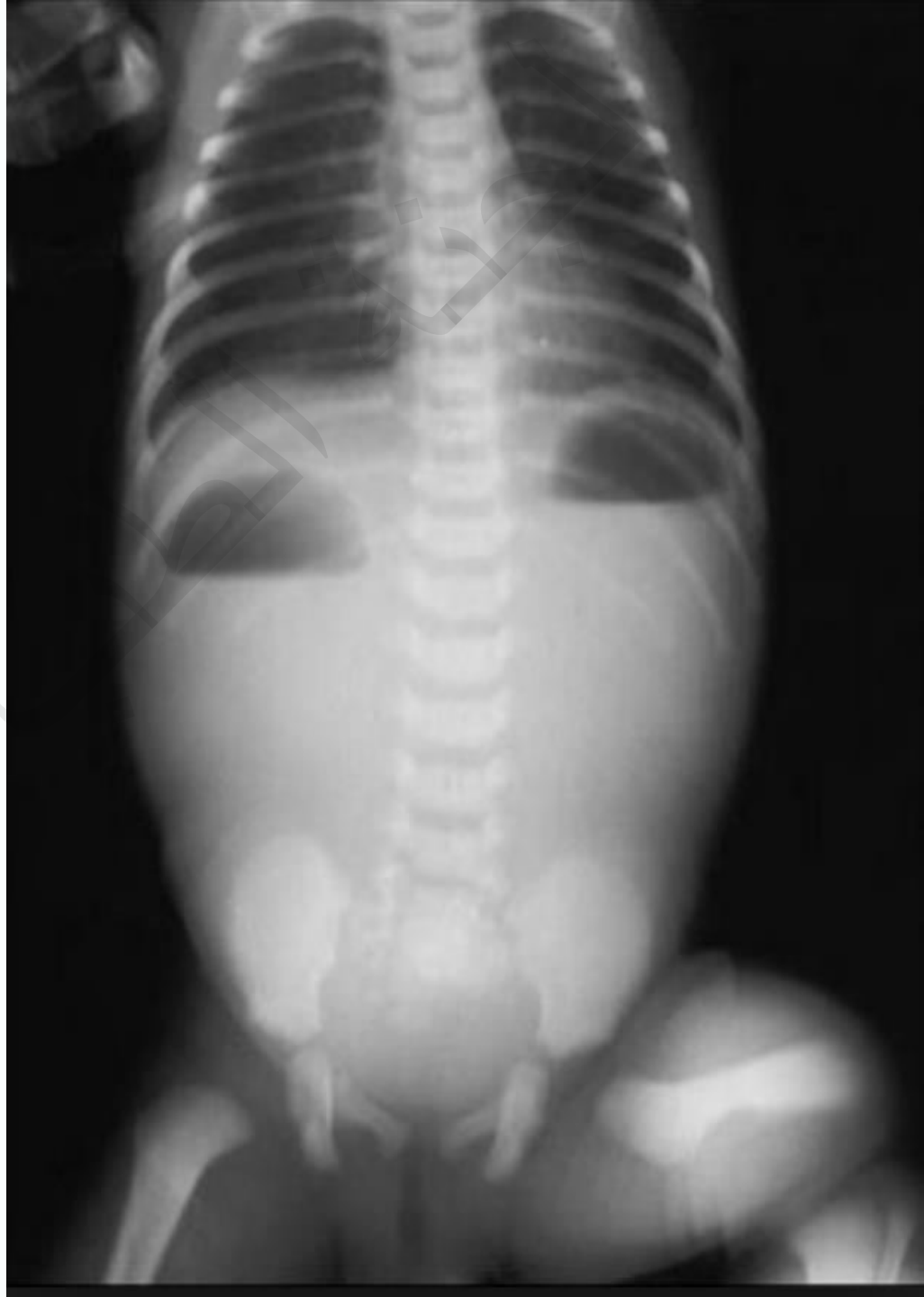
## **Q6: Down Syndrome patient:**

### **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



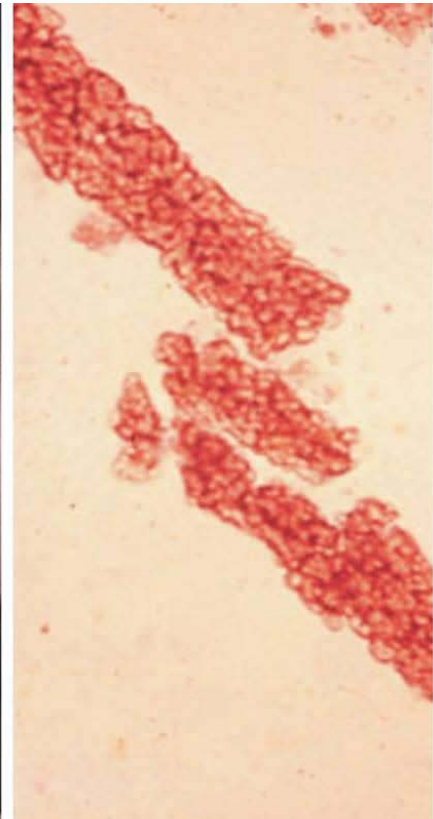
**Q12:**

**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

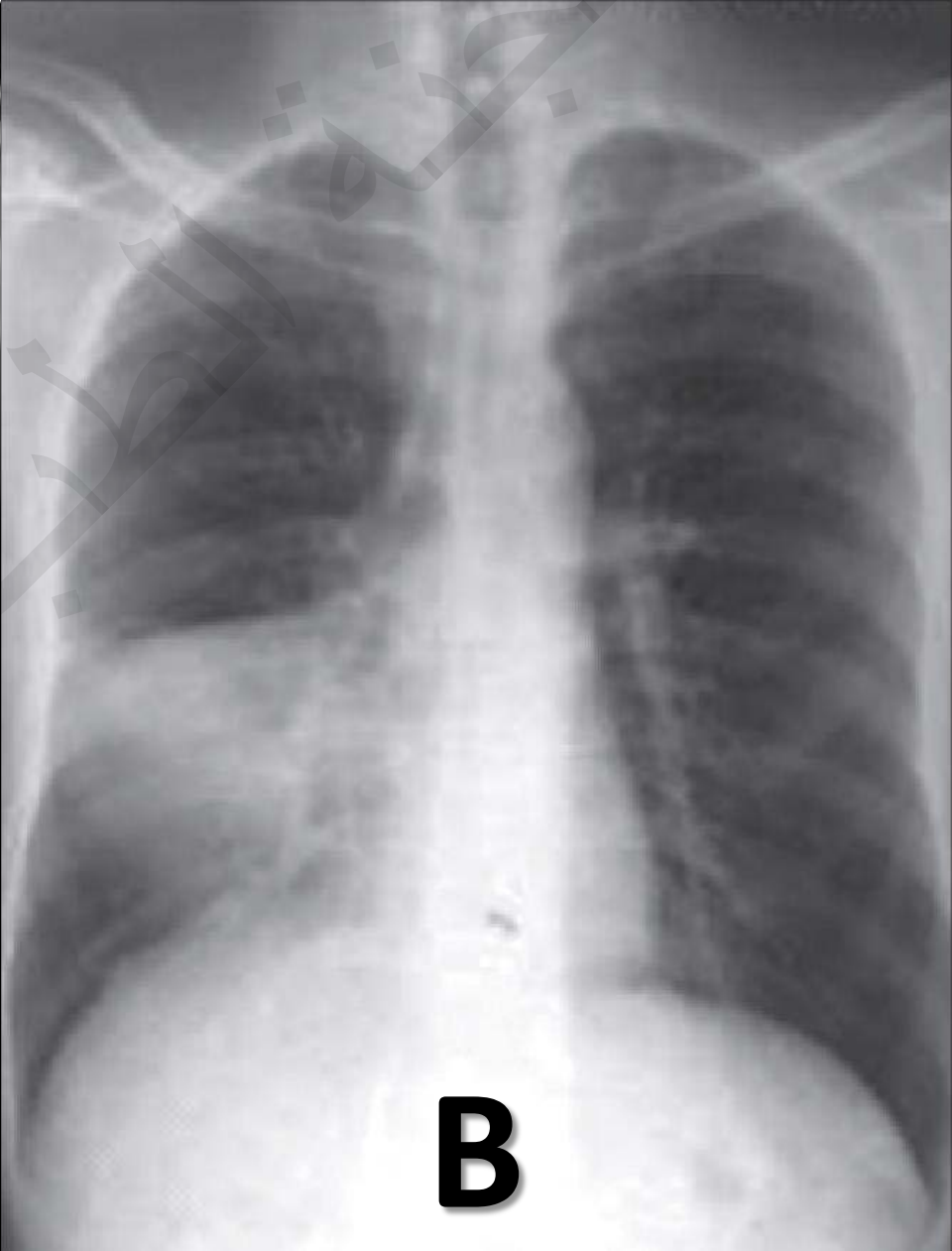
### 3. What is the Dx?

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

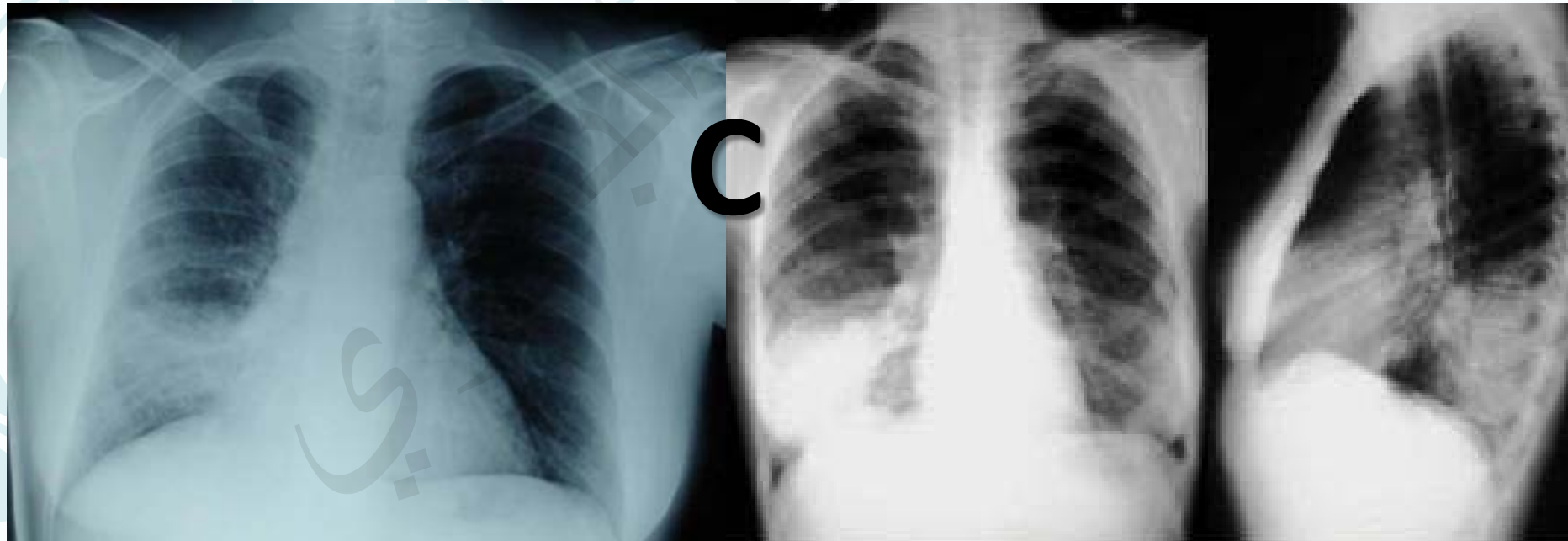
(because there's silhouette sign of the heart)

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

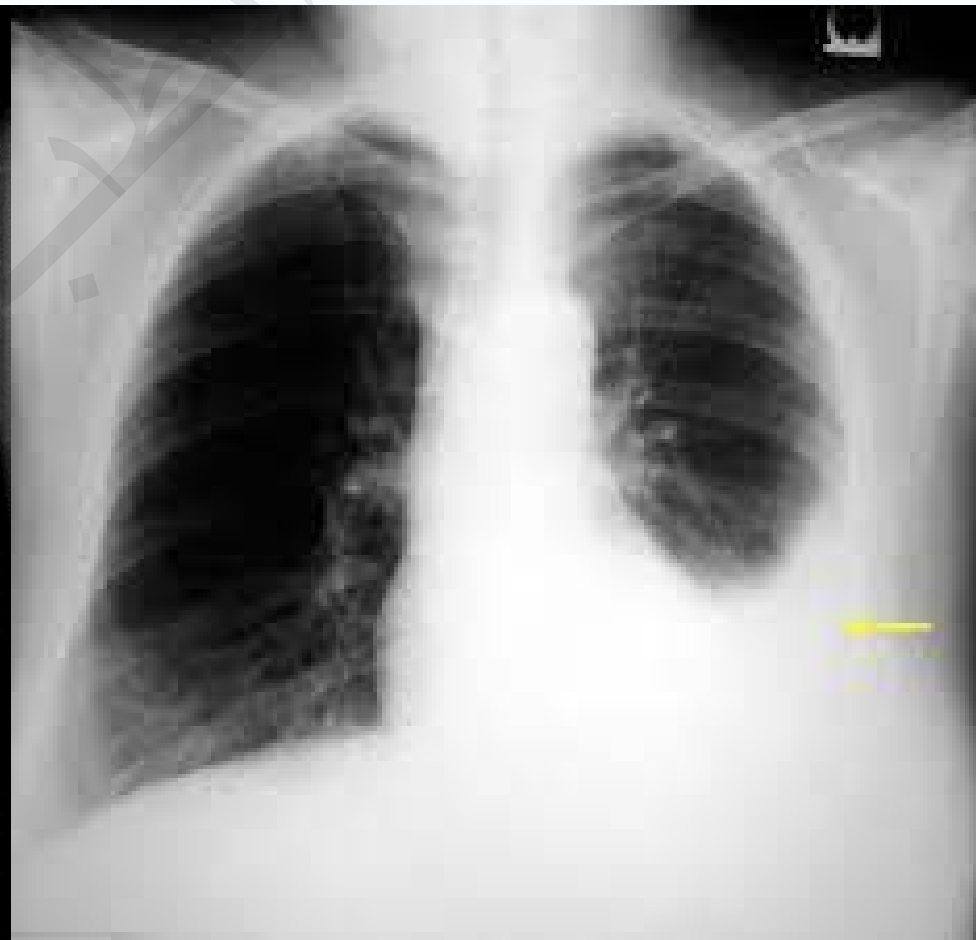
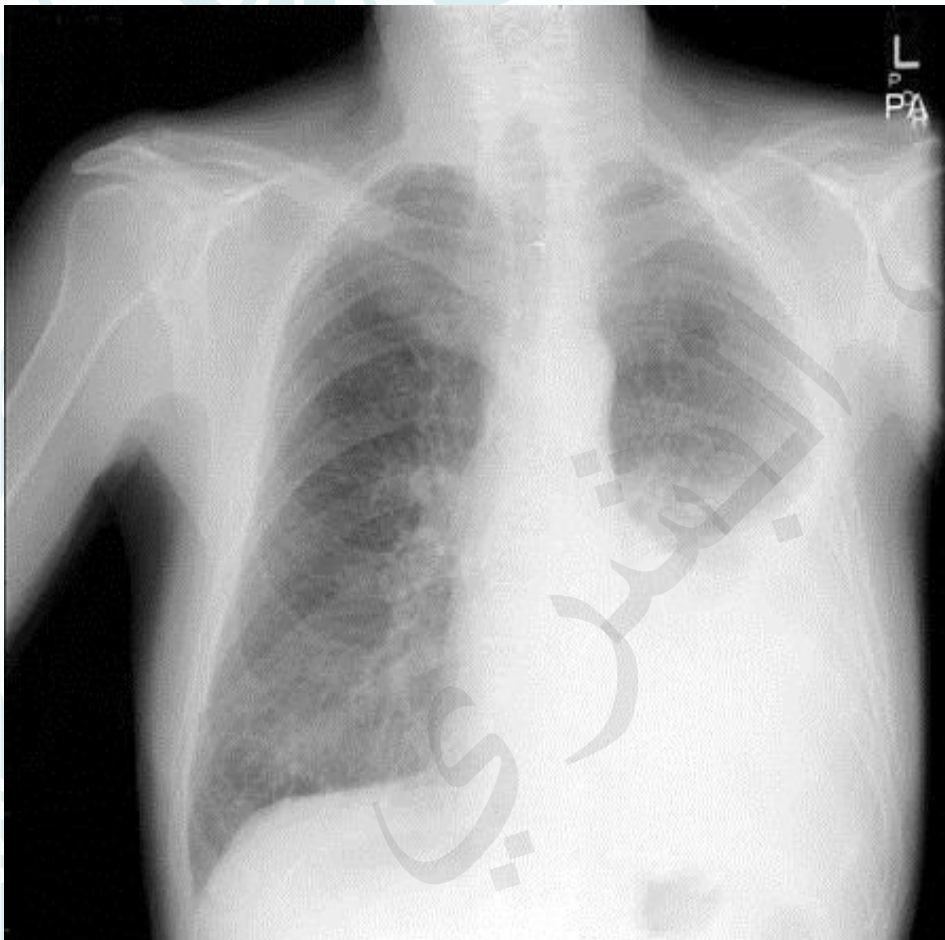
**Q17:**

**1. What is your diagnosis?**

Left lower lobe pneumonia with pleural effusion

**2. Name 2 causative organisms?**

- Strep Pneumonia
- Mycoplasma Pneumonia



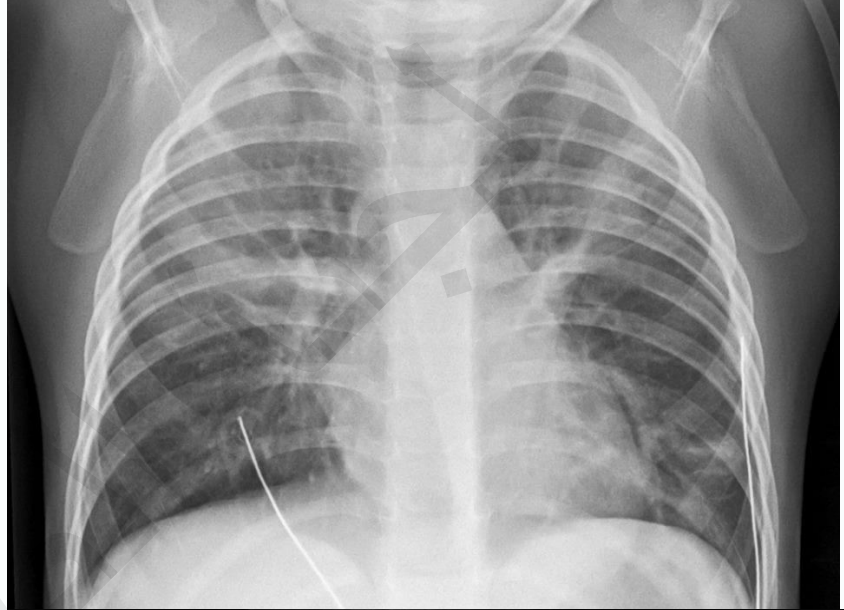
**Q18: 5 month old comes in winter with crackles, difficulty in breathing and low grade fever:**

**1. What is the Dx?**

Bronchiolitis

**2. Give 2 causes?**

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



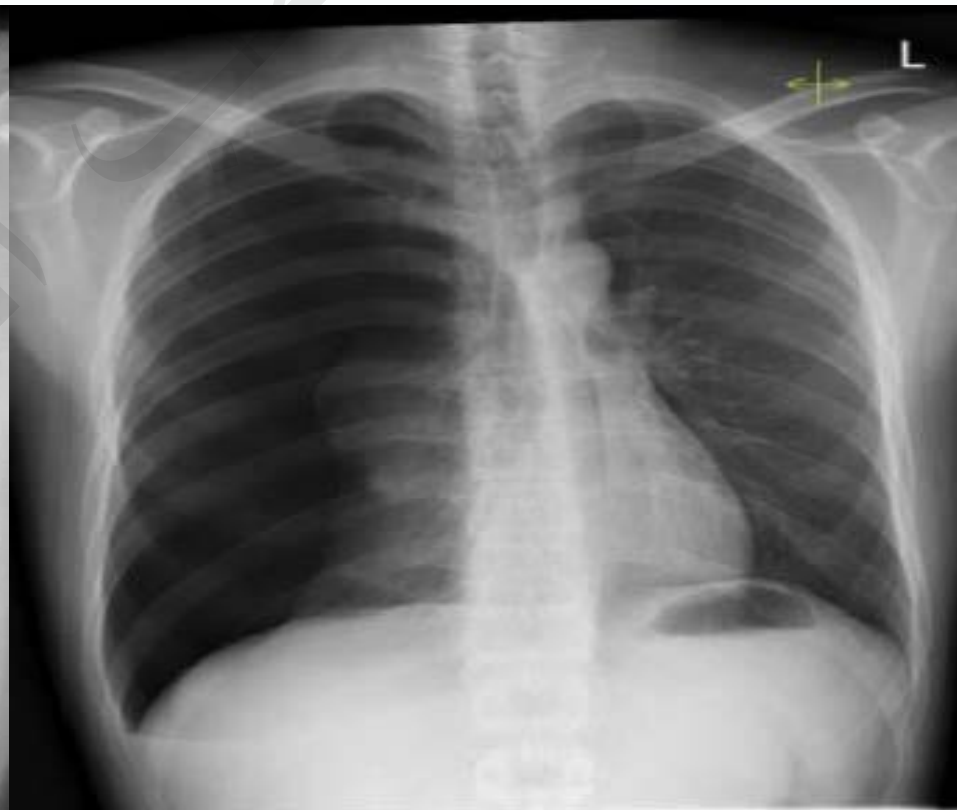
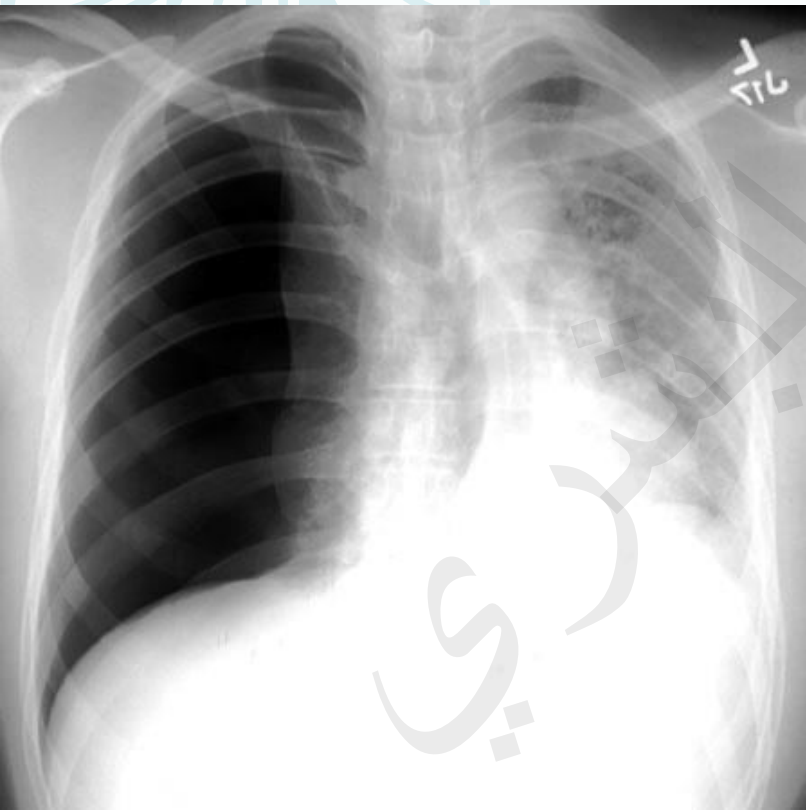
**Q19:**

**1. What is the Dx?**

Tension Pneumothorax  
(Notice the shifted mediastinum)

**2. What is the immediate urgent Mx?**

Needle decompression / Chest tube





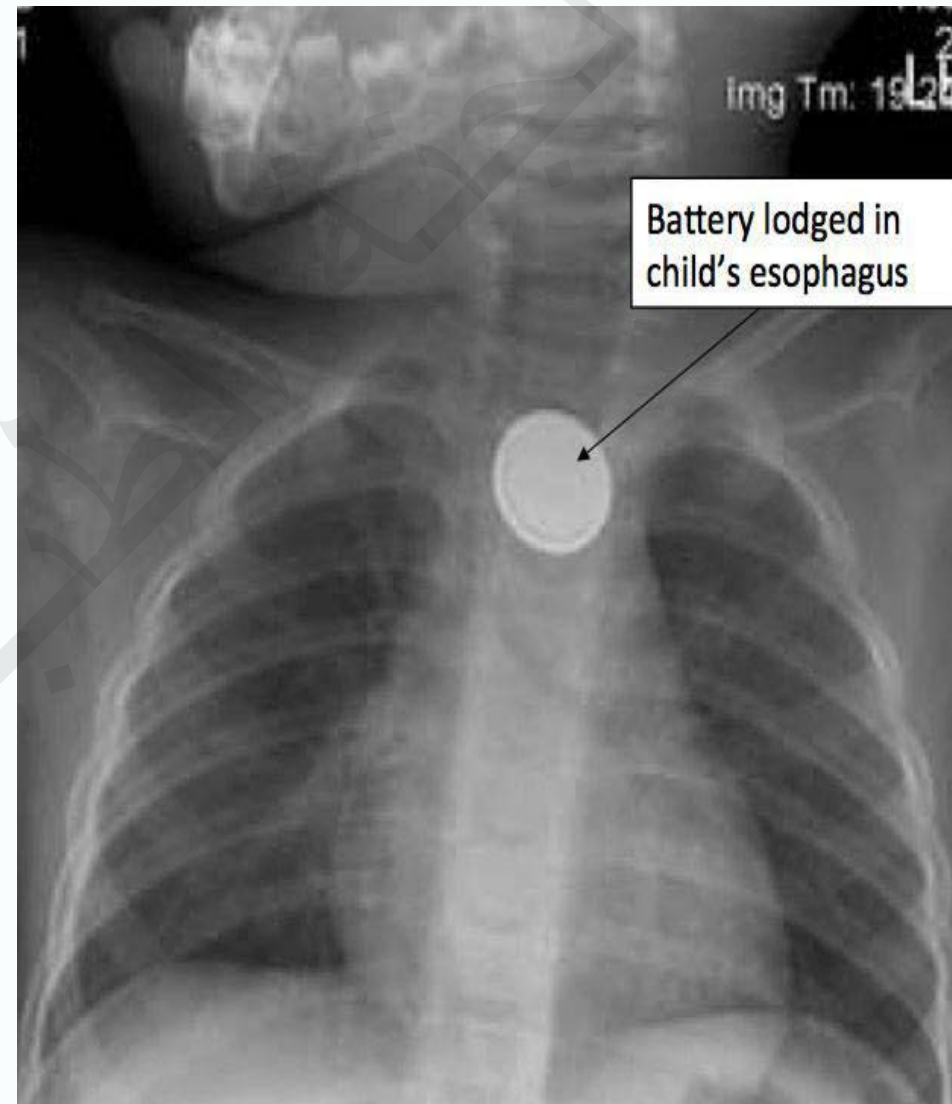
**Q20:**

**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?**

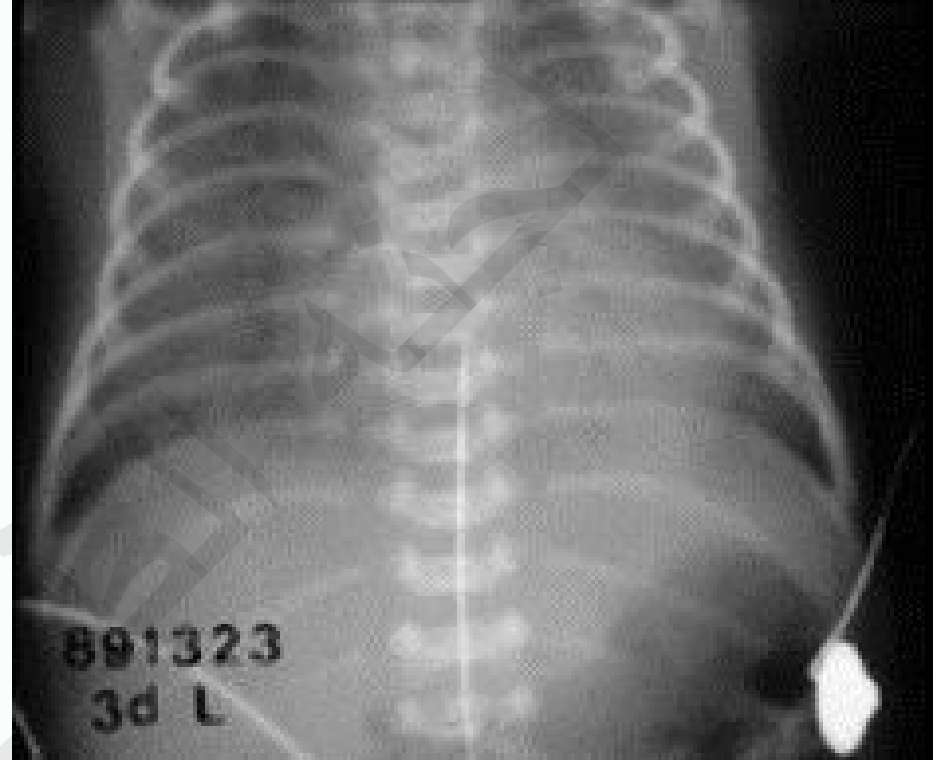
RDS

**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?

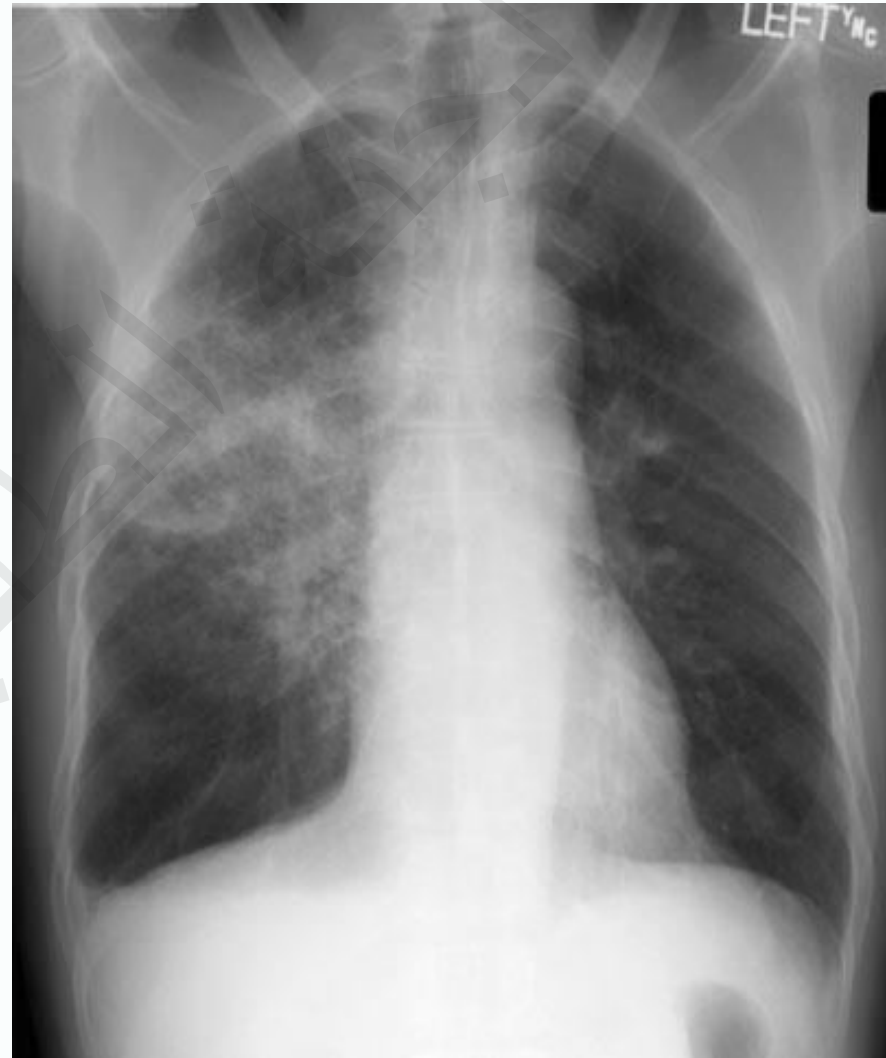
Cystic Fibrosis

### 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?

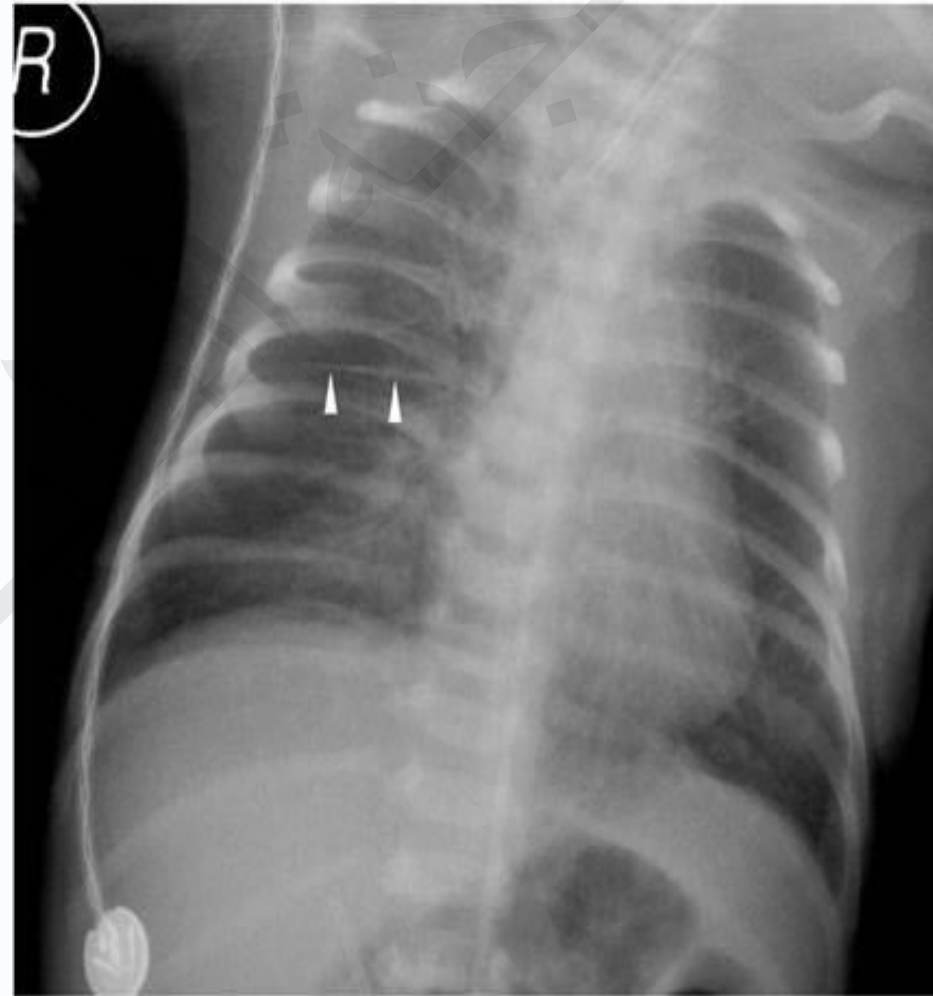
- Step. Pneumonia
- Mycoplasma
- Pseudomonas



**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)



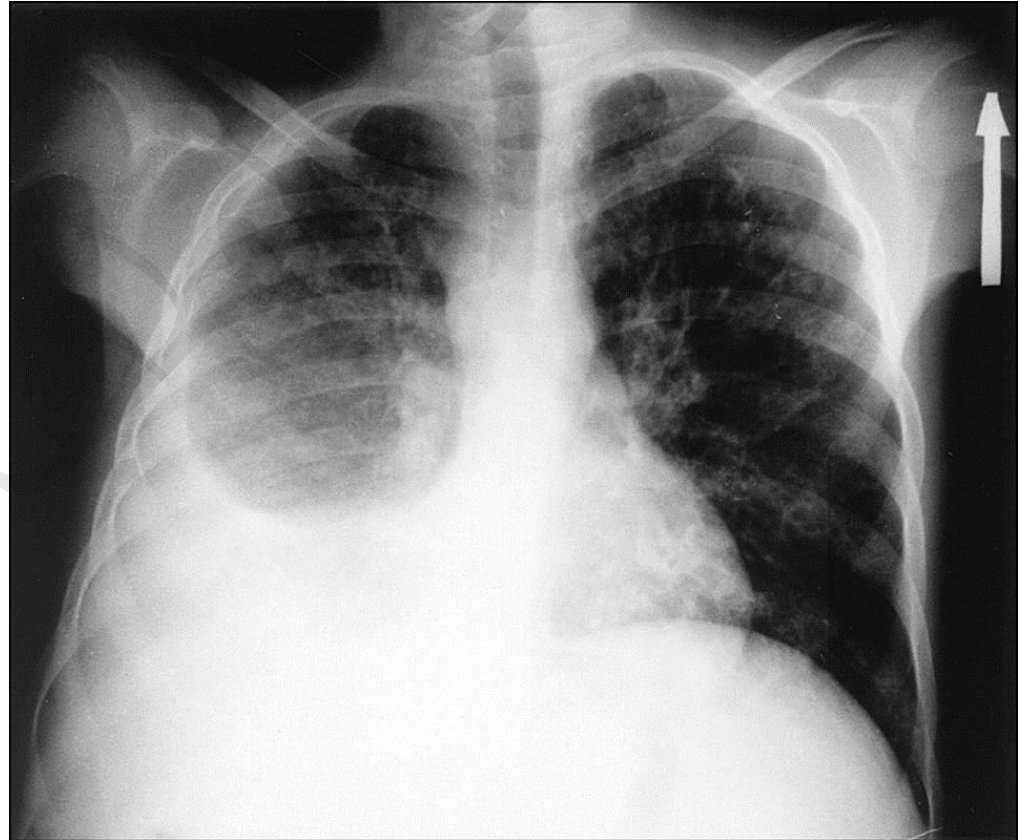
**Q24: a patient known to have nephrotic syndrome with SOB, his CXR showed the following:**

**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:

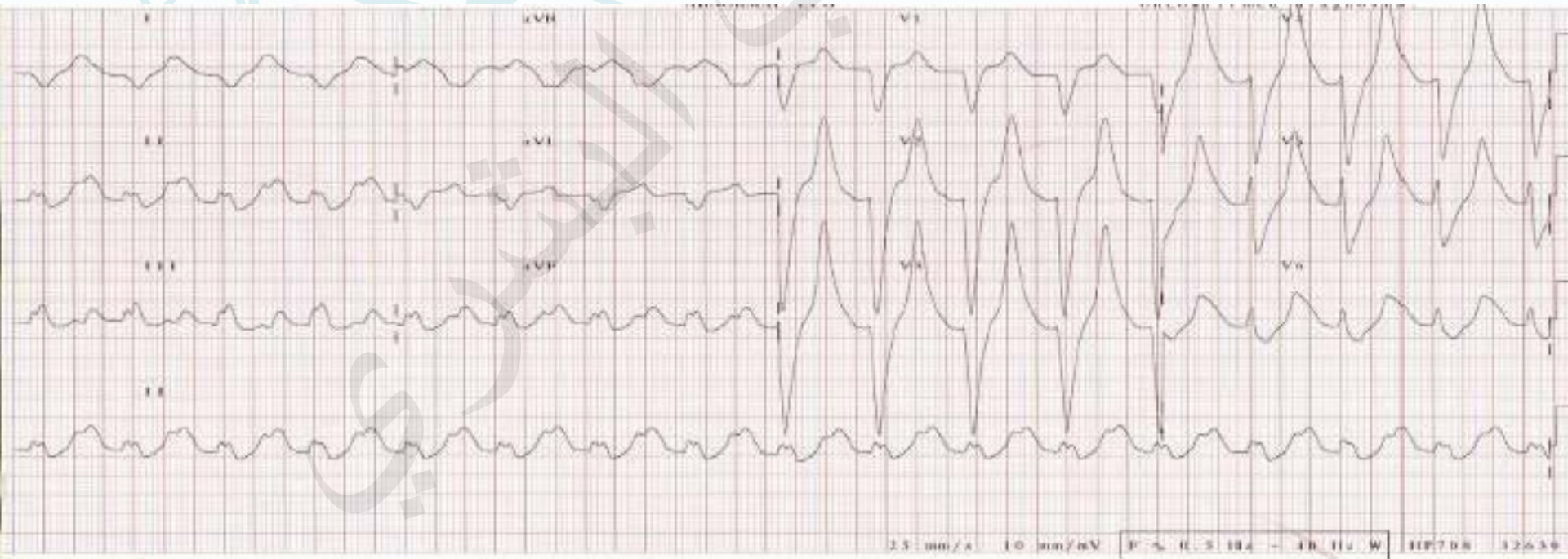
**1. Name the finding on the ECG?**

Peaked T wave

**2. Give two modalities of Mx:**

- Insulin

- Calcium gluconate





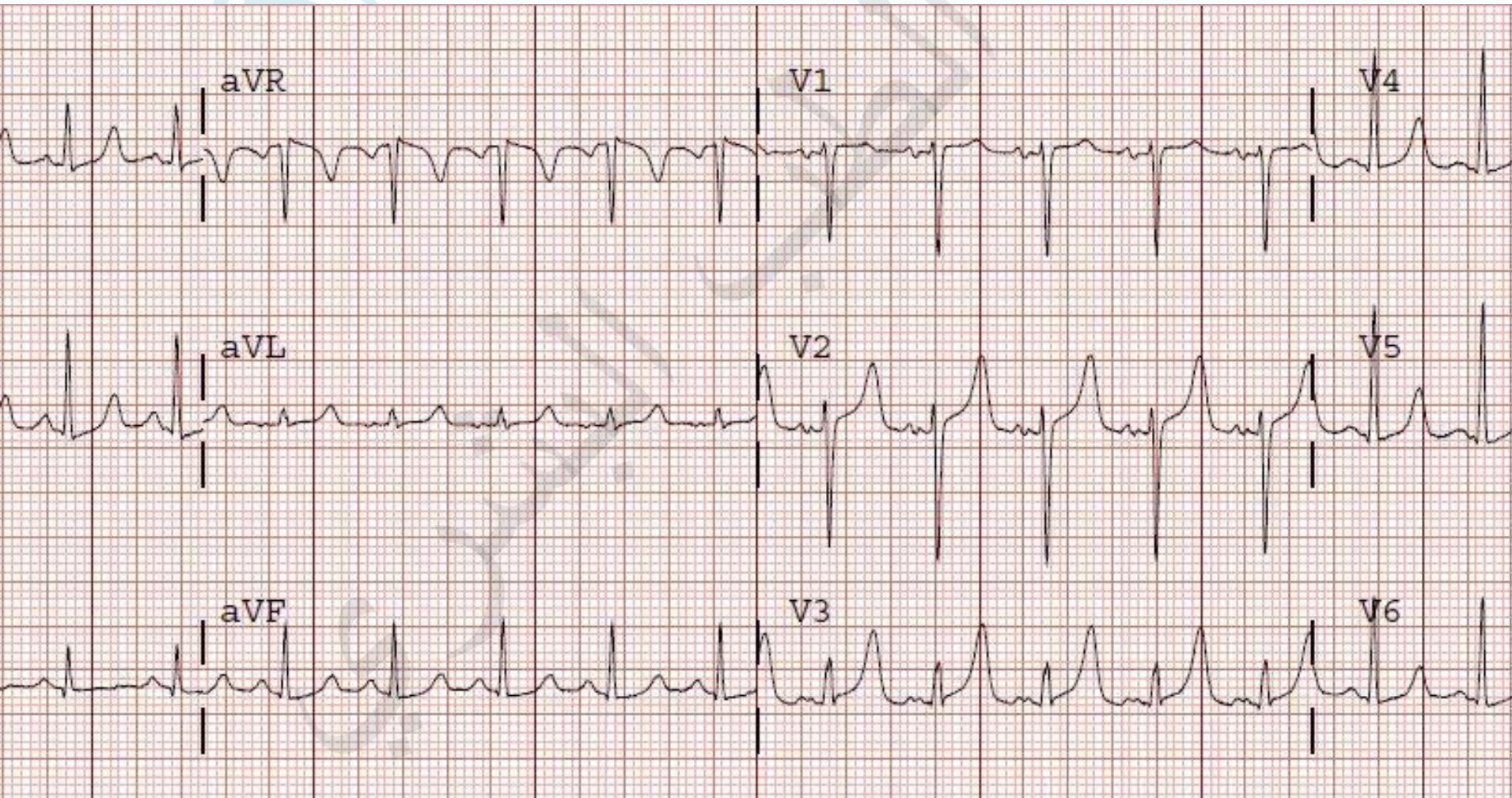
## Q28:

### 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:**



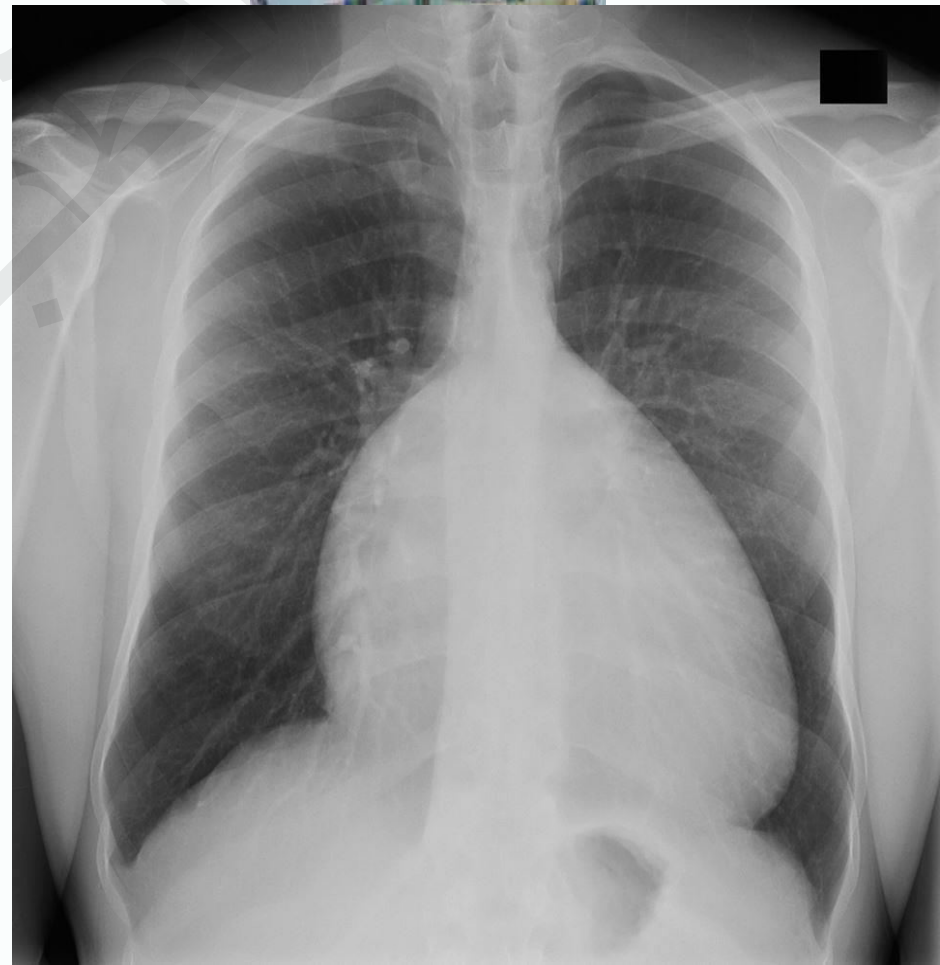
**1. X-Ray finding?**

- 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:**

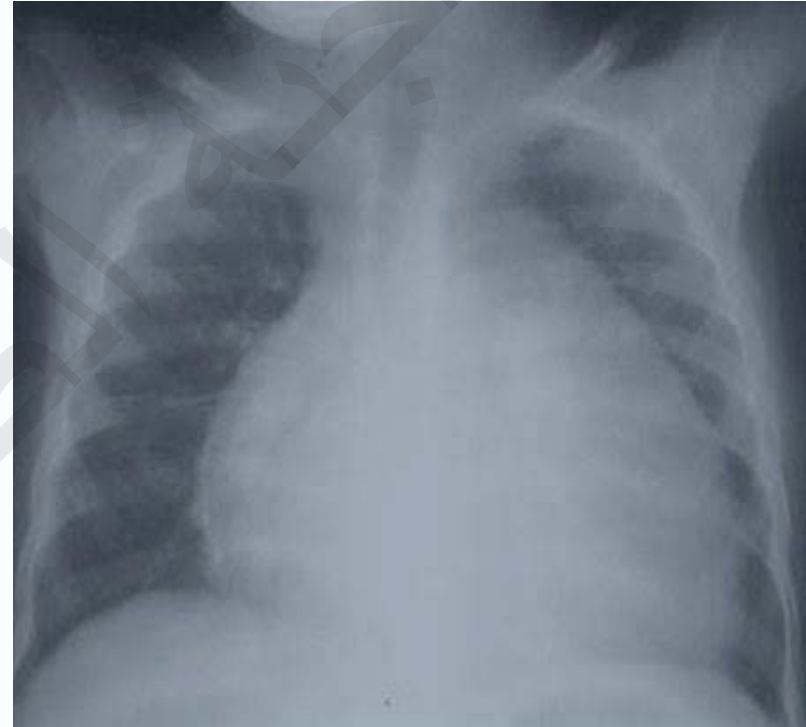
**1. X-Ray finding?**

- 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?**

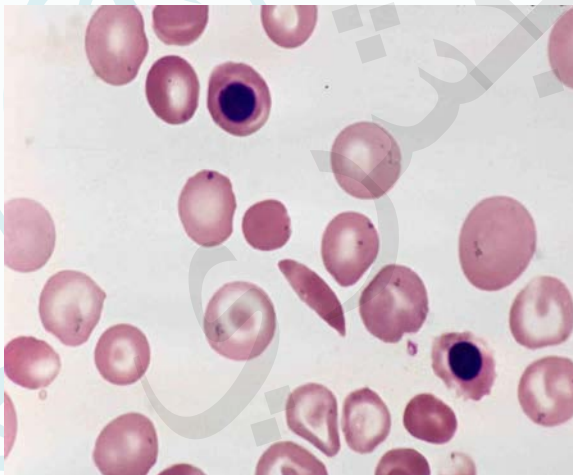
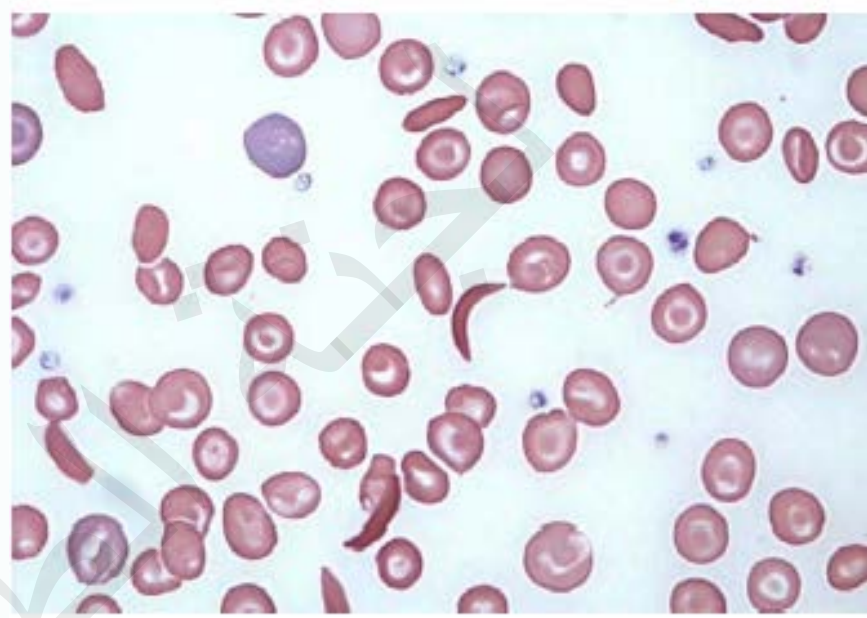
Hb electrophoresis

**3. Name one complication?**

Autosplenectomy

**4. inheritance type?**

Autosomal recessive



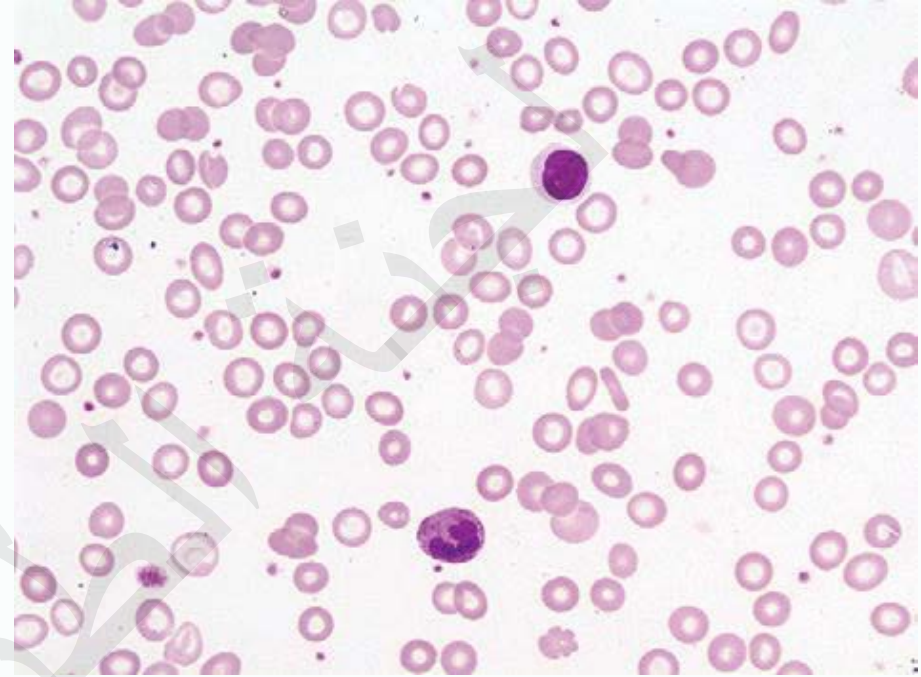
**Q35: Blood film of an exclusively breast fed baby (upper picture is the patient, the lower one is normal):**

**1. What is your Dx?**

Iron Deficiency Anemia

**2. What other nutritional deficiency cause this pic?**

Vitamin D





## Q36:

### 1. What is your Dx?

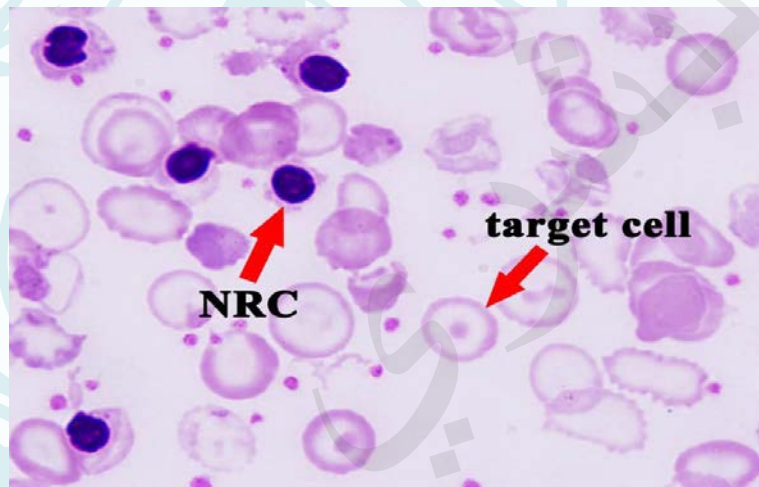
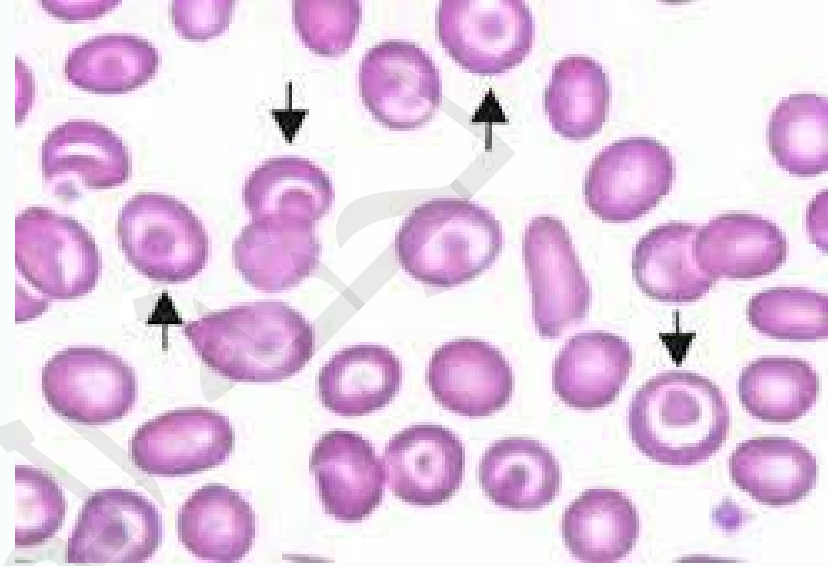
B-Thalassemia

### 2. Mode of inheritance:

Autosomal Recessive

### 3. Give two Mx:

- Schedule blood transfusion + Deferoxamine
- Splenectomy



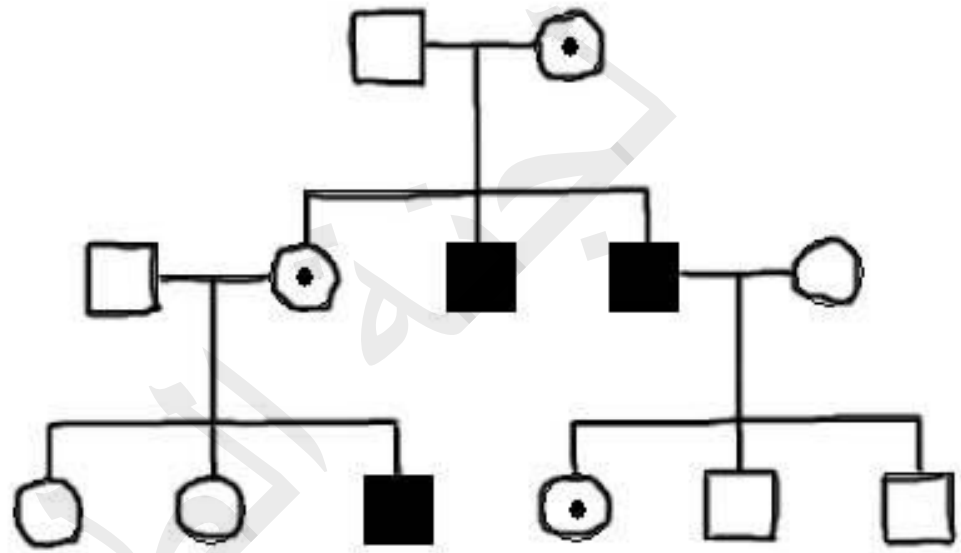
**Q37:**

**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

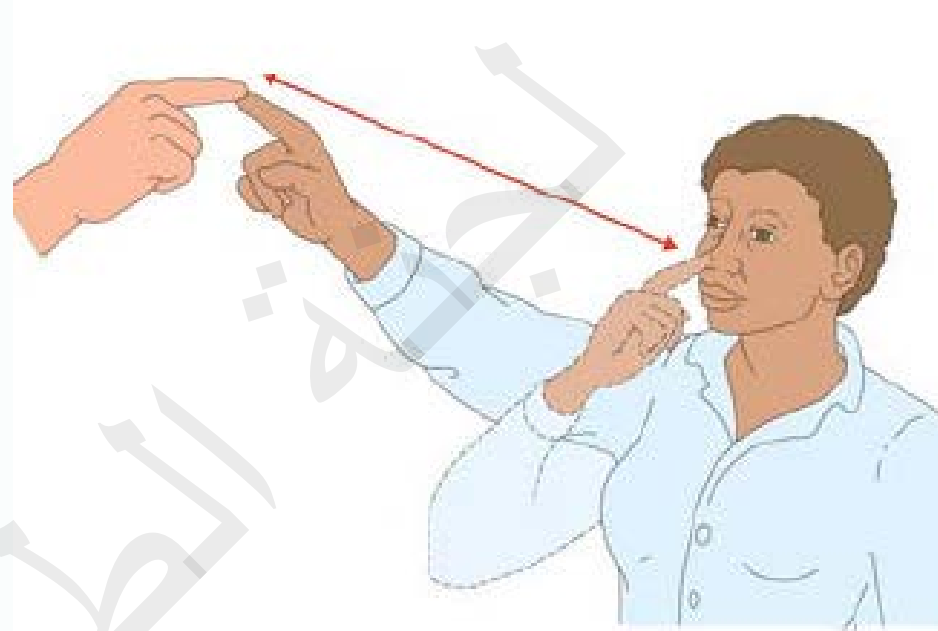
**Q45:**

**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



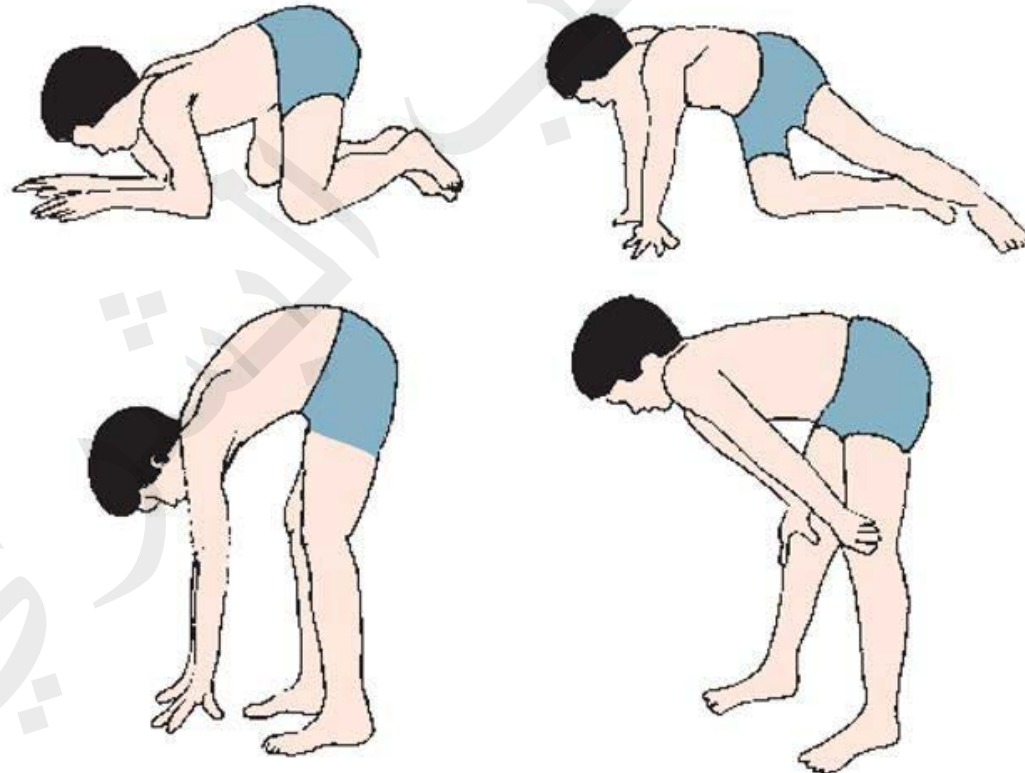
**Q46:**

**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:

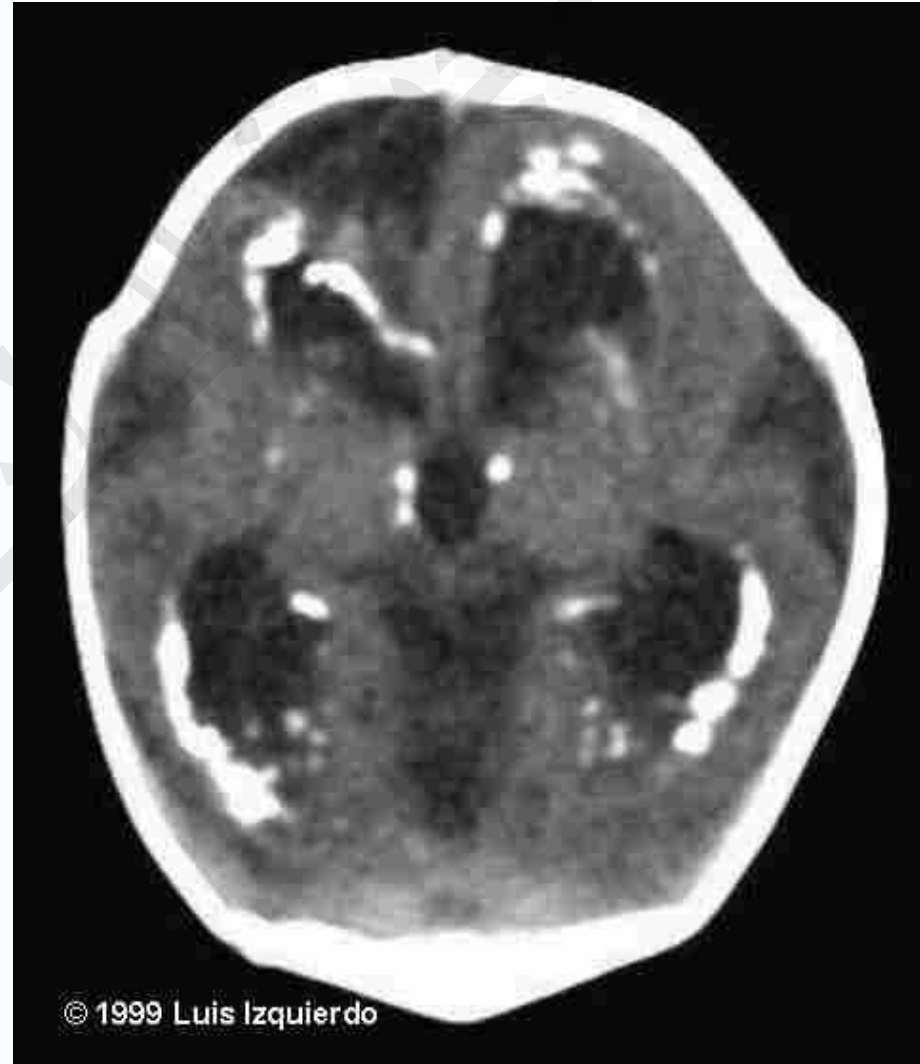
### 1. Describe what you see?

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 97<sup>th</sup> percentile:**

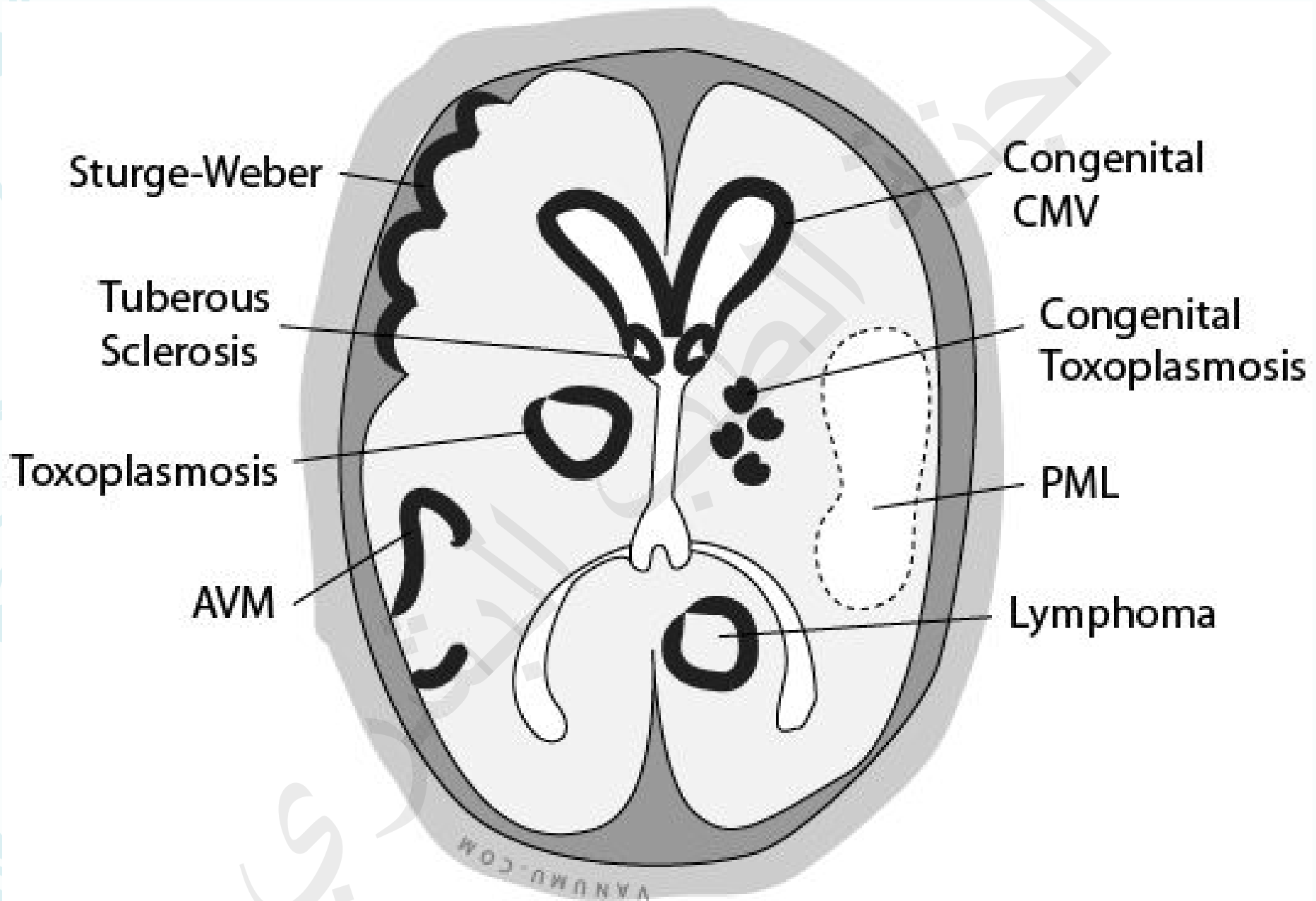
**1. Mention two signs?**

- 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:

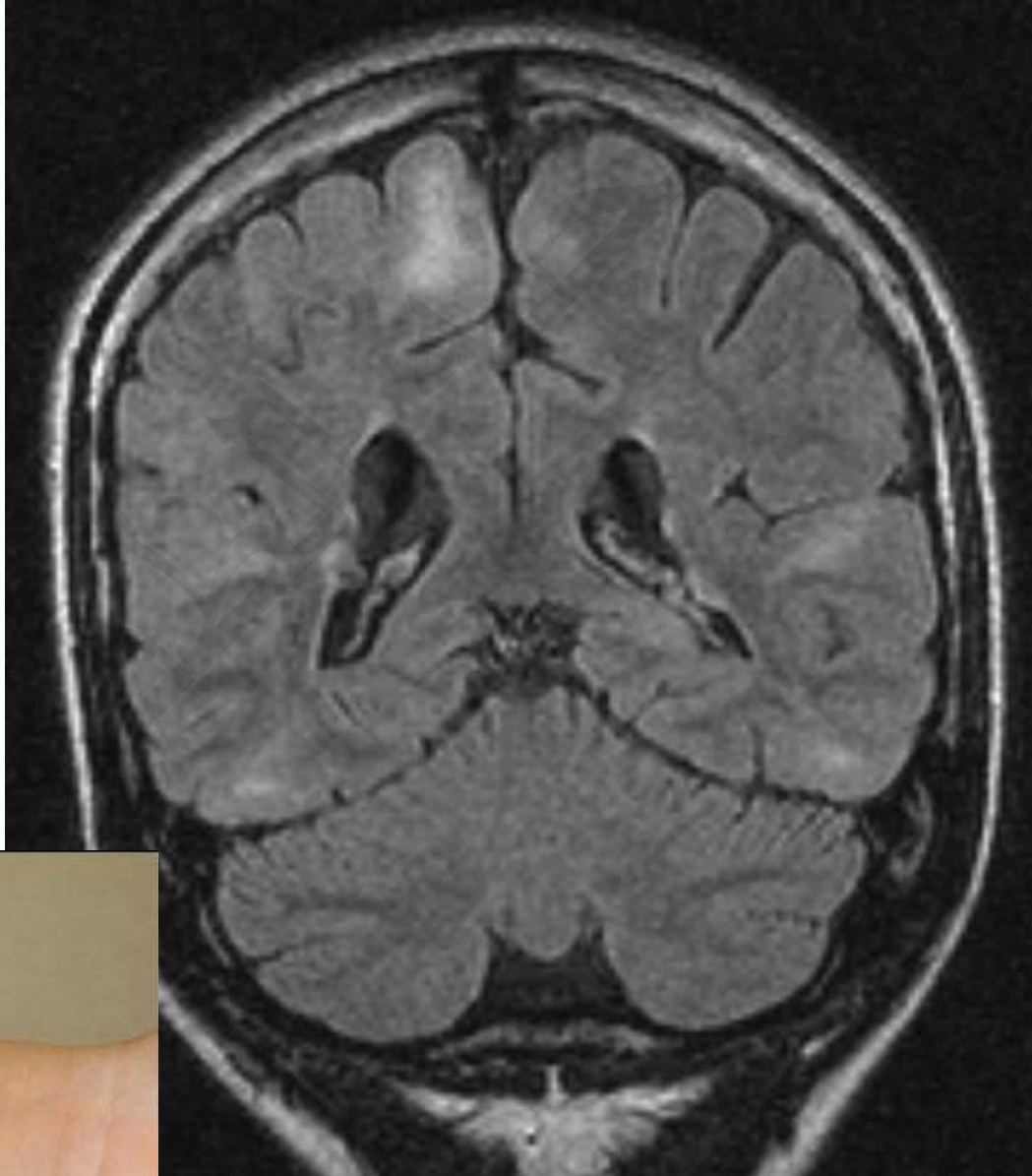
**1. What is the spot Dx?**

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
<b>WBC</b> (mm <sup>3</sup> )	0-30	0-6 in >3months 0-9 in 1-3 months	>1000	100-500	100-500
<b>PMN</b> (%)	2-3	0	>50*	<40	<50
<b>Protein</b> (mg/dl)	20-150	15-45	>100	50-100	100-1000
<b>Glucose</b> (mg/dl)	30-120	40-80	<30	normal	low-normal
<b>CSF/blood glucose</b> (%)	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
<b>1</b>	Neg	Pos	Neg	Neg
<b>2</b>	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  
(6<sup>th</sup> 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  
(6<sup>th</sup> 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



## 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



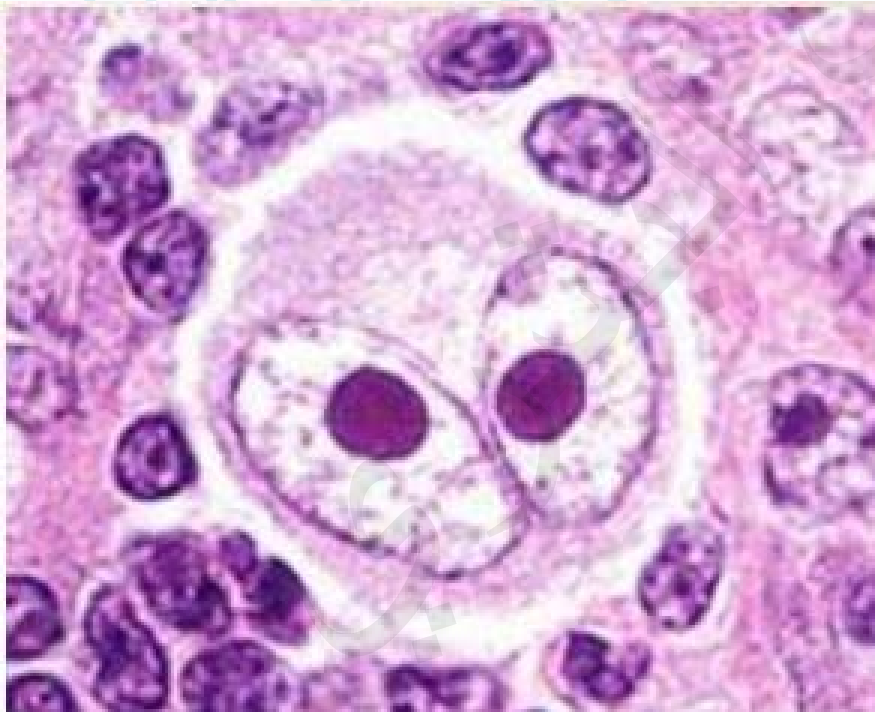
## Q63:

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

Reed Sternberg cell

**2. What is the Dx:**

Hodgkin's Lymphoma

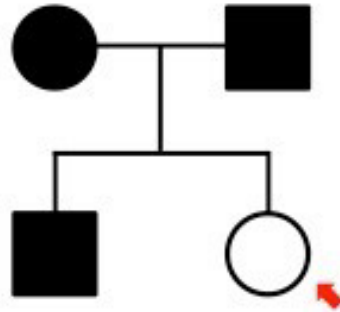


# Genetics



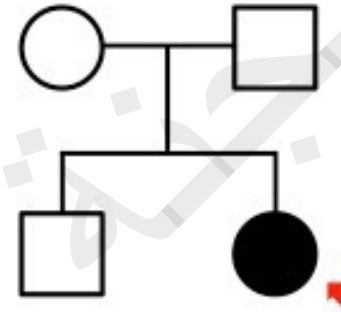


## AUTOSOMAL DOMINANT



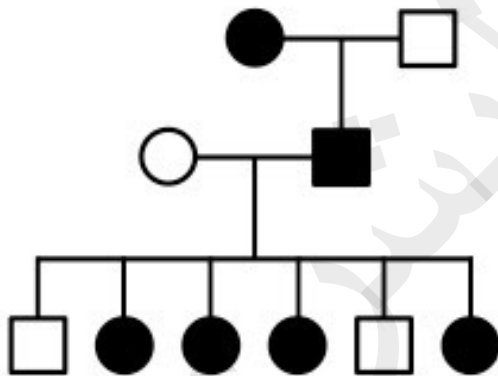
Cannot be recessive as two affected parents could **not** have an unaffected offspring  
Parents **MUST** be heterozygous

## AUTOSOMAL RECESSIVE



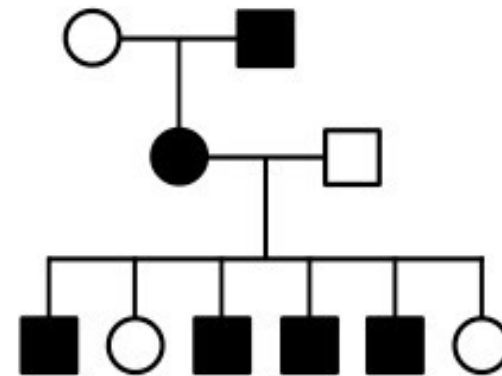
Cannot be dominant as two unaffected parents could **not** have an affected offspring  
Parents **MUST** be heterozygous

## 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

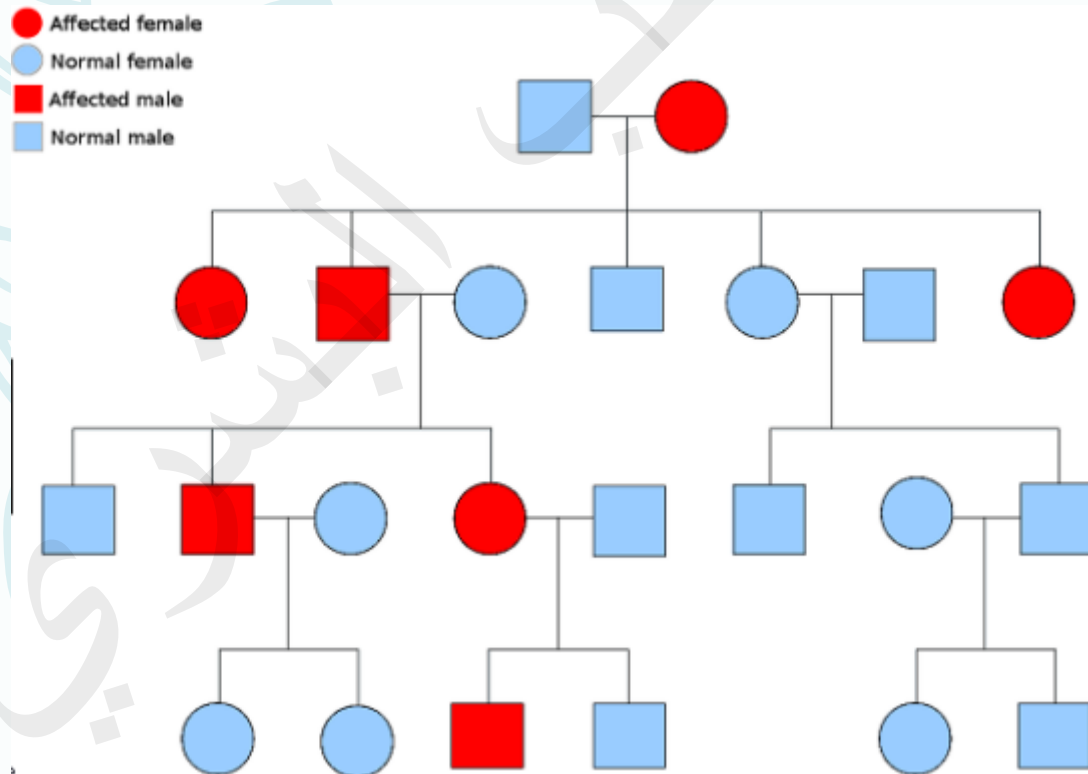
## Q64:

### 1. What is the mode of inheritance?

Autosomal Dominant

### 2. Give 2 examples?

- Polycystic kidney disease
- Hipple Landu



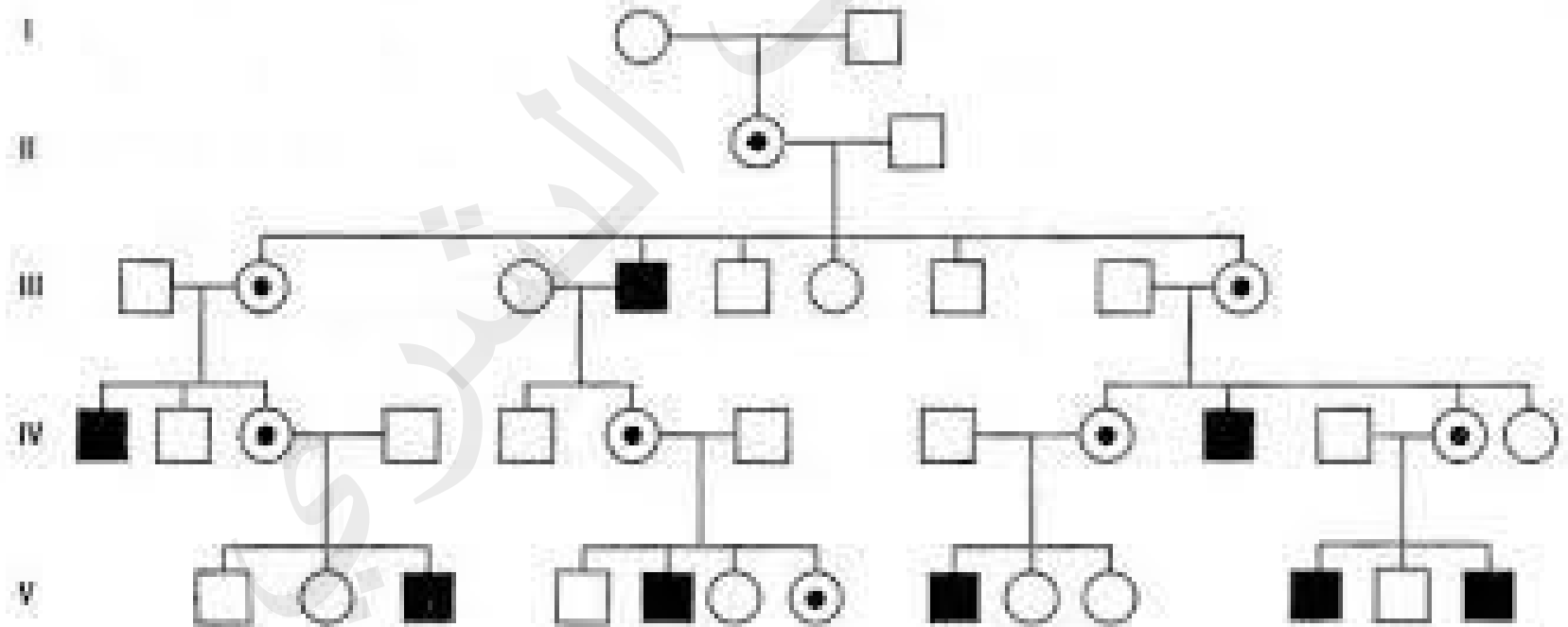
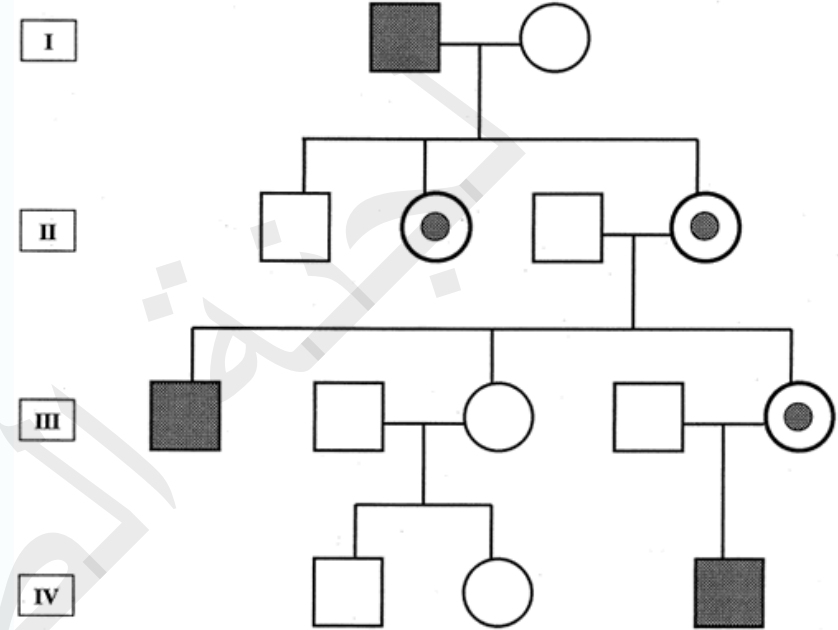
## Q65:

### 1. Inheritance mode?

X-linked recessive

### 2. Give 2 examples?

- G6PD Deficiency
- Hemophilia A&B



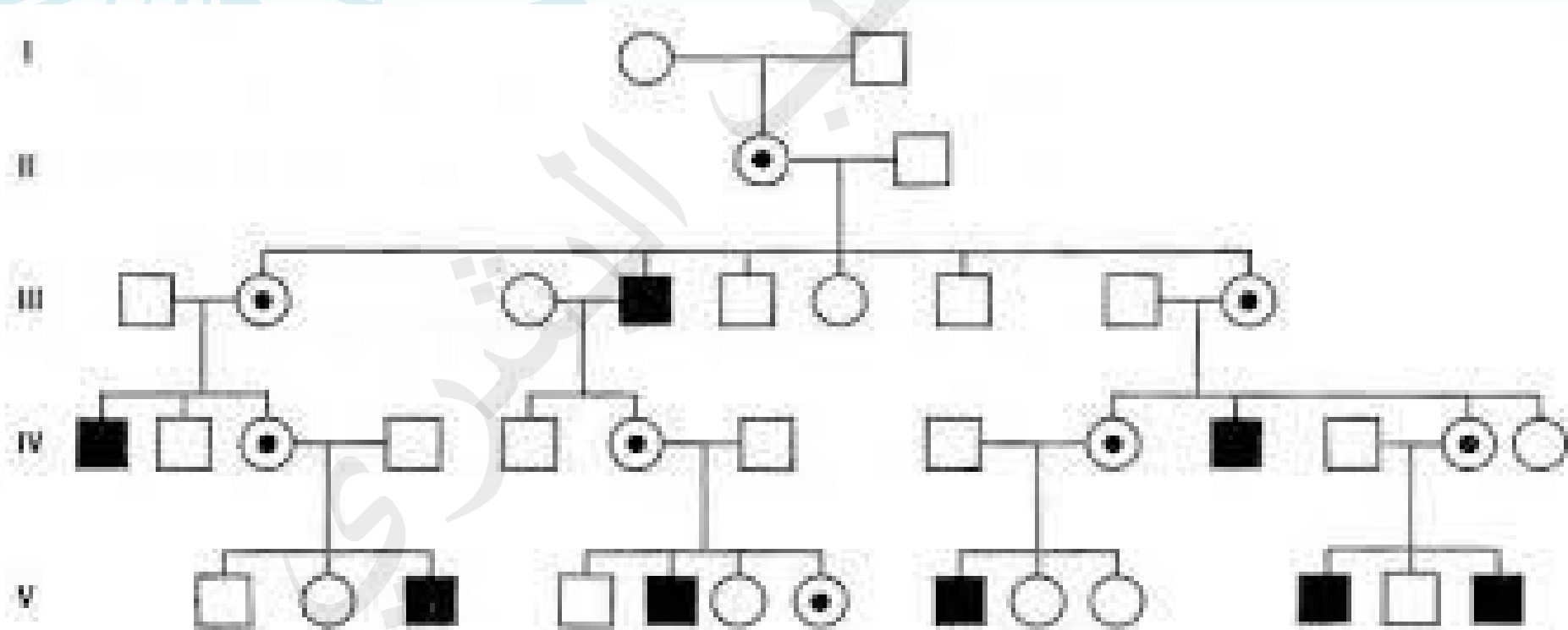
# Q66: FHx of progressive muscle weakness:

## 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)





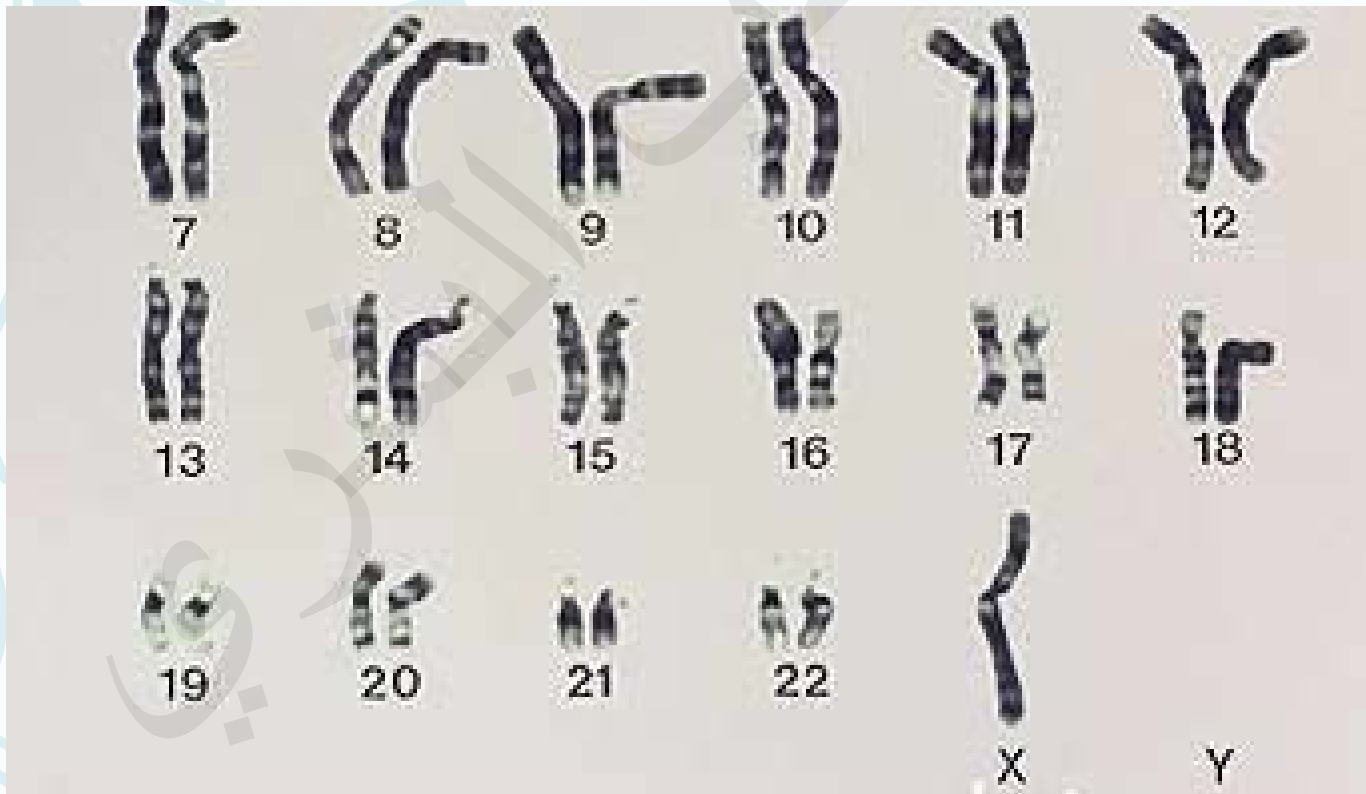
## Q68:

### 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)

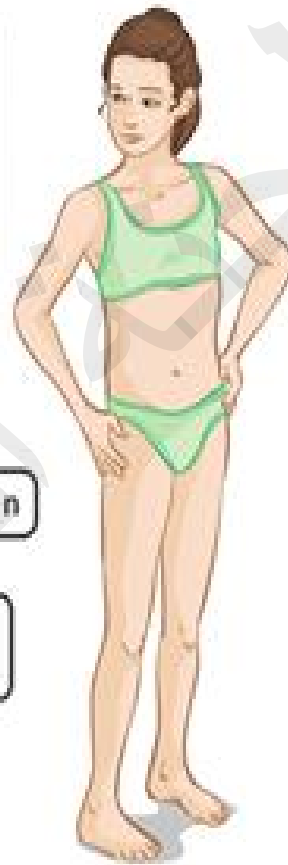
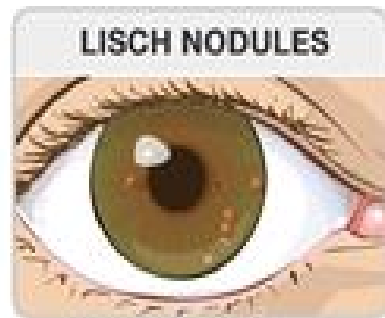
**2. Most common  
complication?**

- AV Canal



# Q70: What is your Dx?

## Neurofibromatosis 1



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# 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**

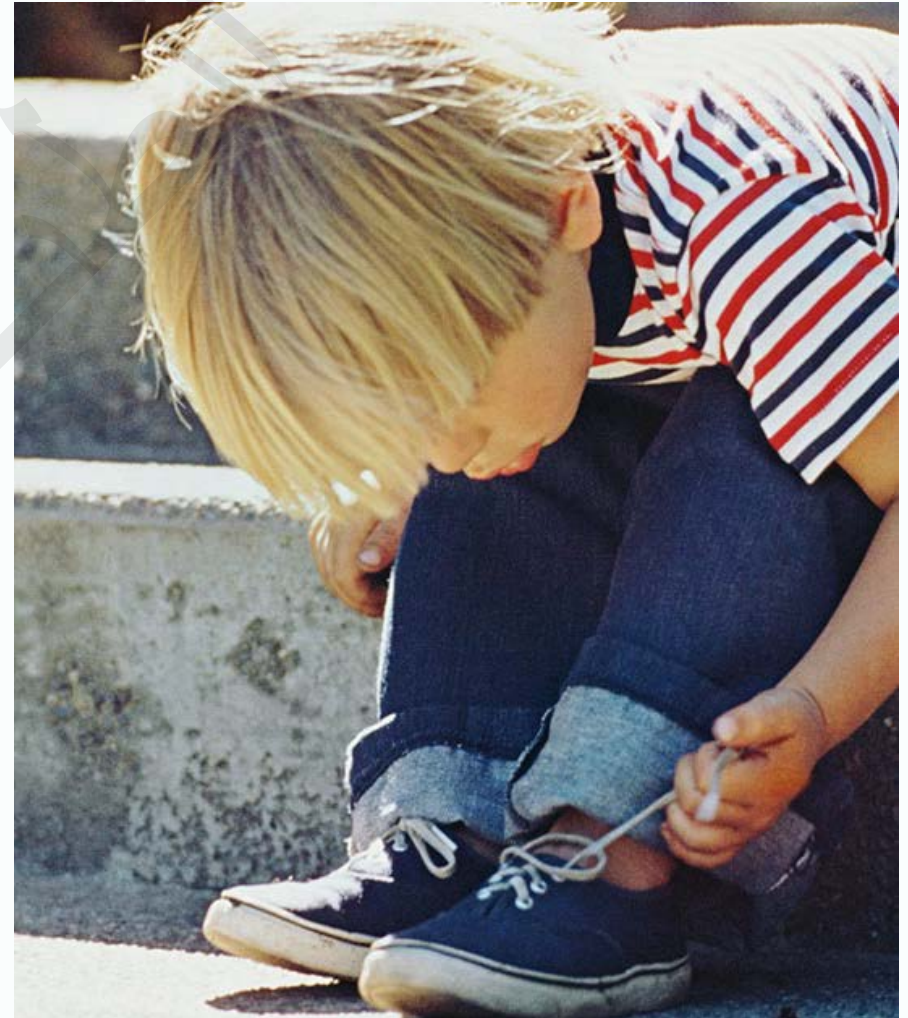


Q73: Name the age of the child in the picture:

**Wave Bye-Bye**  
**9 months**



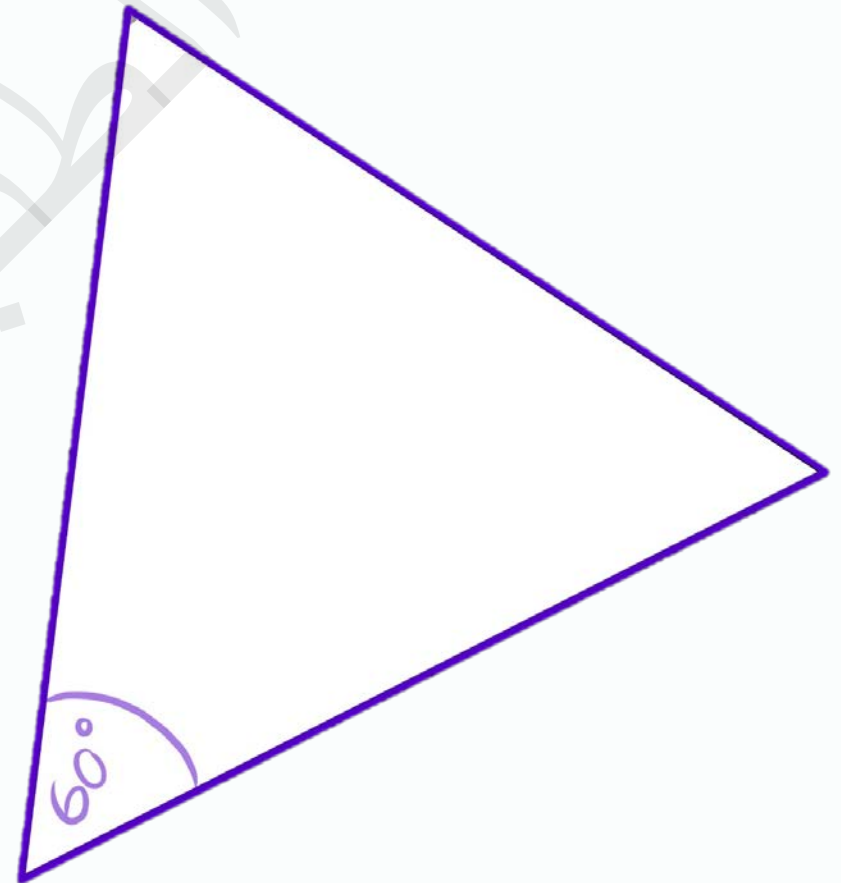
**Tie Shoes**  
**5 years**



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

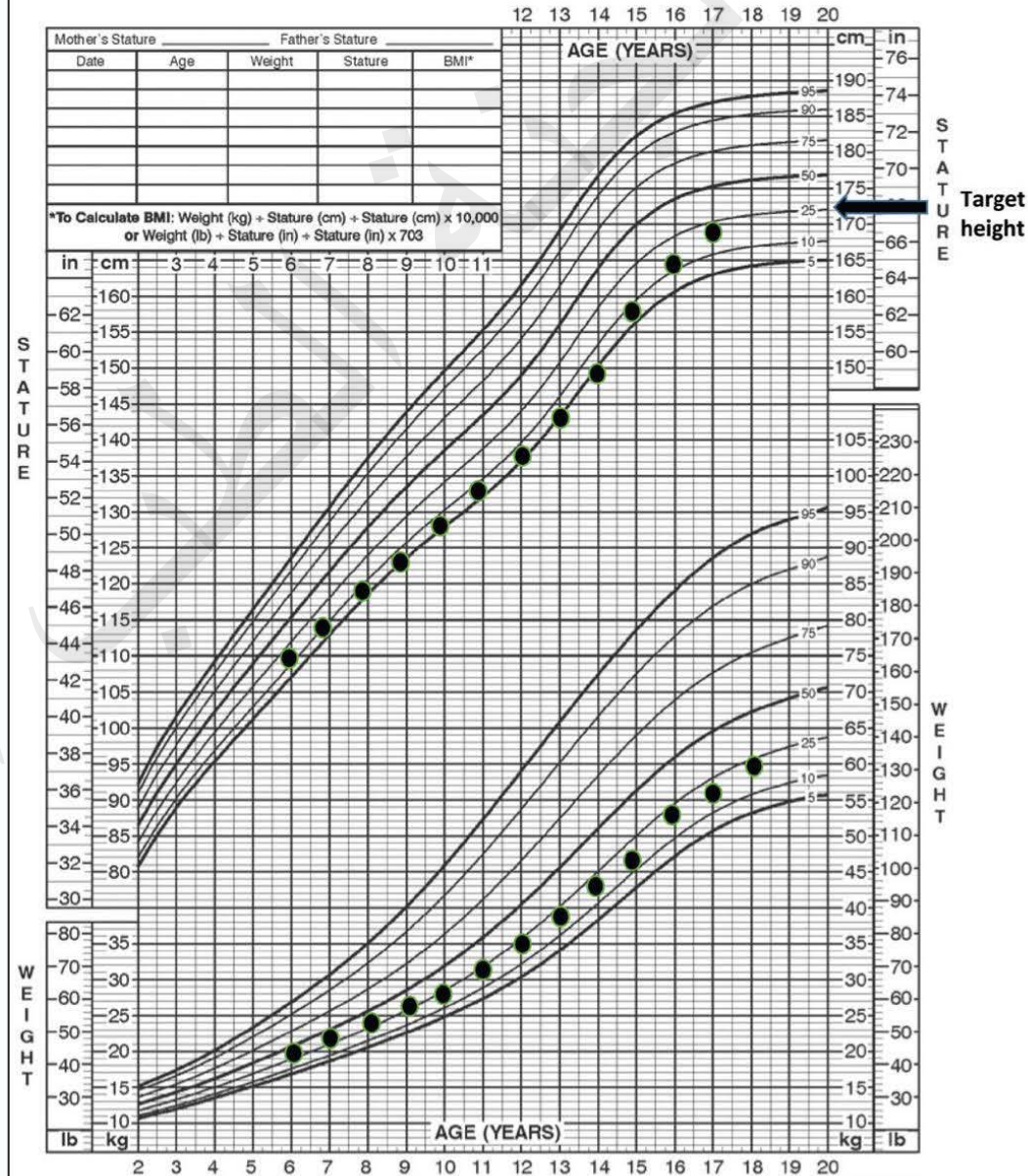
2. What do you think about the bone age (normal/delayed)?

Normal

2 to 20 years: Boys  
Stature-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_





**Q81:**

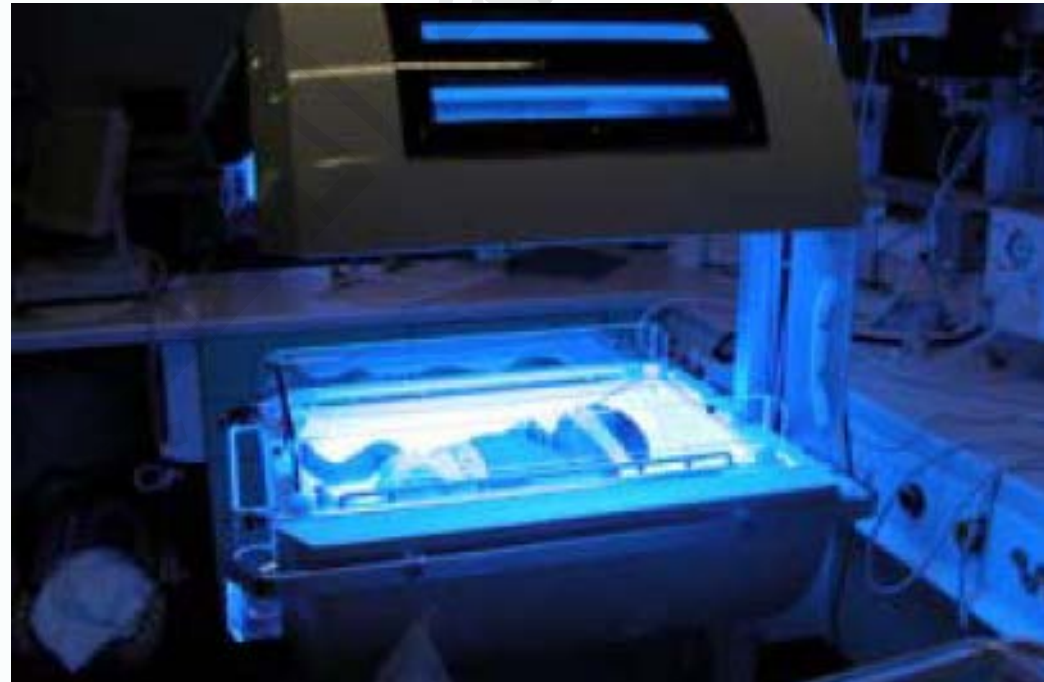
**1. What is this treatment?**

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:**

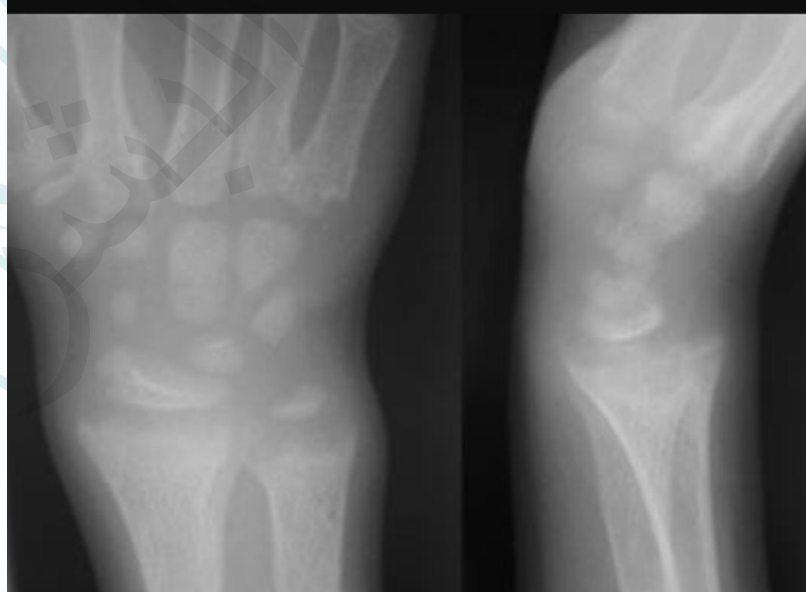
**1. What is your Dx?**

Rickets

**2. Name two abnormal tests?**

- Low  $\text{Ca}^{+2}$

- 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<sup>+</sup> 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 <sub>2</sub>	HCO <sub>3</sub>	PO <sub>2</sub>	PO <sub>2</sub>
7.36	55	26	70%	87

**B- What is your interpretation?**

Mixed respiratory and metabolic acidosis with hypoxia

“Metabolic is the primary”

pH	PaCO <sub>2</sub>	PaCO <sub>2</sub>	HCO <sub>3</sub>
7.2	55	85	12

## Q93: Mention two abnormalities ?

- Non compensated respiratory acidosis
- Low O<sub>2</sub> saturation (Hypoxia)

pH	PCO <sub>2</sub>	HCO <sub>3</sub>	PO <sub>2</sub>	PaO <sub>2</sub>
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 <sub>2</sub>
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