MBBS FINAL YEAR

PEDIATRICS

QUESTION BANK

Chapter-wise · Topic-wise Previous-Year Questions

Including Neonatology · Theory Papers & MCQs · 2022 – 2025

AETCM

Academy for Emergency, Trauma & Critical care Medicine

182 questions · 14 chapters · repeats marked · CBME pattern

By

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MBBS FINAL YEAR — PEDIATRICS

(Final / Third Professional MBBS · Pediatrics including Neonatology)

Chapter-wise, Topic-wise Previous-Year Question Bank

Theory Papers · April 2022 – August 2025

14 chapters · 40 topics · 188 questions (182 after merging repeats) · 40 case-based questions · 40 MCQs

Compiled from 8 theory papers and 4 MCQ papers of the Final / Third Professional MBBS Pediatrics examination, Amrita Vishwa Vidyapeetham, Kochi

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Preface

Dear students,

Pediatrics is the subject in which your patient often cannot tell you what is wrong. The breathless toddler who has stopped feeding, the newborn who has not passed meconium, the puffy-eyed child with cola-coloured urine, the infant who turns blue when he cries — these are the children the examiners keep returning to, paper after paper, because they are the children you will meet in your first week as an Indian Medical Graduate.

Every question set in the Final and Third Professional MBBS Pediatrics theory papers from April 2022 to August 2025 — including the four MCQ papers of the CBME pattern — has been collected here, arranged chapter by chapter and topic by topic, and tagged with the examination in which it appeared. Questions that have been asked more than once are merged and marked, so that you can see at a glance which topics the examiners value most.

Use this book actively. Start each chapter with its most-asked topics. Read the topic from your textbook, then come back and write the answers in your own words, within the time you would have in the examination hall. Practise the case-based questions the way you would present a child in the ward: diagnosis, points in favour, investigations, management and prevention, in that order. Learn the national immunization schedule, the milestones and the WHO dehydration and malnutrition protocols until you can write them from memory — they appear in almost every paper — and attempt the MCQs before you look anything up.

A question bank is not a substitute for ward postings or for a good textbook. It is a map. It shows you where the roads are, how often each road is travelled, and which ones you must know well before you set out. Combined with regular ward work and honest revision, it will help you walk into the examination with confidence.

I wish every one of you the very best for your examinations and for the years of clinical practice that lie ahead. Stay gentle with the children, patient with their parents, and curious about everything you see.

With best wishes,



Dr. Gireesh Kumar K.P.
Kochi, October 2026

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How to use this question bank

Coverage. Every question from the 8 Pediatrics theory papers between April 2022 and August 2025 (regular and supplementary sittings), including the four MCQ papers of the 2024–2025 CBME pattern.

Organisation. Questions are grouped into 14 chapters, in the order a pediatrics textbook would teach them, and inside each chapter into topics. Within a topic, case-based questions come first, then short essays and short answers, then short notes and precise answers. The MCQs are collected at the end of each chapter.

Source tags. Each question ends with the sitting in which it appeared, e.g. “Mar 2025”. **(S)** marks a supplementary examination. The 2022–2023 and Feb 2024 (S) papers are the older 40-mark pattern; Feb 2024 onwards (regular) are the 100-mark CBME pattern.

Repeats = high-yield. A question set in more than one paper is listed once with all its appearances and a count in magenta, e.g. **[2×]**. Each topic heading shows how many papers asked it, and the box at the top of each chapter lists the most-asked topics.

Note. The papers were scanned and converted to text; obvious scanning and spelling errors have been corrected and the original wording otherwise retained. Check against the original paper if a word looks odd.

Papers covered

Tag	Date	Examination
Apr 2022	14 Apr 2022	Final Professional MBBS (40 marks)
Oct 2022 (S)	10 Oct 2022	Final Professional MBBS, supplementary (40 marks)
Mar 2023	11 Mar 2023	Final Professional MBBS (40 marks)
Feb 2024 (S)	26 Feb 2024	Final Professional MBBS, supplementary (40 marks)
Feb 2024	26 Feb 2024	Third Professional MBBS Part II, CBME (100 marks)
Aug 2024 (S)	12 Aug 2024	Third Professional MBBS Part II, CBME supplementary (100 marks)
Mar 2025	06 Mar 2025	Third Professional MBBS Part II, CBME (100 marks)
Aug 2025 (S)	08 Aug 2025	Third Professional MBBS Part II, CBME supplementary (100 marks)

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Contents and question distribution

#	Chapter	Topics	Questions	MCQs	Page
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3.	Immunization	2	7	3	8
4.	Neonatology	3	16	5	8
5.	Infectious Diseases	4	11	4	11
6.	Respiratory System and ENT	3	13	1	12
7.	Cardiovascular System	3	15	3	14
8.	Gastrointestinal System and Liver	3	11	4	15
9.	Kidney and Urinary Tract	3	11	2	18
10.	Haematology and Oncology	3	9	2	19
11.	Central Nervous System	3	7	0	20
12.	Genetics and Endocrinology	2	9	4	21
13.	Poisoning, Envenomation and Electrolyte Emergencies	2	6	2	25
14.	Skin, Paediatric Surgery and AETCOM	3	5	1	25
	TOTAL	**40**	**142**	**40**	
	Index of major topics				*27*

"Questions" counts each theory question once after merging repeats; MCQs are counted separately.

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1. Growth, Development and Behaviour (17 questions)

> ★ **Most-asked topics in this chapter**
>
> - Physical growth, anthropometry and fontanelles ***— asked in 4 of 8 papers***
> - Developmental milestones and developmental delay ***— asked in 4 of 8 papers***

1.1 Physical growth, anthropometry and fontanelles *(4 papers)*

1. **Short note [2 marks]** Four causes of delayed closure of anterior fontanelle — *Mar 2023*
2. **Short note [2 marks]** Causes of short stature — *Feb 2024 (S)*
3. **Short note [2 marks]** Upper segment – lower segment ratio — *Feb 2024*
4. **Precise answer [1 mark]** What is the normal upper segment – lower segment ratio at birth? — *Mar 2025*
5. **Precise answer [1 mark]** When does the anterior fontanelle close? — *Mar 2025*

1.2 Developmental milestones and developmental delay *(4 papers)*

1. **Short note / precise answer [2 / 1 marks]** Development in various domains at the age of three years ***— Feb 2024 · Mar 2025 [2×]***
2. **Short note [2 marks]** Write reasons for not standing at one year of age — *Feb 2024*
3. **Precise answer [1 mark]** Enumerate the developmental milestones normally expected in a 10 month old infant — *Aug 2024 (S)*
4. **Precise answer [1 mark]** What is the diagnosis if a child is not having eye contact, doing repetitive actions and has poor speech? — *Aug 2025 (S)*

1.3 MCQs from recent papers (2024–2025) *(8 MCQs)*

1. Birth weight doubles by: — *Aug 2025 (S)*
   (a) Five months (b) Five years (c) One year (d) Nine months
2. Birth length doubles by what age? — *Mar 2025*
   (a) 1 year (b) 2 years (c) 3 years (d) 4 years
3. Anthropometric assessment which does not show much change in 1–5 years: — *Feb 2024*
   (a) Mid-arm circumference (b) Skinfold thickness
   (c) Head circumference (d) Height
4. The first sign of puberty in girls is: — *Mar 2025*
   (a) Appearance of axillary hair (b) Appearance of pubic hair
   (c) Thelarche (d) Acne
5. A child changes a rattle from one hand to the other by: — *Feb 2024*
   (a) 3 months (b) 7 months (c) 1 year (d) 2 years
6. Child is able to sit without support at: — *Aug 2025 (S)*
   (a) Six months (b) Seven months (c) Eight months (d) Nine months
7. At what age should a child be able to build a tower of three blocks? — *Aug 2024 (S)*
   (a) 12 months (b) 18 months (c) 20 months (d) 24 months
8. In normal fine motor development, which of the following occurs first? — *Aug 2024 (S)*
   (a) Copy a circle (b) Drawing a cube (c) Copy a cross (d) Drawing a square

2. Nutrition and Nutritional Disorders (14 questions)

★ Most-asked topics in this chapter

- Severe acute malnutrition ***— asked in 3 of 8 papers***
- Rickets and vitamin D deficiency ***— asked in 3 of 8 papers***
- Childhood obesity ***— asked in 3 of 8 papers***

2.1 Severe acute malnutrition *(3 papers)*

1. **Short essay [8 marks]** A two year old boy weighs 8 kg and has generalized oedema. Clinical examination revealed hepatomegaly and skin ulcers. *— Aug 2025 (S)*
   A. What is the best possible diagnosis for this child?
   B. Write 10 steps in the management of this child.
   C. Write an alternate diagnosis you would like to consider if this 2 year old child is not having oedema or skin ulcers, but the weight is 8 kg.
2. **Short essay [8 marks]** Severe acute malnutrition *— Mar 2025*
   A. Define severe acute malnutrition.
   B. Enumerate the principles of management of severe acute malnutrition.
3. **Write briefly [5 marks]** Ten steps in the management of severe acute malnutrition *— Mar 2023*

2.2 Rickets and vitamin D deficiency *(3 papers)*

1. **Short answer [4 marks]** Rickets in children *— Aug 2024 (S)*
   A. Mention the clinical features of rickets in children.
   B. Mention 4 causes of rickets in children.
   C. How will you diagnose this condition?
   D. Mention the treatment.
2. **Short note [2 marks]** Vitamin D deficiency *— Mar 2023*
3. **Precise answer [1 mark]** What are the biochemical findings in nutritional rickets? *— Mar 2025*

2.3 Childhood obesity *(3 papers)*

1. **Short essay [5 marks]** Boy aged 4 years. He weighs 24 kg. Height is 112 cm. *— Feb 2024*
   A. Is it due to simple obesity or due to an endocrine cause?
   B. Write 4 questions you would like to ask.
   C. Write important investigations you would like to order.
   D. How are you going to manage this boy?
2. **Write briefly [5 marks]** Long-term complications of an obese child *— Oct 2022 (S)*
3. **Write briefly [5 marks]** Prevention of obesity *— Feb 2024 (S)*

2.4 Infant and child feeding, foods and diet *(2 papers)*

1. **Short note [2 marks]** Hazards of junk food *— Feb 2024*
2. **Short note [2 marks]** Four cheap fruits that can be given to a child at 5 years of age *— Feb 2024*
3. **Short note [2 marks]** Advantages and disadvantages, if any, of coconut oil in day-to-day use *— Feb 2024*
4. **Precise answer [1 mark]** Which is the amino acid deficient in pulses? *— Mar 2025*

2.5 MCQs from recent papers (2024–2025) *(1 MCQs)*

1. Nutritive protein value of an egg is: — *Aug 2025 (S)*
   (a) 3 g (b) 4 g (c) 5 g (d) 6 g

3. Immunization (10 questions)

> ★ **Most-asked topics in this chapter**
> - National Immunization Schedule ***— asked in 3 of 8 papers***
> - Vaccines outside the national schedule ***— asked in 2 of 8 papers***

3.1 National Immunization Schedule *(3 papers)*

1. **Short note [2 marks]** Ninth month vaccines and a non-vaccine given to the child at 9th month — *Feb 2024*
2. **Precise answer [1 mark]** What are the vaccines given at 9 months of age in the National Immunisation Schedule? — *Mar 2025*
3. **Precise answer [1 mark]** Mention the vaccines that are given at 1½ years as per NIS. What is the dose and route of administration of each? — *Aug 2024 (S)*
4. **Precise answer [1 mark]** Describe the schedule of rotavirus vaccine as per NIS — *Aug 2024 (S)*
5. **Short note [2 marks]** 10th year vaccines — *Feb 2024*

3.2 Vaccines outside the national schedule *(2 papers)*

1. **Short note [2 marks]** Non-national immunization vaccines — *Apr 2022*
2. **Short note [2 marks]** Pneumococcal vaccine — *Mar 2023*

3.3 MCQs from recent papers (2024–2025) *(3 MCQs)*

1. Which of the following is a live vaccine? — *Feb 2024*
   (a) IPV (b) BCG (c) Hepatitis B vaccine (d) Pneumococcal vaccine
2. According to the National Immunization Schedule, when is fIPV given? — *Aug 2024 (S)*
   (a) 6, 10, 14 weeks (b) 6 weeks, 14 weeks only
   (c) 6 weeks, 14 weeks, booster at 9 months (d) 6, 10, 14 weeks and booster at 18 months
3. What is the cancer-preventable vaccination that has to be started at the earliest? — *Aug 2025 (S)*
   (a) HBV (Hepatitis B) (b) HPV (Human papilloma virus)
   (c) PCV (Pneumococcal) (d) Meningococcal vaccine

4. Neonatology (21 questions)

> ★ **Most-asked topics in this chapter**
> - Surgical and congenital problems of the newborn ***— asked in 6 of 8 papers***
> - Neonatal jaundice ***— asked in 5 of 8 papers***
> - Preterm neonate and neonatal respiratory distress ***— asked in 4 of 8 papers***

4.1 Preterm neonate and neonatal respiratory distress *(4 papers)*

1. **Short essay [8 marks]** A neonate born at 32 weeks of gestation developed grunting and tachypnoea soon after birth. — *Mar 2025*
   A. What is the most probable diagnosis?
   B. List the causes of respiratory distress in neonates.
   C. How will you manage this neonate?
   D. How will you prevent this condition?
2. **Write briefly [5 marks]** Handicaps of a preterm baby and its management — *Oct 2022 (S)*
3. **Short note [2 marks]** Problems seen in preterm neonates — *Mar 2023*
4. **Short note [2 marks]** Respiratory distress in a newborn, causes — *Apr 2022*

4.2 Neonatal jaundice *(5 papers)*

1. **Short answer [4 marks]** List the causes of neonatal hyperbilirubinaemia. How will you clinically assess jaundice in the newborn? — *Mar 2025*
2. **Short note [2 marks]** Causes of newborn jaundice — *Oct 2022 (S)*
3. **Short note [2 marks]** Jaundice in a newborn — *Feb 2024 (S)*
4. **Precise answer [1 mark]** Commonest cause of neonatal jaundice — *Feb 2024*
5. **Precise answer [1 mark]** Mention 2 treatment modalities of pathological jaundice in a neonate — *Aug 2024 (S)*
6. **Precise answer [1 mark]** Enzyme that converts haem to biliverdin — *Feb 2024*

4.3 Surgical and congenital problems of the newborn *(6 papers)*

1. **Short answer [4 marks]** Describe the types of tracheo-oesophageal fistula and the clinical presentation — *Mar 2025*
2. **Precise answer [1 mark]** Severe drooling of saliva in a newborn with respiratory distress — *Feb 2024*
3. **Short note [2 marks]** Diaphragmatic hernia — *Apr 2022*
4. **Short note [2 marks]** Delay in passing meconium — *Feb 2024 (S)*
5. **Precise answer [1 mark]** Mention 2 causes of delay in passing meconium in a neonate — *Aug 2024 (S)*
6. **Short note [2 marks]** Cephalhaematoma — *Mar 2023*

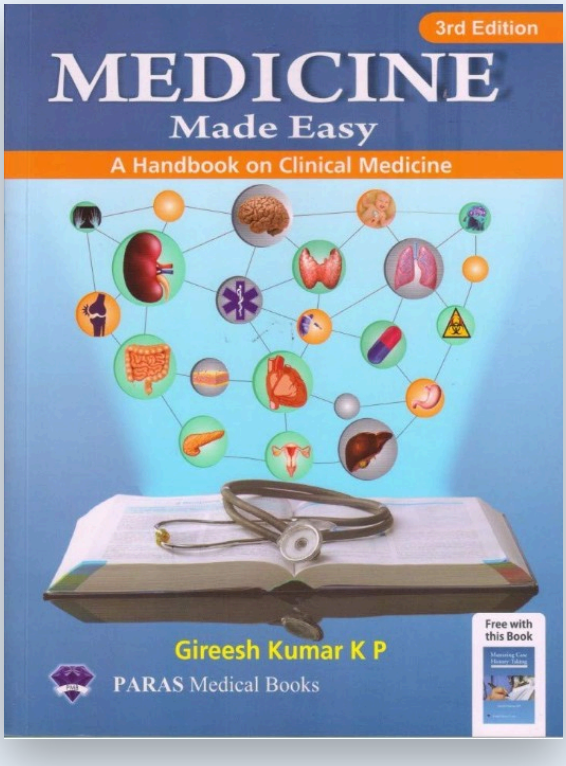
4.4 MCQs from recent papers (2024–2025) *(5 MCQs)*

1. Commonest cause of neonatal jaundice is: — *Aug 2025 (S)*
   (a) Rh haemolytic disease (b) ABO incompatibility
   (c) Hereditary spherocytosis (d) Physiological jaundice
2. What is the most common organism causing meningitis in a neonate? — *Feb 2024*
   (a) Group B streptococcus (b) Neisseria meningitidis
   (c) Streptococcus pneumoniae (d) Haemophilus influenzae
3. A term neonate born by vaginal delivery has respiratory distress, grunting with scaphoid abdomen. The most probable diagnosis is: — *Mar 2025*
   (a) Hyaline membrane disease (b) Diaphragmatic hernia
   (c) Pneumothorax (d) Meconium aspiration syndrome
4. A lethargic baby of an infant of diabetic mother may be suffering from: — *Aug 2025 (S)*
   (a) Hypocalcaemia (b) Hypomagnesaemia (c) Hypoglycaemia (d) Hypokalaemia
5. While examining a 2 day old infant, small vesicles on an erythematous base are noted on the face and chest. Wright stain of the lesions revealed sheets of eosinophils. Diagnosis of this rash is: — *Mar 2025*
   (a) Miliaria rubra (b) Milia (c) Neonatal acne (d) Erythema toxicum

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5. Infectious Diseases (15 questions)

★ Most-asked topics in this chapter

- Dengue, leptospirosis and monsoon fevers ***— asked in 4 of 8 papers***
- Influenza and viral exanthems ***— asked in 3 of 8 papers***
- Prolonged fever and fever without focus ***— asked in 3 of 8 papers***

5.1 Dengue, leptospirosis and monsoon fevers *(4 papers)*

1. **Case [10 marks]** Three year old child during monsoon season is having fever, myalgia, conjunctival congestion and rashes in the body and the child is from a waterlogged area. Laboratory examination showed WBC count of 3000/cmm and platelet count of 90,000/cmm; haemoglobin is elevated to 15 gm% and haematocrit is 45. *— Aug 2025 (S)*
   A. What is the possible diagnosis?
   B. How will you confirm the diagnosis?
   C. How will you manage this child?
   D. How do you anticipate complications?
   E. What is the preventive strategy?
2. **Short essay [8 marks]** A 6 year old child with dengue fever develops severe abdominal pain and persistent vomiting. *— Mar 2025*
   A. What do these symptoms suggest?
   B. Describe the laboratory tests used for diagnosis of dengue fever, mentioning their timing and significance.
   C. Discuss the principle of management for this child.
   D. List 4 complications of dengue fever.
3. **Short note [2 marks]** Clinical suspicion of dengue fever and its management *— Feb 2024 (S)*
4. **Short note [2 marks]** Dengue fever in children *— Apr 2022*

5.2 Influenza and viral exanthems *(3 papers)*

1. **Case [10 marks]** Four year old boy is having high grade fever for the last 3 days. He used to get relief of symptoms with acetaminophen. He is having sneezing and rhinorrhoea. No rashes, no alteration of sensorium. Three days before he attended a birthday party in an AC hall. Since yesterday mother also started sneezing, is febrile and has generalized myalgia. *— Feb 2024*
   A. What is the best possible diagnosis?
   B. Which all systems are going to be affected?
   C. How will you manage the child?
   D. What are the complications to expect?
   E. Write the preventive strategy.
2. **Short note [2 marks]** Four differential diagnoses of fever with maculopapular rash *— Mar 2023*
3. **Short note [2 marks]** Clinical features of infectious mononucleosis *— Feb 2024 (S)*

5.3 Prolonged fever and fever without focus *(3 papers)*

1. **Write briefly [5 marks]** What are the causes of fever without any focus of more than 21 days duration? (Causes for fever lasting more than three weeks) ***— Feb 2024 (S) · Aug 2025 (S) [2×]***
2. **Write briefly [5 marks]** Approach to a child with fever of twenty-one days duration *— Mar 2023*

5.4 Tuberculosis *(2 papers)*

1. **Write briefly [5 marks]** Management of tuberculosis in children — *Apr 2022*
2. **Short answer [4 marks]** Tuberculous meningitis — *Aug 2024 (S)*
   A. Describe the CSF findings in a child with suspected tuberculous meningitis.
   B. Describe the management of tuberculous meningitis as per NTEP.

5.5 MCQs from recent papers (2024–2025) *(4 MCQs)*

1. A 16 month old unimmunized child has fever, coryza, cough and conjunctivitis. He develops a maculopapular rash on the fifth day of illness. What is the most likely diagnosis? — *Feb 2024*
   (a) Chicken pox (b) Roseola infantum (c) Scarlet fever (d) Measles
2. The pathognomonic sign in measles is: — *Mar 2025*
   (a) Erythematous maculopapular rash (b) Vesicular rash
   (c) Koplik's spots (d) Conjunctival congestion
3. A 3 month old infant, born preterm SGA, presented with failure to thrive, microcephaly, patent ductus arteriosus, cataract and hepatosplenomegaly. The mother had fever with rash in the 1st trimester of pregnancy. What is the most probable diagnosis? — *Feb 2024*
   (a) Congenital rubella syndrome (b) Toxoplasmosis
   (c) Down syndrome (d) Galactosaemia
4. Which of the following tests is most useful in the diagnosis of TB in a 7 year old child with history of household contact? — *Aug 2024 (S)*
   (a) Chest X-ray (b) Sputum culture
   (c) Mantoux test (d) Interferon-gamma release assay

6. Respiratory System and ENT (14 questions)

> ★ **Most-asked topics in this chapter**
> - Pneumonia and acute respiratory infection ***— asked in 6 of 8 papers***
> - Bronchial asthma and wheezing ***— asked in 5 of 8 papers***
> - Stridor and upper airway, ear and throat ***— asked in 3 of 8 papers***

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6.1 Pneumonia and acute respiratory infection *(6 papers)*

1. **Case [10 marks]** Three year old child came to the hospital with the history of fast breathing. Respiratory rate was around 60 per minute. Child had lower chest drawing. Child was not able to speak and she was not taking all feeds for the last two days. — *Feb 2024*
   A. What is your diagnosis?
   B. What may be the organism that causes the problem for this child?
   C. Write four important investigations that you would like to do.
   D. Write important management principles of this child's problem.
   E. What are the complications that you expect for this child?

2. **Case [10 marks]** Three year old child presented to the emergency with fast breathing, his tongue appears blue and he is not feeding. Child is not vaccinated as the family had so many family issues. *— Feb 2024 (S)*
   A. What is the probable diagnosis?
   B. What are the non-respiratory causes of breathlessness?
   C. What are the investigations you would like to do for this child? Write only 4 investigations.
   D. How will you manage this child?
   E. What are the complications that you expect?
   F. How could you prevent this child's problem?

3. **Case [10 marks]** Five year old child with respiratory rate of 40/min is having saturation of 92%. He is not taking orally. He used to make a peculiar respiratory noise with chest retractions. No similar history in the past. *— Apr 2022*
   A. List the relevant points in the history you elicit regarding this child.
   B. How will you assess the severity of the problem?
   C. Discuss the management of this child.
   D. Discuss the complications.
   E. Name vaccines that could prevent this condition.

4. **Short note [2 marks]** Danger signs of pneumonia in an infant *— Mar 2023*

5. **Short note [2 marks]** Radiological findings in a child with pneumonia *— Oct 2022 (S)*

6. **Precise answer [1 mark]** What is the commonest organism that causes pneumatocoele and pneumothorax in a child with pneumonia? *— Aug 2025 (S)*

6.2 Bronchial asthma and wheezing *(5 papers)*

1. **Case [10 marks]** A 15 year old boy with history of recurrent episodes of cough, noisy breathing and breathing difficulty was brought to the ER at 1.00 am with h/o sudden onset of cough and breathing difficulty since the past 1 hour. He was unable to speak. His father is a chronic smoker. On examination he is afebrile with RR 42/min, HR 108/min and SpO_2 92% in room air. Chest examination showed scattered rhonchi. *— Aug 2024 (S)*
   A. What is the likely diagnosis?
   B. What are the points in the history and examination that help you in making a diagnosis?
   C. How will you monitor and manage this child in ER at arrival?
   D. What advice will you give this child at discharge? Discuss the long-term management.

2. **Short note / short answer [2 / 4 marks]** Management of acute exacerbation of asthma / How will you manage a child with severe asthma? ***— Oct 2022 (S) · Aug 2025 (S) [2×]***

3. **Short note [2 marks]** Four causes of wheeze in children *— Mar 2023*

4. **Precise answer [1 mark]** Name the most common causative organism of acute bronchiolitis *— Mar 2025*

6.3 Stridor and upper airway, ear and throat *(3 papers)*

1. **Short essay [5 marks]** Four year old who is not vaccinated against Strep. pneumoniae infection complains of severe pain in both ears, more on the left side. He is suffering from common cold for the last 3 days. *— Feb 2024*
   A. What may be the cause for his ear ache?
   B. What is the best clinical examination you would like to do?
   C. What are the common agents that cause his problem?
   D. How will you manage his problem?

2. **Precise answer [1 mark]** Enumerate 4 causes of acute onset of stridor in a 2 year old child *— Aug 2024 (S)*

3. **Precise answer [1 mark]** Name the usual bacteria that causes acute tonsillitis *— Aug 2025 (S)*

6.4 MCQs from recent papers (2024–2025) *(1 MCQs)*

1. A 6 week old infant presents with inspiratory stridor from 2 weeks of age. Stridor increases during crying and in the supine position. The stridor decreases when the child sleeps in the prone position. There is no respiratory distress and the baby is gaining weight normally. What is the likely diagnosis? — *Mar 2025*

   (a) Croup (b) Laryngomalacia
   (c) Congestive cardiac failure (d) Acute bronchiolitis

7. Cardiovascular System (18 questions)

> ★ **Most-asked topics in this chapter**
>
> - Cyanotic heart disease: Tetralogy of Fallot and cyanotic spells ***— asked in 6 of 8 papers***
> - Acyanotic heart disease and heart failure ***— asked in 4 of 8 papers***
> - Acute rheumatic fever and Kawasaki disease ***— asked in 2 of 8 papers***

7.1 Cyanotic heart disease: Tetralogy of Fallot and cyanotic spells *(6 papers)*

1. **Short essay [8 marks]** Tetralogy of Fallot — *Aug 2024 (S)*
   A. What are the components of Tetralogy of Fallot?
   B. Describe the cyanotic spell.
   C. Mention 1 differential diagnosis of cyanotic spell.
   D. How will you manage an infant with cyanotic spell?
2. **Short note [2 marks]** Management of cyanotic spell(s) ***— Oct 2022 (S) · Mar 2023 [2×]***
3. **Short note [2 marks]** Cyanotic spell — *Apr 2022*
4. **Precise answer [1 mark]** Name the components of Tetralogy of Fallot — *Mar 2025*
5. **Precise answer [1 mark]** What is the commonest congenital cyanotic heart disease in an infant? — *Aug 2025 (S)*
6. **Precise answer [1 mark]** Mention 2 causes of central cyanosis in a 6 month old infant — *Aug 2024 (S)*

7.2 Acyanotic heart disease and heart failure *(4 papers)*

1. **Case [10 marks]** A 5 month old female infant born at term, with birth weight 2.5 kg, exclusively breast fed, was brought with complaints of fever, cough, feeding difficulty and poor weight gain over the past 2 weeks. On examination, respiratory rate is 60/min, heart rate is 160/min, temperature 101°F, there is no cyanosis, intercostal retractions were present. Weight is 4 kg. Apex beat was in the 5th left intercostal space 1 cm lateral to the midclavicular line. Auscultation revealed a grade 4/6 pansystolic murmur in the lower left sternal border and bilateral crepitations and wheeze. Liver was palpable 4 cm below the right costal margin. — *Mar 2025*
   A. What is your diagnosis?
   B. Enumerate the points in favour of your diagnosis.
   C. What are the findings that you would expect to see in the chest X-ray image of this baby?
   D. List the steps in the management of this baby.
   E. What are the complications of this condition?
2. **Short essay [8 marks]** Primary care doctor has diagnosed a murmur in the lower left sternal border of the chest on day 45 of life. Now the baby is not feeding well, taking a long time to feed, not gaining weight and has become marasmic. — *Aug 2025 (S)*
   A. What is the best possible diagnosis?
   B. What is the cause for poor feeding?
   C. How will you confirm the diagnosis?
   D. How will you manage this child?

3. **Short note [2 marks]** Management of cardiac failure in an infant — *Feb 2024 (S)*
4. **Precise answer [1 mark]** What is the sign of cardiac failure in an infant? — *Aug 2025 (S)*
5. **Precise answer [1 mark]** From which structure does the ductus arteriosus develop? — *Feb 2024*
6. **Precise answer [1 mark]** Draw the atrial septum — *Feb 2024*

7.3 Acute rheumatic fever and Kawasaki disease *(2 papers)*

1. **Short essay [8 marks]** Five year old boy with throat pain three weeks back is having joint pain of the elbow, followed by joint pain in the knee and joint pain of the hip. Now he complains of chest pain. His ASO titre is elevated. — *Aug 2025 (S)*
   A. What is the best possible diagnosis?
   B. Which organism causes this problem?
   C. Name two drugs used in the management of this condition.
   D. What drug is used in the prophylaxis of this child's problem?
2. **Short answer [4 marks]** Discuss the diagnostic criteria for acute rheumatic fever — *Mar 2025*
3. **Short answer [4 marks]** Important clinical features of Kawasaki disease — *Aug 2025 (S)*

7.4 MCQs from recent papers (2024–2025) *(3 MCQs)*

1. A 6 month old presented with tachycardia, tachypnoea and poor feeding for 3 months. Physical examination reveals a continuous machinery murmur and a wide pulse pressure with a prominent apical impulse. The most likely diagnosis is: — *Feb 2024*
   (a) Pulmonic stenosis
   (b) Aortic stenosis
   (c) Ventricular septal defect
   (d) Patent ductus arteriosus
2. Which of the following is true regarding fetal circulation? — *Aug 2024 (S)*
   (a) 100% of cardiac output goes to the lungs via the pulmonary artery
   (b) The ductus arteriosus helps send oxygenated blood to the brain
   (c) The foramen ovale typically closes by 36 weeks of gestation
   (d) The umbilical vein carries well-oxygenated blood
3. Which of the following is NOT true regarding PDA in children? — *Aug 2024 (S)*
   (a) Indomethacin can be used for medical closure of PDA
   (b) More common in preterm infants
   (c) PDA is commonly associated with cyanosis
   (d) PDA leads to a continuous machinery murmur

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8. Gastrointestinal System and Liver (15 questions)

★ Most-asked topics in this chapter

- Acute diarrhoea and dehydration — ***asked in 5 of 8 papers***
- Liver disease and GI bleeding — ***asked in 4 of 8 papers***
- Surgical abdomen in children — ***asked in 2 of 8 papers***

8.1 Acute diarrhoea and dehydration *(5 papers)*

1. **Short essay [5 marks]** Two year old child has not taken any vaccines. Now the child is admitted with loose stools of two days duration and he has not passed urine and the child is drowsy. *— Feb 2024*
   A. What is the severity of dehydration?
   B. What are the agents that cause loose stools at this age?
   C. What are the complications that you expect for this child?
   D. What is the line of management?
2. **Short note / short answer [2 / 4 marks]** Clinical features of a child with severe dehydration ***— Oct 2022 (S) · Aug 2025 (S) [2×]***
3. **Short answer [4 marks]** How will you assess dehydration in a child? What is the composition of WHO ORS? *— Mar 2025*
4. **Short answer [4 marks]** Some dehydration *— Aug 2024 (S)*
   A. Mention the clinical features of some dehydration as per WHO guidelines.
   B. Discuss the fluid management of a child with diarrhoea and some dehydration.
5. **Precise answer [1 mark]** Mention the fluid and its dosage used to treat an 8 month old baby with severe dehydration *— Aug 2024 (S)*

8.2 Liver disease and GI bleeding *(4 papers)*

1. **Short essay [8 marks]** Chronic liver disease *— Aug 2024 (S)*
   A. Mention 4 common causes of chronic liver disease in a 10 year old boy.
   B. Describe the clinical features of chronic liver disease.
   C. How will you manage this boy if he presents with acute onset of haematemesis?
2. **Write briefly [5 marks]** Investigations in liver disorders *— Apr 2022*
3. **Short note [2 marks]** Haematemesis in a child *— Feb 2024 (S)*
4. **Short note [2 marks]** Bleeding per rectum *— Feb 2024*

8.3 Surgical abdomen in children *(2 papers)*

1. **Short note [2 marks]** Diagnosis and management of intussusception *— Oct 2022 (S)*
2. **Precise answer [1 mark]** What is the common cause of severe abdominal pain localized to the right iliac fossa? *— Aug 2025 (S)*

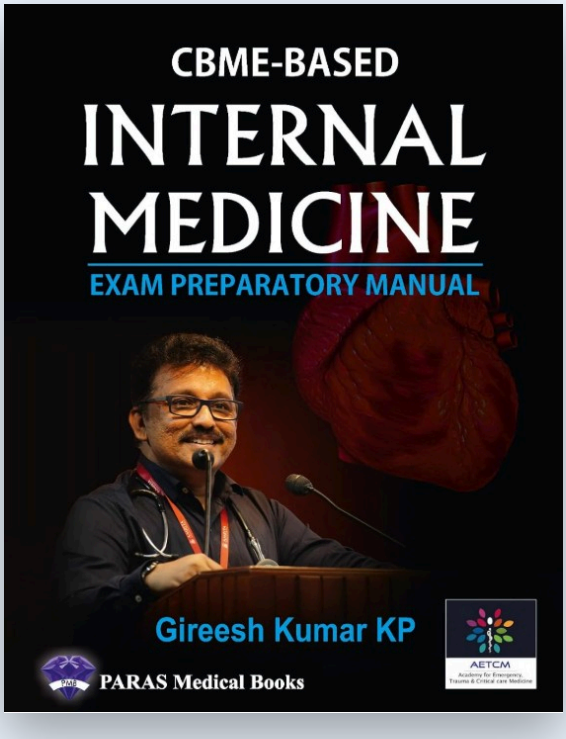
8.4 MCQs from recent papers (2024–2025) *(4 MCQs)*

1. A mother brings her 8 month old son to the ER with vomiting and loose stools for 2 days duration. On examination, the child is lethargic and is not able to drink eagerly. AF is sunken, there is decreased urine output, eyes appear sunken, mouth is dry and CRT is 4 seconds. What is the next line of management? *— Aug 2024 (S)*
   (a) Admit and start on IV antibiotics
   (b) Admit the child and start on normal saline at 100 ml/kg over 6 hours
   (c) Admit the child and start on 5% dextrose at 100 ml/kg over 3 hours
   (d) Giving ORS at 75 ml/kg over 4 hours
2. Projectile vomiting is a feature of: *— Mar 2025*
   (a) Congenital hypertrophic pyloric stenosis (b) Intussusception
   (c) Duodenal atresia (d) Jejunal atresia
3. Commonest surgical cause of bleeding per rectum in an infant with incessant cry is: *— Aug 2025 (S)*
   (a) Pyloric stenosis (b) Duodenal atresia (c) Malrotation (d) Intussusception
4. Trace element that is used in the management of Wilson's disease is: *— Aug 2025 (S)*
   (a) Iron (b) Zinc (c) Calcium (d) Magnesium

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9. Kidney and Urinary Tract (13 questions)

★ **Most-asked topics in this chapter**

- Nephrotic syndrome ***— asked in 4 of 8 papers***
- Urinary tract infection and vesicoureteric reflux ***— asked in 4 of 8 papers***
- Acute glomerulonephritis and haematuria ***— asked in 3 of 8 papers***

9.1 Nephrotic syndrome *(4 papers)*

1. **Case [10 marks]** 2 year old previously asymptomatic boy was brought with history of swelling in the upper eyelid since 6 days. There was no history of fever. Mother also noticed abdominal distension and reduced urine output for the past 3 days. Clinical examination showed an afebrile child with weight of 13 kg and height of 88 cm. There was no jaundice. Examination also showed facial puffiness, pedal oedema and shifting dullness in the abdomen. There is no organomegaly. Apex beat is in the 4th left intercostal space just inside the midclavicular line. There was no murmur. *— Aug 2024 (S)*
   A. What is the most likely diagnosis?
   B. Mention the criteria needed for diagnosis.
   C. Mention 4 causes of generalized oedema in this child.
   D. Mention the investigations that you will do.
   E. Discuss the management.
   F. Mention 2 important complications that can develop in this child.
2. **Case [10 marks]** Three year old child complains of decreased amount of urine. There is swelling in and around the eyes in the morning. Child is said to have had a similar problem two times in the past one year. On examination, there is pitting pedal oedema. On clinical examination the heart is normal. There is no jaundice, and there are no features suggestive of malnutrition. *— Aug 2025 (S)*
   A. What is the best probable diagnosis?
   B. Write a simple urine investigation to confirm the diagnosis.
   C. What is the drug management that you would like to offer to the child?
   D. What are the special vaccinations that you would like to give to this child?
   E. What is the prognosis for this child in general?
3. **Case [10 marks]** Three year old child is having reduced output of urine. Mother has noticed swelling around the eyes in the morning. Urine is normal in colour. *— Oct 2022 (S)*
   A. What is the most probable diagnosis?
   B. What are the important investigations you do in this case?
   C. How will you manage this child?
   D. What are the complications you expect?
4. **Precise answer [1 mark]** Nephrotic range of protein creatinine ratio *— Feb 2024*

9.2 Acute glomerulonephritis and haematuria *(3 papers)*

1. **Case [10 marks]** A six year old boy is brought with facial puffiness, decreased urine output and cola coloured urine for 2 days. There is a history of sore throat 2 weeks ago. On examination his BP is 140/90 mm Hg, he has periorbital oedema, bilateral pedal oedema; there is no ascites or pleural effusion. *— Mar 2025*
   A. What is the most probable diagnosis?
   B. What is the most important differential diagnosis?
   C. What are the points in history to differentiate the two?
   D. What are the essential investigations to be done and the abnormalities expected?
   E. How will you manage this condition?
   F. Name two complications of this condition.

2. **Case [10 marks]** A 6 year old boy is admitted with puffiness of face, cola coloured urine and oliguria. He had pyoderma treated with topical antibiotics 10 days back. On examination, he is afebrile, BP 140/90 mm Hg, has periorbital oedema and bilateral pedal oedema. Other systems were within normal limits. *— Mar 2023*
   A. What is the most probable diagnosis?
   B. Give 2 important differential diagnoses.
   C. What will be the findings in the urine examination of this child?
   D. Name 2 blood investigations you will do.
   E. Discuss the treatment of this child.
   F. List 2 complications of this condition.
3. **Short note [2 marks]** Causes of haematuria in a child *— Feb 2024 (S)*

9.3 Urinary tract infection and vesicoureteric reflux *(4 papers)*

1. **Short answer [4 marks]** What are the common organisms causing urinary tract infection? How will you investigate a nine months old male child with suspected urinary tract infection? *— Mar 2025*
2. **Precise answer [1 mark]** Mention 2 causes that predispose to urinary tract infection in a 6 month old boy *— Aug 2024 (S)*
3. **Short note [2 marks]** Vesicoureteric reflux *— Mar 2023*
4. **Precise answer [1 mark]** Grade V vesicoureteral reflux *— Feb 2024*

9.4 MCQs from recent papers (2024–2025) *(2 MCQs)*

1. A 2 year old child presents with puffiness of eyes and bilateral pitting pedal oedema of 1 week duration. He has normal blood pressure. Urine examination shows protein 4+, no RBCs. Which of the following biochemical parameters is likely to be elevated in this child? *— Feb 2024*
   (a) Serum albumin (b) Blood cholesterol (c) Immunoglobulin (d) Uric acid
2. An 8 year old female child was brought to the emergency department with severe headache since 4 days. On initial evaluation she was found to have a blood pressure of 180/10 mmHg [as printed] and bilateral pitting pedal oedema. On further questioning, parents gave history of several episodes of cola coloured urine a few days ago. They also give history of sore throat 2 weeks back. Urine routine examination showed RBC casts, 2+ proteinuria and numerous RBCs. What is your diagnosis? *— Aug 2024 (S)*
   (a) Alport's syndrome (b) Nephrotic syndrome
   (c) IgA nephropathy (d) Post-infectious glomerulonephritis

10. Haematology and Oncology (11 questions)

★ Most-asked topics in this chapter

- Bleeding disorders: ITP and haemophilia ***— asked in 4 of 8 papers***
- Leukaemia ***— asked in 3 of 8 papers***
- Anaemia and thalassaemia ***— asked in 2 of 8 papers***

10.1 Anaemia and thalassaemia *(2 papers)*

1. **Short essay [8 marks]** Iron deficiency anaemia in an adolescent girl — *Aug 2024 (S)*
   A. What are the common causes of iron deficiency anaemia in an adolescent girl?
   B. Draw and describe the peripheral smear findings in iron deficiency anaemia.
   C. Mention 2 other conditions that can cause similar peripheral smear findings.
   D. How do blood indices help in diagnosis of this condition?
   E. Discuss the management of iron deficiency anaemia in this adolescent girl.
2. **Precise answer [1 mark]** Name two commonly used iron chelators in beta thalassaemia — *Mar 2025*

10.2 Bleeding disorders: ITP and haemophilia *(4 papers)*

1. **Short essay [8 marks]** Four year old child who had a fever three weeks back is now admitted in the hospital with bleeding spots all over the body. He is not pale. He is not running fever. Blood examination revealed total WBC count of 7000, haemoglobin of 12 gm% and platelet count of 20,000/cmm. — *Aug 2025 (S)*
   A. What is the best possible diagnosis?
   B. How will you confirm your diagnosis?
   C. How will you manage this patient?
   D. What is the dangerous complication that this child can have if the platelet count drops to a thousand/cmm?
2. **Short essay [5 marks]** Three year old had fever without focus three weeks back. Now he is admitted with bluish patches in different parts of the body. On examination he is not pale looking and has no fever or any other clinical findings. — *Feb 2024*
   A. Best possible diagnosis.
   B. Any 2 differential diagnoses.
   C. Write 2 drugs in the management.
3. **Short note [2 marks]** Haemophilia — *Apr 2022*
4. **Precise answer [1 mark]** List two indications of IVIG in children — *Mar 2025*

10.3 Leukaemia *(3 papers)*

1. **Short essay [8 marks]** Acute lymphoblastic leukaemia — *Mar 2025*
   A. Enumerate the prognostic factors in childhood ALL.
   B. Discuss the laboratory diagnosis of ALL.
   C. What is the management protocol of standard risk ALL?
2. **Short note [2 marks]** Clinical features of acute leukaemia in a child — *Oct 2022 (S)*
3. **Precise answer [1 mark]** What is the common type of leukaemia in the paediatric age group? — *Aug 2025 (S)*

10.4 MCQs from recent papers (2024–2025) *(2 MCQs)*

1. Hair-on-end appearance in skull X-ray is seen in: — *Feb 2024*
   (a) Achondroplasia
   (b) Beta thalassaemia major
   (c) Hydrocephalus
   (d) Microcephaly
2. A 5 year old child presents with history of on-and-off fever, progressive pallor and petechial spots all over the body for the past 3 weeks. Examination reveals hepatosplenomegaly. The most likely diagnosis is: — *Feb 2024*
   (a) Acute leukaemia
   (b) Immune thrombocytopenic purpura
   (c) Aplastic anaemia
   (d) Beta thalassaemia

11. Central Nervous System (7 questions)

★ Most-asked topics in this chapter

- Seizures and febrile seizures ***— asked in 4 of 8 papers***
- Hydrocephalus and developmental delay ***— asked in 2 of 8 papers***

11.1 Seizures and febrile seizures *(4 papers)*

1. **Short essay [5 marks]** One year old child had fever of two days duration. On the second day mother complained of abnormal movements for the child with drooling of saliva and head deviation to one side. Child was not responding at that time but recovered after five minutes. *— Feb 2024*
   A. What happened to the child?
   B. Which question would you like to ask to rule out central nervous system infection?
   C. What is the immediate management for this child's problem?
   D. What is the long-term management that you would like to tell the parents?
2. **Short note [2 marks]** Febrile convulsions *— Apr 2022*
3. **Short note [2 marks]** Differentiate meningitis in a child from febrile seizures *— Oct 2022 (S)*
4. **Precise answer [1 mark]** What is the cause if the anterior fontanelle is non-pulsatile and raised in a child with fever? *— Aug 2025 (S)*

11.2 Hydrocephalus and developmental delay *(2 papers)*

1. **Short essay [8 marks]** A 2 month old infant is born at term with birth weight of 1.8 kg. Head circumference was documented as 33 cm at birth. When he was brought to the immunization clinic at 2.5 months, the head circumference was noted to be 43 cm. AF is 3 × 3 cm and bulging. There is no fever. *— Aug 2024 (S)*
   A. Mention the most likely diagnosis.
   B. What are the clinical signs that you look for in this child?
   C. How does head circumference increase in the first 1 year of life?
   D. What is Developmental Quotient (DQ)?
   E. Mention 4 causes of global developmental delay in a 2 year old child.
2. **Short essay [8 marks]** Hydrocephalus *— Mar 2025*
   A. Define hydrocephalus.
   B. Enumerate the common causes and types of hydrocephalus.
   C. Describe the clinical manifestations of hydrocephalus in infants and children.
   D. Discuss the various management options for hydrocephalus.

11.3 Acute ataxia *(1 paper)*

1. **Short essay [5 marks]** Three year old boy is having unsteady gait since this morning. No fever, no other history given by the mother. *— Feb 2024*
   A. What are the causes of acute onset of unsteady gait in a child?
   B. How will you investigate this child?
   C. How will you manage?

12. Genetics and Endocrinology (13 questions)

★ Most-asked topics in this chapter

- Down syndrome and genetic disorders ***— asked in 4 of 8 papers***
- Hypothyroidism ***— asked in 4 of 8 papers***

12.1 Down syndrome and genetic disorders *(4 papers)*

1. **Short essay [8 marks]** Down syndrome *— Aug 2024 (S)*
   A. Mention the clinical features that make you suspect Down syndrome in an infant.
   B. Mention 4 complications that a baby with Down syndrome can develop in the first few days of life.
   C. What are the genetic abnormalities described in this condition?
   D. What is the most common cardiac and endocrine abnormality seen in this condition?
   E. Discuss the salient points for genetic counselling of the parents of this baby.
2. **Short answer [4 marks]** Important clinical features of a child with Trisomy 21 (Down syndrome) *— Aug 2025 (S)*
3. **Short note [2 marks]** Long-term complications in Down syndrome (Trisomy 21) *— Feb 2024 (S)*
4. **Precise answer [1 mark]** Write the total number of chromosomes in regular trisomy *— Feb 2024*

12.2 Hypothyroidism *(4 papers)*

1. **Short essay [8 marks]** A newborn baby did not pass motion after birth. He is jaundiced. He is having a hoarse cry. His anterior and posterior fontanelles are open. *— Aug 2025 (S)*
   A. What is the probable diagnosis?
   B. How will you confirm the diagnosis?
   C. What is the drug treatment for this child?
   D. Write another cause for delay in passing motion in a newborn.
2. **Short essay [5 marks]** Newborn is having constipation since birth. Baby is jaundiced also. Child is not passing motion. *— Feb 2024*
   A. Best possible diagnosis.
   B. Write the investigation to confirm the diagnosis.
   C. How will you manage this baby?
3. **Short note [2 marks]** Clinical features of hypothyroidism in a newborn baby *— Oct 2022 (S)*
4. **Short note [2 marks]** Clinical features of hypothyroidism *— Apr 2022*
5. **Precise answer [1 mark]** What happens to T4 and TSH values in a child with secondary hypothyroidism? *— Aug 2025 (S)*

12.3 MCQs from recent papers (2024–2025) *(4 MCQs)*

1. Down syndrome most commonly occurs due to: *— Mar 2025*
   (a) Translocation of chromosomes
   (b) Meiotic nondisjunction
   (c) Mosaicism
   (d) Deletion
2. What is the most common endocrine disorder affecting children with Down syndrome? *— Aug 2024 (S)*
   (a) Growth hormone deficiency
   (b) Hyperglycaemia
   (c) Hypoglycaemia
   (d) Hypothyroidism
3. Which of the following is true for an X-linked recessive disorder? *— Aug 2024 (S)*
   (a) Boys can be carriers
   (b) Girls are usually carriers
   (c) Girls are never affected
   (d) Only boys can be affected

4. Newborn with prolonged jaundice and umbilical hernia; the likely diagnosis is: *— Mar 2025*

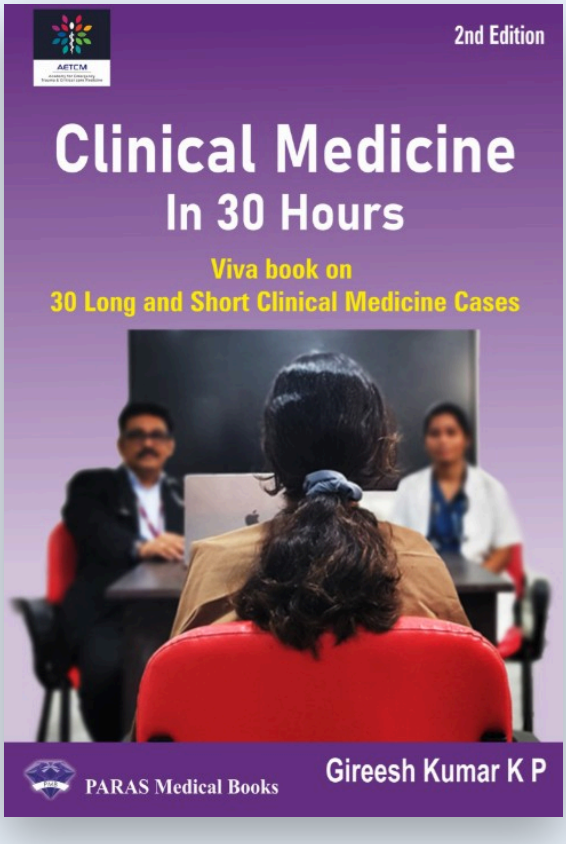
(a) Congenital hypothyroidism
(b) Growth hormone deficiency
(c) Umbilical sepsis
(d) Congenital rubella syndrome

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13. Poisoning, Envenomation and Electrolyte Emergencies (8 questions)

> ★ **Most-asked topics in this chapter**
> - Poisoning and snake bite ***— asked in 4 of 8 papers***
> - Hyperkalaemia ***— asked in 2 of 8 papers***

13.1 Poisoning and snake bite *(4 papers)*

1. **Short answer [4 marks]** Viper snake bite — *Aug 2024 (S)*
   A. Mention 2 complications of viper snake bite.
   B. Mention the initial supportive management.
   C. What is the specific treatment?
2. **Short note [2 marks]** Kerosene poisoning — *Feb 2024 (S)*
3. **Precise answer [1 mark]** Most common organ involved in kerosene poisoning — *Feb 2024*
4. **Short note [2 marks]** Iron poisoning — *Oct 2022 (S)*

13.2 Hyperkalaemia *(2 papers)*

1. **Short note [2 marks]** Management of hyperkalaemia — *Apr 2022*
2. **Precise answer [1 mark]** Mention 2 drugs used in treatment of hyperkalaemia — *Aug 2024 (S)*

13.3 MCQs from recent papers (2024–2025) *(2 MCQs)*

1. Antidote for acetaminophen poisoning is: — *Aug 2025 (S)*
   (a) British anti-Lewisite (b) N-acetylcysteine
   (c) D-penicillamine (d) Fomepizole
2. Tall T wave is seen in: — *Mar 2025*
   (a) Hyperkalaemia (b) Hypokalaemia (c) Hypercalcaemia (d) Hypocalcaemia

14. Skin, Paediatric Surgery and AETCOM (6 questions)

> ★ **Most-asked topics in this chapter**
> - Undescended testis ***— asked in 3 of 8 papers***
> - Ethics, communication and AETCOM ***— asked in 2 of 8 papers***

14.1 Skin disorders *(1 paper)*

1. **Short essay [5 marks]** One year old child on artificial milk and other complementary feeds is having generalized itching and oozing from the skin, with thickened skin in the lower limbs, mainly the cubital fossa, and the face and genital region. — *Feb 2024*
   A. What is the possible diagnosis?
   B. What are the risk factors for this child's problem?
   C. How will you manage this child?

14.2 Undescended testis *(3 papers)*

1. **Short note [2 marks]** Undescended testicles *— Apr 2022*
2. **Precise answer [1 mark]** What is your concern for undescended testicle? (What is the main complication of undescended testicle?) ***— Feb 2024 · Aug 2025 (S) [2×]***

14.3 Ethics, communication and AETCOM *(2 papers)*

1. **Short answer [4 marks]** Rights of parents and children *— Aug 2024 (S)*
   A. Discuss the right of parents and children in deciding treatment for children.
   B. Discuss their role in life-threatening situations of a child.
2. **Short note [2 marks]** Elective posting in paediatrics *— Feb 2024*

14.4 MCQs from recent papers (2024–2025) *(1 MCQs)*

1. Drug that is used in the management of scabies is: *— Aug 2025 (S)*
   (a) Ivermectin (b) Albendazole (c) Mebendazole (d) Praziquantel

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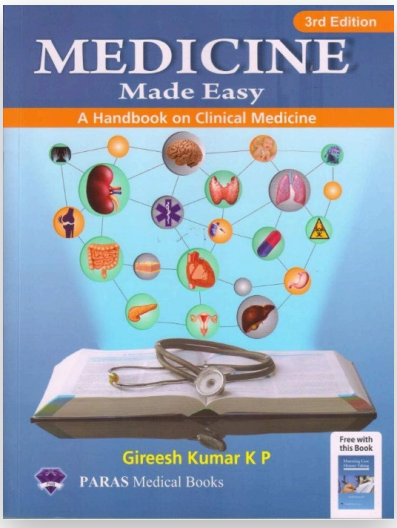
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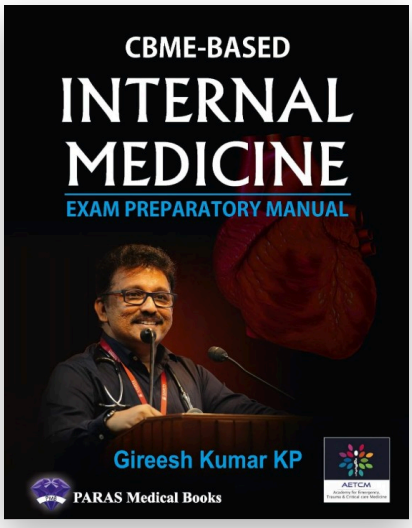
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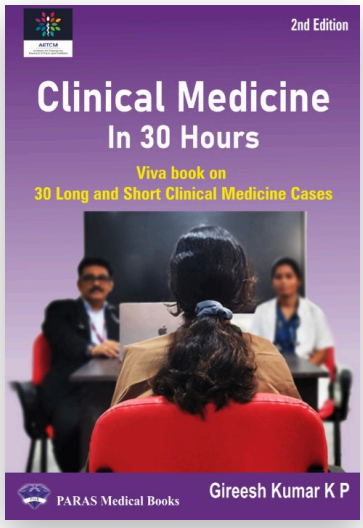
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