

END OF TERM MCQ - QUESTION PAPER

Circle the BEST response on the answer sheet provided

1. The following is true of the APGAR score:

- a. Is only measured in asphyxiated babies
- b. Is recorded at 2 and 10 minutes following delivery
- c. Can be a reliable indicator of impaired future brain development
- d. Records 5 different parameters
- e. Value ranges from 5 to 25

2. A 25 week gestation newborn has just been delivered. The cord is pulsating but the baby has acrocyanosis. The BEST immediate action is:

- a. Clamping the cord and giving 5 inflation breaths
- b. Keep the baby warm while allowing 2 minutes before cord clamping
- c. Commence glucose infusion
- d. Provide 100% oxygen
- e. Give aminophylline

3. Rehemia, a term baby is jaundiced at the age of 4 hours. Relevant investigations include the following EXCEPT:

- a. Group and cross match mother and baby's blood
- b. Direct coombs test of the mother
- c. Bilirubin levels
- d. Reticulocyte count of the baby
- e. Haemoglobin of the baby

4. Rehemia (in question 4) is started on phototherapy. When the lab results for get back, her mother is noted to be blood group A negative. The jaundice progresses to require an exchange transfusion by day 2.

- a. This disease is preventable by injecting all babies of rhesus-negative mothers with anti-D immunoglobulin
- b. The severity of the disease increases with each affected pregnancy
- c. Fetal anaemia is caused by intravascular destruction of red cells
- d. Exchange transfusion should be performed with A negative blood
- e. The fetal anaemia may be treated with injection of red cells into the fetal abdomen

5. A 2 day old baby is found to have a temperature of 38°C. The baby is MOST likely to have bacterial infection if he also has a history of:

- a. Meconium stained liquor
- b. Maternal fever during labour
- c. Foul smelling liquor
- d. Intra-uterine growth retardation
- e. Diabetes in pregnancy

6. A new born baby who is 38 weeks gestation and weighing 3.0 kg develops what is diagnosed as neonatal septicemia with pneumonia. The appropriate choice of antibiotic as per our current national guidelines would be:

- a. Ceftriaxone as monotherapy
- b. Cefotaxime as monotherapy
- c. Crystalline penicillin and ceftazidime
- d. Crystalline penicillin and gentamycin
- e. Crystalline penicillin and ceftriaxone

7. The neonate in question 6 above is injected with the correct antibiotic treatment but then develops a large swelling at the injection site. The mother also reports dark stools. Labs reveal a prolonged INR and APTT and a platelet count of 50,000/microlitre. What is the MOST LIKELY diagnosis?

- a. Vitamin K deficiency bleeding
- b. Disseminated intravascular coagulation
- c. Reaction to the antibiotic
- d. Accidental injection into an artery
- e. Haemophilia

8. Preterm delivery is related to all of the following factors EXCEPT:

- a. Maternal under-nutrition
- b. Inadequate antenatal care
- c. Short inter-pregnancy intervals
- d. Bacterial infection of chorionic membranes
- e. Lack of birth preparedness

9. A baby born at 31 weeks gestation has recurrent cessation of breathing lasting more than 10 seconds with normal colour and heart beat. What is the likely cause of this?

- a. Severe neonatal infection
- b. Severe respiratory distress syndrome
- c. Expected periodic breathing
- d. Respiratory failure
- e. Perinatal asphyxia

10. A cyanotic newborn infant is found to have a systolic murmur with a single loud second heart sound. A chest radiograph shows reduced pulmonary vascular markings with a normal heart size. The next BEST step in the management should be

- a. Digoxin administration
- b. Morphine administration
- c. Mechanical ventilation
- d. Prostaglandin E<sub>1</sub> administration
- e. Oxygen administration

11. The following is true of uncomplicated patent ductus arteriosus:

- a. The pulmonary vein is connected to the aorta

END OF TERM MCQ - QUESTION PAPER

Circle the BEST response on the answer sheet provided

1. The following is true of the APGAR score:

- a. Is only measured in asphyxiated babies
- b. Is recorded at 2 and 10 minutes following delivery
- c. Can be a reliable indicator of impaired future brain development
- d. Records 5 different parameters
- e. Value ranges from 5 to 25

2. A 25 week gestation newborn has just been delivered. The cord is pulsating but the baby has acrocyanosis. The BEST immediate action is:

- a. Clamping the cord and giving 5 inflation breaths
- b. Keep the baby warm while allowing 2 minutes before cord clamping
- c. Commence glucose infusion
- d. Provide 100% oxygen
- e. Give aminophylline

3. Rehema, a term baby is jaundiced at the age of 4 hours. Relevant investigations include the following EXCEPT:

- a. Group and cross match mother and baby's blood
- b. Direct coomb's test of the mother
- c. Bilirubin levels
- d. Reticulocyte count of the baby
- e. Haemoglobin of the baby

4. Rehema (in question 3) is started on phototherapy. When the lab results get back, her mother is noted to be blood group A negative. The jaundice progresses to require an exchange transfusion by day 2.

- a. This disease is preventable by injecting all babies of rhesus-negative mothers with anti-D immunoglobulin
- b. The severity of the disease increases with each affected pregnancy
- c. Fetal anaemia is caused by intravascular destruction of red cells
- d. Exchange transfusion should be performed with A negative blood
- e. The fetal anaemia may be treated with injection of red cells into the fetal abdomen

5. A 2 day old baby is found to have a temperature of 38°C. The baby is MOST likely to have bacterial infection if he also has a history of:

- a. Meconium stained liquor
- b. Maternal fever during labour
- c. Foul smelling liquor
- d. Intra-uterine growth retardation
- e. Diabetes in pregnancy

6. A new born baby who is 38 weeks gestation and weighing 3.0 kg develops what is diagnosed as neonatal septicaemia with pneumonia. The appropriate choice of antibiotic as per our current national guidelines would be:

- a. Ceftriaxone as monotherapy
- b. Cefotaxime as monotherapy
- c. Crystalline penicillin and ceftazidime
- d. Crystalline penicillin and gentamycin
- e. Crystalline penicillin and ceftriaxone

7. The neonate in question 6 above is injected with the correct antibiotic treatment but then develops a large swelling at the injection site. The mother also reports dark stools. Labs reveal a prolonged INR and APTT and a platelet count of 50,000/microlitre. What is the MOST LIKELY diagnosis?

- a. Vitamin K deficiency bleeding
- b. Disseminated intravascular coagulation
- c. Reaction to the antibiotic
- d. Accidental injection into an artery
- e. Haemophilia

8. Preterm delivery is related to all of the following factors EXCEPT:

- a. Maternal under-nutrition
- b. Inadequate antenatal care
- c. Short inter-pregnancy intervals
- d. Bacterial infection of chorionic membranes
- e. Lack of birth preparedness

9. A baby born at 31 weeks gestation has recurrent cessation of breathing lasting more than 10 seconds with normal colour and heart beat. What is the likely cause of this?

- a. Severe neonatal infection
- b. Severe respiratory distress syndrome
- c. Expected periodic breathing
- d. Respiratory failure
- e. Perinatal asphyxia

10. A cyanotic newborn infant is found to have a systolic murmur with a single loud second heart sound. A chest radiograph shows reduced pulmonary vascular markings with a normal heart size. The next BEST step in the management should be:

- a. Digoxin administration
- b. Morphine administration
- c. Mechanical ventilation
- d. Prostaglandin E<sub>1</sub> administration
- e. Oxygen administration

11. The following is true of uncomplicated patent ductus arteriosus:

- a. The pulmonary vein is connected to the aorta

- b. Left ventricular hypertrophy is not a feature on electrocardiography.
- c. Chest radiograph shows evidence of pulmonary plethora.
- d. Decreased pulse volume.
- e. Cyanosis is present.

12. Nina is a 2 year old who presents with central cyanosis, squatting and dyspnoea. She occasionally gets spells in which her cyanosis worsens. The following are features of Nina's condition. EXCEPT

- a. Squatting which relieves the dyspnoea.
- b. Prominent systolic murmur of ventricular septal defect.
- c. Pulmonary oligemia (reduced pulmonary markings on the chest radiograph) due to a right to left shunt.
- d. Paradoxical embolus can occur due to the right to left shunt at the ventricular level.
- e. Presentation is invariably in childhood.

13. Mwangi, a 7 year old male child on admission is very sick. On taking his vital signs, an exaggerated fall in his blood pressure associated with inspiration is noted. This feature may be found in the following EXCEPT

- a. Severe asthmatic attack.
- b. Cardiac tamponade.
- c. Constrictive pericarditis.
- d. Severe left ventricular failure.
- e. Myocardial disease.

14. Abdi is a 6 year old girl who presents with fever. The following might contribute to a diagnosis of rheumatic fever

- a. The finding of target lesions on the hands.
- b. The finding of tender nodules in the fingertips.
- c. A prolonged PR interval on ECG.
- d. A CRP of 10.
- e. Positive Romberg's sign.

15. The following are true regarding central cyanosis EXCEPT

- a. It can be reliably diagnosed when  $>5g/dl$  of desaturated haemoglobin are present.
- b. Usually detectable once the oxygen saturation drops below about 80-85%.
- c. Central cyanosis is indicated by blueness of the lips.
- d. It can be associated with a normal arterial  $PO_2$  in methaemoglobinaemia.
- e. May be caused by right to left shunts.

16. An 18 month old boy presents with recurrent cough. One of the following would make a diagnosis of recurrent aspiration more likely

- a. Cerebral palsy
- b. History of coughing not associated with feeds
- c. Presence of dextracardia
- d. Presence of failure to thrive

- c. Coughing spasms ending in vomiting

17. Mueni, a 2 yr old from Machakos, presents with a 3 day history of a barking cough and hoarse voice. The following is true of this condition EXCEPT

- a. The most common cause is Parainfluenza virus
- b. It is usually preceded with 2-3 day coryza
- c. Steroids have a longer duration effect for less severe cases, usually allowing the patient to be discharged home.
- d. Nebulised adrenaline has a role in relieving airway obstruction.
- e. If agitated, the patient should receive mild sedation.

18. Wanja, a 4 year old is brought to hospital having ingested some kerosene. On evaluation she is fully alert without respiratory distress. Correct steps in his management include:

- a. Immediate gastric lavage to remove any unabsorbed poison
- b. Prompt discharge since he probably didn't ingest much kerosene
- c. Ipecac syrup to induce emesis.
- d. Observation for 24 to 48 hours.
- e. Admission to the high dependence unit given the poor outcome of such cases.

19. Kemboi, a 6 year old child is brought with persistent snoring and frequent mouth breathing. His mother reports that the child wakes up at night almost daily seemingly running out of breath. Regarding this child the following are true EXCEPT

- a. History and stigmata of atopy is relevant to his condition
- b. Without treatment the condition may lead to heart failure
- c. Antihistamines are effective therapy
- d. Surgical intervention is not indicated at this stage
- e. May be associated with obesity.

20. Keziah, an 8 year old is brought to the paediatric filter clinic with 3 month history of recurrent cough and wheezing. She is sick-looking, agitated, with marked respiratory distress and on chest auscultation scattered rhonchi are heard. Her management should include the following EXCEPT

- a. Administration of oxygen via a face mask with a reservoir at 12 l/min.
- b. Inhaled salbutamol
- c. Inhaled corticosteroids
- d. Inhaled ipratropium bromide in addition inhaled salbutamol
- e. Oral steroids.

21. Prenatal diagnosis of neural tube defect may be accomplished by all the following EXCEPT

- a. Estimating maternal serum alphafetoprotein.
- b. Estimation of amniotic fluid alphafetoprotein.
- c. Assay of amniotic fluid acetylcholinesterase.
- d. High resolution ultrasound.
- e. Estimation of amniotic fluid cholesterol.

Resp  
Respiratory

→ CRP → PIV  
CRP

NOTES - D

22. A 9 month old infant is brought to the well baby clinic because of a progressively increasing size of the head, floppy lower limbs and inability of the child to sit even with support. The following is true EXCEPT:-

- a. A history of prior meningitis would be relevant. ✓
- b. A swelling on the lower back can be an associated finding. ✓
- c. The infant has rickets and exposure to sunlight would be adequate therapy. ✓
- d. Hyper-reflexia of the lower limbs would be present. ✓
- e. Revision of shunts would be necessary with age. ✓

23. A 7 yr old boy has had progressive weakness of the lower limbs since 5 yrs of age and his Achilles tendons are shortened and tight.

- a. A negative Gower's sign is suggestive of the diagnosis. ✓
- b. Most affected children are wheel chair bound by 2 yrs. ✓
- c. Muscle biopsy is diagnostic. ✓
- d. This condition is transmitted as x-linked dominant. ✓
- e. Death occurs usually at about 10 yrs of age. ✓

Duchenne's muscular dystrophy

24. Peris, a 15 year old girl with a BMI of  $32.4 \text{ kg/m}^2$ , presents with a two week history of headaches and double vision. She had also noticed an episode where her vision dimmed after sneezing. On examination she has bilateral optic disc swelling, a left sixth cranial nerve palsy but a normal CT scan. A similar presentation is associated with the following drugs EXCEPT:-

- a. Tetracyclines.
- b. Excessive vitamin A.
- c. Glucocorticoids.
- d. Excessive vitamin C.
- e. Amiodarone.

25. Musila, a 10 year old boy presents with a broad-based ataxic gait. Which of the following occurs characteristically with this presentation:-

- a. Proximal myopathy
- b. Basal ganglia lesion
- c. Right-sided cerebral infarction
- d. Phenytoin toxicity
- e. Cerebellar vermis lesion

26. Decreased glucose and high polymorphonuclear cell count in the CSF may be seen in all of the following EXCEPT:

- a. Echo virus meningitis
- b. Early tuberculous meningitis
- c. E. coli meningitis
- d. Meningococcal meningitis
- e. Cryptococcal meningitis

27. Omondi, a 5 year old boy presents to the paediatric outpatient clinic with uncontrollable movements, facial grimacing exacerbated by stress but disappearing with sleep. A history of migrating polyarthritis, arthralgia and fever 2 months ago. The following if demonstrated would be useful in your diagnosis EXCEPT:-

- a. Milk maid's grip. ✓
- b. Supination of the hands when the patient's arms are extended. ✓
- c. Wormian darting movements of the tongue upon protrusion. ✓
- d. Examination of handwriting to evaluate fine motor movements. ✓
- e. Supportive evidence of Group A beta haemolytic Streptococcus antibodies.

28. Aisha, a three year old girl who had been having some upper respiratory infection followed by acute diarrhoea presents with anemia, decreased platelet count and azotemia with reduced urine output. She is MOST likely to have:-

- a. Severe dehydration with prerenal failure +
- b. Acute post streptococcal glomerulonephritis +
- c. Severe septicemia +
- d. Hemolytic uremic syndrome
- e. Toxic nephropathy |

HUS

29. The most common manifestation of urinary tract infection in infants is

- a. Dysuria
- b. Poor weight gain
- c. Refusal to feed
- d. Enuresis
- e. Fever

30. A 6 year old girl with global developmental delay presents with fever and gross haematuria, with visible pink urine and clots. Full term normal delivery with no neonatal complications. There is no family or social history of note. On examination she has a temperature of  $38.9^\circ\text{C}$ , respiratory rate of 18/min and heart rate of 90/min. She has suprapubic tenderness. Urine dipstick testing shows 4+ haematuria, 3+ proteinuria and 3+ nitrites. What is the MOST LIKELY diagnosis?

- a. Benign familial haematuria
- b. Glomerulonephritis
- c. Haemorrhagic cystitis
- d. Henoch-Schonlein Disease
- e. Wilm's tumor

31. In chronic untreated renal failure only one of the following findings are characteristic:

- a. Metabolic alkalosis
- b. Hypokalaemia ↑
- c. Hyperosmolar dehydration
- d. Hypercalcaemia ↘
- e. Hypercalcaemia ↘

32. The following are recognized causes of secondary hypertension EXCEPT:

- a. Henoch Schonlein Purpura.
- b. Nephroblastoma.
- c. Neuroblastoma.
- d. Coarctation of the aorta.
- e. Hypothyroidism.

33. The following are true regarding vomiting that occurs soon after birth and is persistent EXCEPT:-

- a. Intestinal obstruction is possible.
- b. Increased intracranial pressure is another possibility.
- c. A history of maternal hydramnios may suggest upper gastrointestinal atresia.
- d. Biled stained emesis would suggest intestinal obstruction beyond the stomach.
- e. May occur in congenital hernia of the diaphragm.

34. Njuguna, a 3 week old male presents with a 3 day history of persistent nonbillous emesis. On examination, he is dehydrated and per abdomen, a firm, mobile olive shaped pyloric mass about 2cm in length is palpable. Recognized features of this condition include the following EXCEPT:

- a. Familial tendency.
- b. Hyperchloremic metabolic acidosis.
- c. Alkaline urine.
- d. Increased incidence in boys.
- e. Is associated with other congenital defects.

35. A 2 week old male child is brought to casualty by his concerned parents with diarrhoea and vomiting. He is the first child of a young couple. Examination reveals few features besides obvious dehydration. He is noted to have a penile length of 3.5cms. Which of the following is the most appropriate initial treatment for this patient?

- a. Cow's milk allergy is the most likely diagnosis.
- b. Gluten-enteropathy should be excluded.
- c. Requires urgent treatment with oral steroids.
- d. Requires urgent treatment with IV normal saline.
- e. Rota virus gastroenteritis is the most likely diagnosis.

36. Ruto, a 3 week male neonate has persistent abdominal swelling, has not passed stool for the last 5 days but has no emesis. On rectal exam, the anal tone is normal, followed by an explosive discharge of foul smelling stool and gas. He was born at term and passed meconium after 4 days. The following is true of the most likely condition EXCEPT:

- a. It is associated with other congenital defects such as Down's syndrome.
- b. Diagnosis can be by rectal examination.
- c. The unaffected segment preceding the lesion is grossly dilated on barium enema.
- d. There is a male:female ratio of 4:1.
- e. The right side of the colon is most commonly affected.

37. Maryanne, 8 months old, has had vomiting and frequent watery non bloody stools for the last 3 days. She is feeding poorly and her temperature is 38.5°C. The following statements are true regarding Maryanne's condition EXCEPT?

- a. Majority of the cases are due to rotavirus infection.
- b. Evaluation for urinary tract infection is relevant.
- c. Antibiotics are indicated in Maryanne's condition.
- d. May be associated with an upper respiratory tract infection.
- e. Lactose intolerance is a known sequel in this condition.

38. The following are TRUE regarding gastro-oesophageal reflux disease (GORD):

- a. Projectile bilious emesis is suggestive of GORD.
- b. Gastro-oesophageal reflux is a self-limiting condition in most infants.
- c. A barium meal is necessary to make the diagnosis of GORD.
- d. Prone position is associated with higher likelihood of GORD.
- e. Surgical intervention is necessary in all infants with gastroesophageal reflux.

39. Regarding encopresis one of the following is TRUE:

- a. Retained faeces may be the result of an anal fissure.
- b. 5% of children continue to soil themselves at the age of 5 year.
- c. A Micro lax enema is almost always required to clear faecal loading.
- d. Oral laxatives may be required for 2-4 weeks after the removal of faecal loading.
- e. Soiling of the pants makes Hirschsprung's Disease unlikely.

40. The following are true regarding breastfeeding and breast milk EXCEPT:

- a. Exclusive breastfeeding can be recommended even for infants born to HIV positive mothers.
- b. Higher IQ's have been recorded in breastfed children compared to those who have not been breastfed.
- c. Incidence of atopy is higher in formula fed infants compared to breastfed infants.
- d. The whey: casein ratio is higher in breast milk compared to cow milk.
- e. Breast milk contains more sodium than cow's milk per unit volume.

41. Kemunto who was born with a birth weight of 2.7 kg at term has been exclusively breast fed. At the age of 5 months she weighs 8.5 kg and has no other medical problem. The following is TRUE regarding Kemunto:-

- a. She should continue exclusive breastfeeding for 6 months.
- b. Endocrinology review is indicated.
- c. She has early-onset obesity.
- d. Her mother should be advised to reduce the frequency of breastfeeding.
- e. A light complimentary diet introduced at this stage may help control the rapid growth.

42. A 2 month old baby has thick adherent greasy scales on the scalp and eyebrows. The child appears comfortable with no evidence of pruritis. The BEST management option in this case would be:
- a) Antifungal shampoo e.g. ketoconazole 2%
  - b) Conservative management including parent education and reassurance and simple skin care methods since this is a self-limiting condition
  - c) Topical tar preparations
  - d) Oral corticosteroids
  - e) Topical salicylate containing ointments

43. The following is the LEAST common condition associated with perineal rashes in children:
- a) Candidal infection
  - b) Irritant dermatitis
  - c) Atopic dermatitis
  - d) Scabies
  - e) Psoriasis

44. A diagnosis of systemic lupus erythematosus is made if 4 or more of the American College of Rheumatology criteria are present simultaneously or serially during any interval of observations. These criteria include the following EXCEPT:-
- a) Discoid rash
  - b) Photosensitivity
  - c) Abnormal antinuclear antibody titre
  - d) Hematuria 3+
  - e) Proteinuria greater than 0.5g per day

45. Betty, a 7 year old girl presents with constitutional symptoms (fever, weight loss and fatigue) for about 2 weeks followed by symmetric proximal muscle weakness accompanied by a heliotrope and malar rash as well as gottron nodules. Abnormalities in nailfold capillaroscopy are noted on bedside exam and lab results reveal elevated serum creatinine kinase. The most likely diagnosis is:-
- a) Systemic lupus erythematosus.
  - b) Juvenile dermatomyositis.
  - c) Non inflammatory myopathy.
  - d) Systemic scleroderma.
  - e) Viral myositis.
46. A newborn infant is noted to have coarse features, dry skin, large umbilical, hernia and hypotonia. The following are true about this infant
- a) Presence of a prominent goiter
  - b) Marked elevation of serum TSH and low serum FT<sub>4</sub>
  - c) Rare among Africans
  - d) Conjugated hyperbilirubinaemia

47. A child who is brought for evaluation on account of impaired growth is found to have a height below the third centile, normal growth velocity and chronologic age which is greater than the skeletal age. This child is likely to have
- a) Depressed growth hormone levels
  - b) Elevated growth hormone levels
  - c) Constitutional delay in growth
  - d) Genetic short stature
  - e) Primordial dwarfism
48. The following conditions are inherited as x-linked recessive EXCEPT
- a) Duchenne's muscular dystrophy
  - b) Haemophilia A
  - c) Wiskott Aldrich syndrome
  - d) Sickle cell trait
  - e) Glucose-6-phosphate (G6P) deficiency

49. The following conditions have an autosomal dominant mode of inheritance EXCEPT:
- a) Galactosaemia
  - b) Neurofibromatosis
  - c) Achondroplasia
  - d) Von Willebrand's disease
  - e) Hereditary spherocytosis

50. Which of the following skills would be expected of a 7-months-old infant?
- a) Crawling
  - b) Social smile
  - c) Control of bowel and bladder function.
  - d) Sitting unsupported
  - e) Raising the head while prone.

51. During puberty in girls the following are true EXCEPT:-
- a) Breast enlargement occurs before axillary hair growth
  - b) Menarche coincides with peak growth velocity
  - c) Maximal growth velocity occurs on average two years earlier than in boys
  - d) Early breast enlargement is often asymmetrical
  - e) Appearance of pubic hair frequently occurs before menarche
52. The following are true about child health indicators in Kenya as per the KDHS 2008/9 EXCEPT-
- a) Infant Mortality rate is 52 per 1000 live births.
  - b) Ninety two percent of pregnant women receive ante-natal care from a medical professional however only 43% deliver in health facilities.

Thelarche  
Pubarche  
Adren  
Enanthelarche  
Menarche

60% of Kenyan children are underweight.  
 55% of the mothers received at least two doses of Tetanus Toxoid and 73% of the last births were protected against neonatal tetanus.  
 35% are stunted while 7% are wasted.

53. Proven interventions that prevent diarrhoea and pneumonia in children include the following except:
- a) Vaccination against measles, pertussis, PCV, Hib and rotavirus ✓
  - b) Prevention of HIV in children ✓
  - c) Cotrimoxazole prophylaxis for HIV-infected children ✓
  - d) Handwashing with soap ✓
  - e) Zinc provision ✓

54. 15 yr old Angelina is brought to the Paediatric Casualty having ingested Malathion insecticide after a fight with her 16 yr old boyfriend. Which of the following statements are true EXCEPT

- a) She is likely to have dilated pupils. ✓
- b) The clinical features are as a result of cholinesterase inhibition. ✓
- c) Decontamination of the skin, nails, hair and clothing is important. ✓
- d) Full atropinization is required. ✓
- e) Psychiatric evaluation is necessary before discharge ✓

55. A 6 weeks old baby presents at a Tharaka health center with cough, severe respiratory distress, inability to feed and diarrhea for two days. He weighs 3.5 kgs. His mother attributed ANC 4 times and rapid test was positive. The TRUE statement is:

- a) Reduced skin turgor confirms severe dehydration ✓
- b) There is no need for doing a rapid test ✓
- c) It is not possible to do a PCR ✓
- d) If he has oral thrush ART is indicated ✓
- e) It is a possible clinical stage 2 disease ✓

56. An effective National TB Control Programme (NTP) is characterized by all EXCEPT:

- a) Cure rate of more 85% of smear-positives ✓
- b) Vertical TB programme ✓
- c) Effective patient centered programme ✓
- d) Detection of over 70% of existing adult cases ✓
- e) Quality assured TB sputum microscopy ✓

57. A 10 month old male from Bungoma presents with acute onset of fever and 8-10 episodes of vomiting per day. He is in severe respiratory distress and has 4+ of malaria parasite on blood slide. The TRUE statement is:

- a) Thick film is the best method of detecting the parasites ✓
- b) Thin film is the best method of detecting the parasites ✓
- c) Rapid diagnostic test is cheaper and more accurate ✓
- d) The most common complication at this age is renal failure ✓
- e) The patient can be treated at home with Artemisinin based combinations ✓

Oxygen  
 1) 1 litre  
 2) 2 litres  
 3) 3 litres  
 4) 4 litres  
 5) 5 litres

58. A 12 year old girl presents with a week-long history of severe headache and fever. She is found to have a stiff neck and CSF studies reveal cryptococcus on Indian ink stain. The following is true regarding this child EXCEPT.

- a) Oral fluconazole is the best choice of therapy. ✓
- b) This is a common presentation in HIV positive children. ✓
- c) Life-long prophylactic therapy may be indicated for children who remain immunocompromised. ✓
- d) Even with prompt treatment prognosis is poor. ✓
- e) Serological tests are available for diagnosis of this condition. ✓

59. The hemogram of a 5 year old boy comes back with a Hb 7g/dl, MCV 60 and MCH. The following are differential diagnoses EXCEPT:

- a) Iron deficiency anaemia ✓
- b) Thalassemia ✓
- c) Anaemia of chronic disease ✓
- d) Copper poisoning ✓
- e) Sideroblastic anaemia ✓

60. Mutie is a 9 yr old boy referred from Machakos Hospital with a rapidly growing unilateral jaw mass. The following are true EXCEPT:

- a) Reed Sternberg cells would be diagnostic ✓
- b) Paraplegia may be a presenting feature of this disease ✓
- c) Prognosis is good with adequate therapy ✓
- d) Drug therapy is preferred to surgical excision. ✓
- e) Late treatment complications include infertility ✓

Direct  
 - 100%  
 - 100%  
 - 100%

Diarrhoea  
 Urinary  
 Mucous  
 Urinary  
 E  
 Lactose  
 Sodium  
 Calcium  
 Organic phosphate  
 2-3-6  
 12-18-24

Organic phosphate  
 Calcium  
 Organic phosphate  
 2-3-6  
 12-18-24