

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[DM 0822]

AUGUST 2022

Sub. Code :1507

D.M. – PAEDIATRIC NEUROLOGY

**Paper II – CLINICAL NEUROLOGY, NEURO PSYCHIATRY,
NEURO PSYCHOLOGY**

Q.P. Code: 161507

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on: **(2 x 15 = 30)**

1. An eight month old infant is brought with history of epileptic spasms since 6 months of age. Discuss the evaluation of this child, the possible aetiologies and management options.
2. Discuss the evaluation and management of a floppy infant.

II. Write notes on: **(10 x 7 = 70)**

1. Developmental language disorders.
2. Barriers to transitional care.
3. Congenital disorders of glycosylation.
4. NREM sleeps disorders.
5. Minimally conscious state.
6. Childhood CIDP.
7. Neurologic involvement in coeliac disease.
8. Approach a child with suspected metabolic causes of autistic spectrum disorder.
9. Clinical approach to 6yr old child with recent-onset visual impairment.
10. Differential diagnosis of dyskinetic cerebral palsy.

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[DM 0124]

JANUARY 2024

Sub. Code :1507

D.M. – PAEDIATRIC NEUROLOGY

**PAPER II – CLINICAL NEUROLOGY, NEURO PSYCHIATRY,
NEURO PSYCHOLOGY**

Q.P. Code: 161507

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on: **(2 x 15 = 30)**

1. Approach to eight-year-old girl child with progressive proximal muscle weakness.
2. Approach to a two-year-old child presenting with Mucopolysaccharidosis phenotype.

II. Write notes on: **(10 x 7 = 70)**

1. Cherry Red spot.
2. Primordial dwarfism.
3. Neurogenic Bladder.
4. Pseudo-paralysis.
5. Myotonia.
6. Acute flaccid Myelitis.
7. Examination of a child with a large head.
8. Differentiation of Dyskinetic cerebral palsy due to birth asphyxia versus bilirubin-induced neurological dysfunction (BIND) and its importance.
9. Perisylvian subtype of cerebral palsy.
10. Hearing impairment versus visual impairment in cerebral palsy and its importance of recognition.
