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.

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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.

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

[DM 0824] **AUGUST 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. Discuss the clinical features and imaging features of hereditary hypomyelinating leukodystrophies.
2. Discuss the pathophysiology, diagnosis and management of autoimmune epilepsy.

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

1. Pendular Nystagmus.
2. Current treatment options for term neonatal HIE.
3. FOXG1 disorders.
4. Kearns-Sayre syndrome (KSS).
5. SeLEAS.
6. Management of comorbidities in cerebral palsy.
7. Brain herniation syndromes.
8. Migraine Equivalents in Children.
9. Intermittent Ataxia in Children.
10. Focal cortical Dysplasia.

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

[DM 0225] **FEBRUARY 2025** **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. A 7-year-old child is brought with a 1-week history of slurred speech, imbalance while walking and headache. The child had a mild undifferentiated febrile illness a week prior to this. Discuss the differential diagnosis, investigations and management.
2. Discuss the clinical features, diagnostics and management of congenital myopathies.

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

1. Intracranial arachnoid cysts.
2. Sturge Weber syndrome.
3. Diagnostic evaluation of ADHD.
4. DEPDC5 related epilepsy.
5. Management of Moya moya disease.
6. VZV associated neurological complications.
7. Neurological causes of SIADH and management.
8. Clinical approach to 6yr old child with recent-onset visual impairment.
9. Vestibular Migraine.
10. Gowers Sign.

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

[DM 0126] **JANUARY 2026** **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. Elaborate the differential diagnosis of progressive cognitive decline in a toddler with specific reference to clinical features, diagnosis and management of neuronal Ceroid Lipofuscinosis.

2. Discuss the assessment and disorders of states of consciousness.

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

1. Vestibular migraine of childhood.
2. Distinguishing features between acute provoked neonatal seizures and neonatal epilepsy.
3. Creatine deficiency disorders.
4. Clinical features of disorder of glycosylation.
5. Comorbidities in autism spectrum disorders.
6. Functional classification system for management of cerebral palsy.
7. Dravet syndrome.
8. NREM related parasomnias.
9. Neurocardiogenic syncope.
10. Neurologic complications of immunization.

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