

M.MED.FAMILY MEDICINE

SECOND YEAR THEORY EXAM– Aug 2013

PAPER III – MATERNAL & CHILD HEALTH

TIME: THREE HOURS

MAXIMUM MARKS: 100

INSTRUCTIONS

The paper will be for a total of **100 marks**.

Answer **all** the Questions.

The Paper has 2 parts – **Part A& Part B**.

Part A will be **descriptive typequestions** based on case scenarios **(40 marks)**.

Part B will have Objective type EMQs (**Extended Matching Questions**) **(60 marks)**.

This will have 10 sets of these questions.

Each set will have 6 questions.

Each question will carry 1 mark.

Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)

From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

PART – A
DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. Answer the following questions on Antenatal care: (5 X 4 MARKS)

A.Mrs.Sumathy has come to you for antenatal care and this is her 1st visit.List any 4 risks that you will screen by your history taking.

B.Name 4 baseline investigations you will do on Sumathy.

C.Mrs.Gomathy is a G2P1L1 antenatal mother presenting at 28weeks of gestation.On examination,her uterus corresponds to 32 weeks size. .Name 4 conditions that can cause this.

D.24year old Mrs.Radika,aprimigravida at 10weeks gestation presents with severe vomiting and she is dehydrated.

- (i).When will you say that she has Hyperemesis gravidarum?
- (ii).What are the 2 important conditions you need to rule out on her?
- (iii).How will you treat her?
- (iv).At discharge what advice&drugs will you give her?

E.Karpagam , G₃P₂L₂, comes to you at 20 weeks of gestation with anaemia .(Hb-8gm%).

- i. What are the causes of anaemia in pregnancy?
- ii. What is the Government of India recommendation for Iron prophylaxis in pregnancy.
- iii. If she is not tolerating oral iron how will you treat her?
- iv. What are the indications for blood transfusion in anaemia in pregnancy?

2. Answer the following questions on Managing patients with HIV related diseases:

A. 24 years old Mrs.Shanthi has been diagnosed to be HIV infected.She has presented with fever,cough and mild breathlessness for the past 10days.List the common presenting signs&symptoms,investigations and the treatment of the following respiratory conditions which she may have. **(6 MARKS)**

- Pulmonary Tuberculosis
- Lobar Pneumonia
- Pneumocystis carinii pneumonia

B. 2months later she presented to you with severe headache and vomiting. You are suspecting cryptococcal meningitis on her.List the presenting symptoms&signs of this condition, describe the CSF picture, specify what special stain you will ask for and what drugs you will start heron .

(8 MARKS)

C. After a month she presents with high fever,abdominal pain and bloody diarrhea for a day.What is the most likely diagnosis?What is the causative organism?How will you treat her?

(6 MARKS)

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1.THEME: MENSTRUAL IRREGULARITIES - DIAGNOSIS (QUESTIONS 1(i)-1(vi))

From the options ‘A to N’ given below , choose the best answers for the questions ‘1(i)-1(vi)’:

Options :

- | | |
|-----------------------------------|----------------------------------|
| A. Dysfunctional uterine bleeding | H. Diabetes Mellitus |
| B. Drug Induced problem | I. Bleeding disorder |
| C. Ectopic Pregnancy | J. Polycystic Ovarian Disease |
| D. Hypothyroidism | K. Maternal oestrogen withdrawal |
| E. Pelvic inflammatory disease | L. Psychological upset |
| F. Endometrial carcinoma | M. Chlamydia |
| G. Uterine fibroid | N. Ovarian carcinoma |

Questions:

1.(i)32 year old nulliparous obese lady with irregular periods and increased facial hair.

1(ii).63 year old postmenopausal lady with bleeding PV. Pelvic assessment shows an enlarged uniformly shaped uterus.

1(iii).33 year old with excessive periods associated with discharge PV. Cervical motion tenderness is positive.

1.(iv).43 year old with depression recently started on Amitriptyline presenting with menorrhagia.

1.(v).36 year old lady with regular heavy periods .Pelvic examination is normal. Ultrasound abdomen shows normal uterus.

1.(vi).41 year old with history of intermenstrual bleeding, weight loss and distension of abdomen. On examination, you find an adnexal mass.

2.THEME: GERIATRICS – DIAGNOSIS (QUESTIONS 2i-2vi)

From the options ‘A to J’ given below , choose the best answers for the questions ‘2(i)-2(vi)’:

Options :

- A. Urge incontinence
- B. Stress incontinence
- C. Osteoporosis
- D. Osteoarthritis
- E. Age associated memory loss
- F. Delirium
- G. Dementia
- H. Atrophic vaginitis
- I. Decreased response of hypothalamic-pituitary-adrenal axis
- J. Decreased testosterone

Questions:

2(i).Mrs. Rajammal, 62year old, a retired teacher is distressed because she could not remember the name of a friend she met that morning. She has no other functional impairment. What is his problem?

2(ii).Mrs.Lakshmi, 75 year old has been fit till 6 months back when her relatives found her difficult to manage. She repeats the same questions several times, he goes to visit friends and cannot find his way back. He becomes angry when cautioned and becomes restless and is unable to sleep. What does he have?

2(iii).An 87 year old presents with urinary incontinence which occurs while at sleep (2 or 3 AM).She also leaks 3-4 times during the day. The post void volume is 20ml.What does she have?

2(iv)..84 year old Savithri had a trivial fall in the house last month and sustained a fracture neck of femur which required surgery. What is she likely to have?

2(v).A 60 year old post-menopausal woman complains of dyspareunia and dysuria. What is she likely to have?

2(vi).Of late 84year old Mrs.Swathi has difficulty in remembering where she is, forgets where she had kept her keys,finding it difficult to live independently.She most likely has...

3.THEME: TYPES OF ANEMIA (QUESTIONS 3(i)-3(vi))

From the options ‘A to D’ given below , choose the best answers for questions 3(i)-3(vi) given below:

Options :

- A. Iron deficiency anemia
- B. Megaloblastic anemia
- C. Hemolytic anemia
- D. Anaemia of chronic disease

Questions:

3(i).Pratap has anemia with icterus and frontal bossing.

3(ii).Pamela has anemia and pigmentation over knuckle and tongue.

3(iii).5 year old Sundar with Malnutrition and anemia.

3(iv).Mannar is brought to you sick and anemic and he lives in a malaria-prone area.

3(v).Christina is suffering from Rheumatoid arthritis for many years.

3(vi).Swati with Plummer Vinson syndrome.

4.THEME: INVESTIGATIONS IN ANEMIA (QUESTIONS 4(i)-4(vi))

From the options ‘A to K’ given below, choose the best answers for questions 4(i)-4(vi) given below:

Options :

- A. Iron deficiency anemia
- B. B12 Deficiency
- C. Anemia of Chronic disease
- D. Sickle cell anemia
- E. Thalassemia
- F. Spherocytosis
- G. Anemia in Hypothyroidism
- H. Autoimmune Hemolytic anemia
- I. G6PD deficiency
- J. Elliptocytosis
- K. Pyruvate kinase deficiency

Questions:

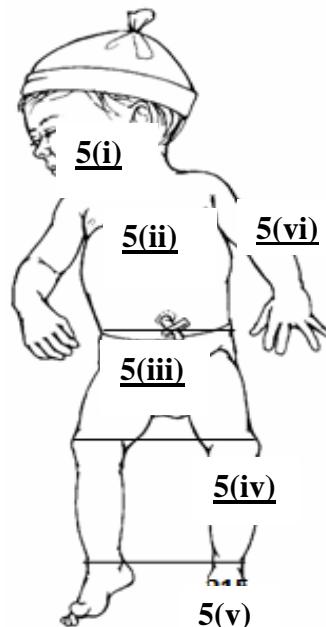
- 4(i).MCV low, Serum Iron low, Ferritin normal, TIBC high, Electrophoresis normal.
- 4(ii).MCV low, Serum Iron normal, Ferritin normal, TIBC normal, Electrophoresis abnormal.
- 4(iii).MCV high, Reticulocyte count normal, B12, folate levels low, Intrinsic factor low.
- 4(iv).MCV high, Reticulocyte count high, B12, folate levels normal, Intrinsic factor normal.
- 4(v).Reticulocyte count high, Osmotic Fragility test positive.
- 4(vi).Reticulocyte count high, Direct Coombs test positive.

5.THEME: NEONATAL JAUNDICE(QUESTIONS 5(i)-5(vi))

From the options ‘A to G’ given below , choose the best answers for numbers 5(i)-5(vi))given in the picture below.

Options :

- A. 5 mg/dl
- B. 2 mg/dl
- C. 8 mg/dl
- D. 10 mg/dl
- E. 12 mg/dl
- F. 15 mg/dl
- G. 20 mg/dl



6.THEME: Contraception(QUESTIONS 6(i) - 6(vi))

From the options ‘A to G’ given below , choose the best answers for 6(i)-6(vi):

Options :

- | | |
|-------------------------------|---|
| A.Combined pills | E.Vasectomy/Tubectomy/Injectable progestogens/Barrier+Spermicides |
| B.IUCD | F.Injectable Progestogens, Barrier contraception+Spermicides |
| C.Tubectomy | G.Emergency contraception |
| D.Oral pill+Condom,Avoid IUCD | |

Questions:

- 6(i)**A lady who delivered her 1st child 2months back
6(ii)Commercial sex worker with past history of pelvic infection/ectopic pregnancy
6(iii).Failure of Barrier method
6(iv).Newly married woman
6(v).32 year old woman, P2L2 and the 2nd child is 3years old
6(vi). Woman with Rheumatic heart disease

7.THEME: SEXUALLY TRANSMITTED INFECTIONS(Questions 7(i)-7(vi))

From options AtoH ,choose the best answers for the treatment of the following conditions in Questions 7(i)-7(vi)

Options:

- | | |
|--|--|
| A.Cryotherapy | E.Benzathine penicillin 2.4 million units IM |
| B.Metronidazole 2gram stat | F.Micanazolepessaries 100mg daily for 6days. |
| C.Acyclovir 400mg orally three times daily for 7to 10days. | G.Cefixime 400mg orally in a singe dose |
| D.Doxycycline 100mg orally twice daily for 2weeks. | H.Azithromycin 1gram orally as a single dose |

Questions:

- 7.(i)**.Genital Herpes
7(ii).Gonorrhoea
7(iii).Trichomonasvaginalis
7(iv).Chancroid
7(v).Granuloma Inguinale
7(vi).Syphilis

8.THEME:VAGINAL DISCHARGE(Questions 8(i)-8(vi))

From the options ‘A to H’ given below , choose the best answers for8(i)-8(vi):

Options :

- | | |
|----------------------|-------------------------------|
| A.Physiological | E.Vulvovaginal candidiasis |
| B.Vaginitis | F.Trichomonasvaginalis |
| C.Carcinoma cervix | G.Cervicitis |
| D.Atrophic vaginitis | H.Pelvic inflammatory disease |

Questions:

- 8(i).Mucopurulent discharge from the os
8(ii).Cervical motion tenderness on bimanual examination
8.(iii).45 year Mrs.Thenmohi,with uncontrolled diabetes presents with curdy white discharge
8.(iv).Frothy discharge with fishy odor.
8.(v).Vaginal discharge and redness of vaginal wall
8.(vi).14 year old Sumathi complains of white discharge PV every time before her menstruation.

9. THEME: MENSTRUAL IRREGULARITIES(Questions 9(i)-9(vi))

From the options ‘A to H’ given below , choose the best answers for9i-9vi:

Options :

- | | |
|------------------------|--------------------------------|
| A. Craniopharyngioma | E. Polycystic ovarian syndrome |
| B. Oestrogen | F. Hypothyroidism |
| C. Gonadal Dysgenesis | G. Precocious puberty |
| D. Asherman’s syndrome | H. Cryptomenorrhea |

Questions:

- 9(i).False amenorrhoea
9(ii).Visual defects
9(iii).Webbed neck
9(iv).Acne/acanthosisnigricans
9(v).Delayed bone age
9(vi).Advanced bone age

10.THEME:MENSTRUAL IRREGULARITIES-II (QUESTIONS 10(I)-10 (vi)

From the options ‘A to I’ given below , choose the best answers for 10(i) -10(vi):

Options :

- A. Craniopharyngioma
- B. Galactorrhea
- C. Hypertrichosis
- D. Hirsuitism
- E. Asherman’s syndrome
- F. Necrosis,posterior pituitary
- G. Ovarian failure
- H. Bone age
- I. Necrosis ,anterior pituitary

Questions

10(i).Sheehan’s syndrome

10(ii).Hypothyroidism

10(iii).Hair upper lip

10.(iv).Hair forearm

10.(v).High FSH and LH

10(vi).Low FSH and LH

(LE 0214)

M.MED.FAMILY MEDICINE

Sub. Code: 4013

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Q.P. CODE: 434013

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From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. Answer the following questions on Anaemia: **(5 X 4 MARKS)**

A. Define and classify Anaemia.

B. 18 year old Kamala has been brought with severe anaemia.

- i. What is the most common type of anaemia she will have?
- ii. Name an important clinical finding in this condition.
- iii. What will the blood picture show?
- iv. How will you treat her?

C. 34 year old Mrs.Komala who is a pure vegetarian and who is also on Zidovudine presents with anaemia.

- i. What is the most common type of anaemia she will have?
- ii. Name an important clinical finding in this condition.
- iii. What will the blood picture show?
- iv. How will you treat her?

D. 4 year old Manish presents to you with severe anaemia.(Hb-2gm%).On questioning, his parents say that his cousin also has similar problem.

- i. What is the most common type of anaemia he will have?
- ii. Name an important clinical finding in this condition.
- iii. How will the reticulocyte count in him?
- iv. How will you treat him?

E. Mala , G₃P₂L₂, comes to you at 32 weeks of gestation with anaemia .(Hb-8gm%).

- i. What are the causes of anaemia in pregnancy?
- ii. How will you prevent anaemia in pregnancy?
- iii. If she is not tolerating oral iron how will you treat her?

2. Answer the following questions on Neonatal Care: **(5 X 4 MARKS)**

- A.** Explain /Draw in a flow chart the steps in Basic Newborn Resuscitation
- B.** Explain briefly the Routine care of the Newborn. Name 4 danger signs in a Newborn
- C.** Enumerate the causes of jaundice in the Newborn. How will you treat physiological jaundice and pathological jaundice?
- D.** Enumerate the causes of Neonatal convulsions. How will you manage a neonate presenting to you with convulsions?
- E.** Define Low Birth Weight (LBW) baby. What are all the various complications a LBW baby can have? List the general principles of management of a LBW baby.

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME:ANTENATAL CARE (QUESTIONS 1(i) -1(vi)) (TOTAL: 6 MARKS)

From the options ‘A to L’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options :

A.3

H. 4

B.Oligohydramnios

I. HBsAg &HIV

C.2

J. Molar pregnancy

D.Chorionic villous sampling

K.1st trimester

E.1

L. History of antepartum

F. Primigravida

hemorrhage,threatened hemorrhage

G. 3rd trimester

1.(i). The minimum number of recommended antenatal visits are.....

1.(ii). The following is one of the baseline investigations to be done in all women attending the Antenatal clinic.....

1.(iii). Mrs.Kokila,who is a second gravida now ,delivered 3 yrs ago.The number of dose/s of TT she need is/are

1.(iv). The following is one of the risks that need to be screened for during the antenatal visit.

1.(v). The uterine height may be large in the following condition.....

1.(vi). An ultrasound scan is recommended in theto confirm gestational age.

2: THEME: SCREENING TESTS FOR HIV (QUESTIONS 2(i) -2(vi))

(TOTAL: 6 MARKS)

From the options ‘A to I’ given below , choose the best answers for the questions ‘2(i) – 2(vi)’:

Options :

- | | |
|---------------------------|----------------------|
| A. ELISA | F. Urine test |
| B. Salivary test | G. PMBC culture |
| C. Particle Agglutination | H. DNA PCR assay |
| D. Western blot | I. HIV RNA detection |
| E. P24 assay | |

Questions:

- 2.(i). Useful during early stage of disease
- 2.(ii). Confirmatory test
- 2.(iii). This test is used in microtitre plate format
- 2.(iv). This is a rapid test
- 2.(v). This is a non-serological test
- 2.(vi). The main use of qualitative technique is viral isolation for further analysis and for HIV detection in infants.

3.THEME: MENSTRUAL IRREGULARITIES - DEFINITIONS (QUESTIONS 3(i)-3(vi))

(TOTAL: 6 MARKS)

From the options ‘A to H’ given below , choose the best answers for the questions ‘3(i)-3(vi)’:

Options :

- | | |
|--------------------|---------------------|
| A. Hypomenorrhea | E. Menometrorrhagia |
| B. Oligomenorrhea | F. Polymenorrhea |
| C. Cryptomenorrhea | G. Polymenorrhagia |
| D. Menorrhagia | H. Metrorrhagia |

Questions:

3.(i). Cyclical bleeding at normal intervals which is excessive in amount or duration caused by conditions affecting the uterus and its blood supply.

3.(ii). Cyclical bleeding which is both excessive and very frequent.

3.(iii). Bleeding which is “hidden” due to incomplete canalization of Mullerian ducts.

3.(iv). Increase in duration or amount of flow which is irregular and in between the regular menstrual cycles.

3.(v). Regularly timed menstrual bleeding which lasts 2 days or less.

3.(vi). Bleeding of any amount which is acyclical,occurs irregularly or continuously between normal cycles.

4.THEME: MENSTRUAL IRREGULARITIES - DIAGNOSIS (QUESTIONS 4(i)-4(vi))

(TOTAL: 6 MARKS)

From the options ‘A to H’ given below , choose the best answers for the questions ‘4(i)–4(vi)’:

Options :

- | | |
|--------------------------------|--------------------|
| A. Sheehan’s Syndrome | E. Ovarian failure |
| B. Asherman’s Syndrome | F. Hypertrichosis |
| C. Polycystic ovarian syndrome | G. Hirsuitism |
| D. Craniopharyngioma | H. Hypothyroidism |

Questions:

4.(i). 42 year old with headache for 5 months, amenorrhoea for 3 months and blurring of vision for 1 month

4.(ii). 28 year old lady with complaints of brown discolouration of hair, loss of axillary and pubic hair, loss of appetite , loss of weight and amenorrhoea of 2 years duration. Last child birth was 2 years back during which she had severe postpartum haemorrhage

4.(iii). 32 year old nulliparous lady with high FSH and LH

4.(iv). 24 year old nuliparous lady with galactorrhea

4.(v). 26 year old lady presenting with obesity,hirsuitismand acne.

4.(vi). High FSH and LH

5.THEME: MENSTRUAL IRREGULARITIES - DIAGNOSIS (QUESTIONS 5(i)-5(iv))

(TOTAL: 6 MARKS)

From the options ‘A to N’ given below , choose the best answers for the questions ‘5(i) – 5(vi)’:

Options :

- | | |
|-----------------------------------|----------------------------------|
| A. Dysfunctional uterine bleeding | I. Bleeding disorder |
| B. Drug Induced problem | J. Polycystic Ovarian Disease |
| C. Ectopic Pregnancy | K. Maternal oestrogen withdrawal |
| D. Hypothyroidism | L. Psychological upset |
| E. Pelvic inflammatory disease | M. Chlamydia |
| F. Endometrial carcinoma | N. Ovarian carcinoma |
| G. Uterine fibroid | |
| H. Diabetes Mellitus | |

Questions:

5.(i). 14 year old with menorrhagia with abnormal bleeding and clotting time.

5.(ii). 25 year old with bleeding PV of 10 days duration. Her LMP was 8 weeks ago with very scanty bleeding.

5.(iii). Female newborn with mild bleeding PV.

5.(iv). 39 year old woman with 6 months history of menorrhagia and dysmenorrhea .Ultrasound shows distorted uterine cavity.

5.(v). 67 year old postmenopausal lady with bleeding PV. Pelvic assessment shows an enlarged uniformly shaped uterus.

5.(vi). 33 year old with excessive periods associated with discharge PV. Cervical motion tenderness is positive.

6.THEME: BMI –Classification (QUESTIONS 6(i)TO 6(vi) (TOTAL: 6 MARKS)

From the options ‘A to F’ given below , choose the best answers for the questions ‘6(i) –6(iv)’:

Options :

- A. BMI <18.5
- B. BMI of 18.5 – 24.9
- C. BMI of 25.0 – 29.9
- D. BMI of 30.0 – 34.9
- E. BMI of 35.0 – 39.9
- F. BMI of >40.0

Questions:

6.(i). Naina is Overweight.

6.(ii). Mitra has Class I obesity.

6.(iii). Ms.Malar is a teenager of Normal Weight.

6.(iv). Ms. Kumari , an IT professional has Morbid obesity.

6.(v). Mrs. Lakshmi, a housewife has Class II obesity.

6.(vi). Ms.Shobna is underweight

7.THEME: OBESITY (QUESTIONS 7(i) TO 7(vi) (TOTAL: 6 MARKS)

From the options ‘A to N’ given below , choose the best answers for the questions ‘7(i) –7(vi)’:

Options :

- | | |
|--------------|--------------|
| A. 40 | I. 40 inches |
| B. 0.7 | J. < 50mg/dl |
| C. 30 | K. >150mg/dl |
| D. 0.85 | L. < 40mg/dl |
| E. 35 inches | M. >200mg/dl |
| F. Apple | N. 42 inches |
| G. Pear | |
| H. 0.9 | |

Questions:

Mr. Raja is at severe risk of complications due to obesity. His parameters will be as follows

- 7.(i). BMI more than_____.
- 7.(ii). Waist hip ratio more than_____.
- 7.(iii). . _____ shaped body.

Mrs. Seetha has Metabolic Syndrome. The constituents of this syndrome include:

- 7.(iv). Absolute waist circumference more than _____.
- 7.(v). HDL _____.
- 7.(vi). Triglycerides_____.

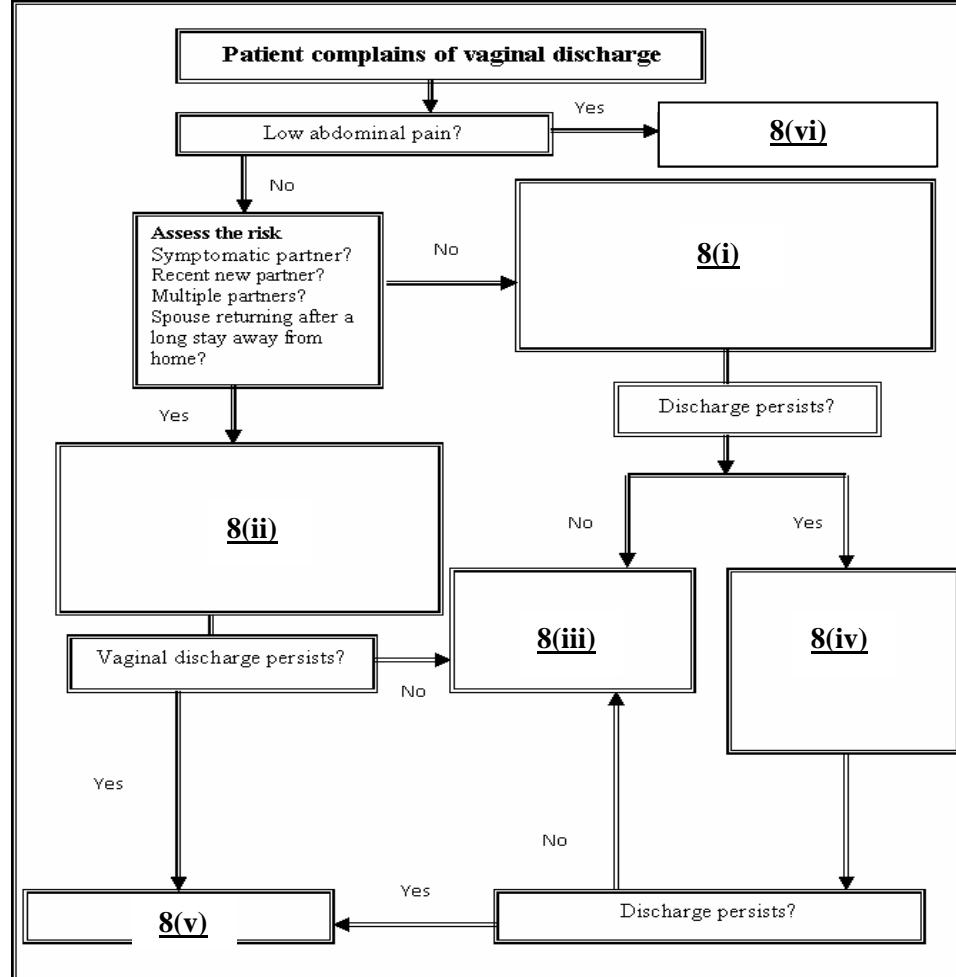
8.THEME: STI – VAGINAL DISCHARGE TREATMENT WITHOUT SPECULUM EXAMINATION (QUESTIONS 8(i)-8(vi) (TOTAL: 6 MARKS)

From the options ‘A to I’ given below , choose the best answers for the blank spaces ‘8(i)-8(vi)’ given in the algorithm:

Options :

- A. Treat for vaginitis only, Educate and counsel, Provide condoms, Treat partner for trichomoniasis, Review after 14 days. Refer to VCTC
- B. Treat for cervicitis and vaginitis, Educate and counsel, Provide condoms, Treat partner, Review after 14 days. Refer to VCTC
- C. Treat for cervicitis, Educate and counsel, Provide condoms, Review after 7 days. Refer to VCTC
- D. Educate, Counsel, Provide condoms and promote usage
- E. Refer to a higher facility
- F. Treat for cervicitis, Educate and counsel, Provide condoms, Review after 14 days. Refer to VCTC
- G. Treat for vaginitis only, Educate and counsel, Provide condoms, Treat partner for trichomoniasis, Review after 7 days. Refer to VCTC
- H. Treat for cervicitis and vaginitis, Educate and counsel, Provide condoms, Treat partner, Review after 7 days. Refer to VCTC
- I. Use appropriate flow chart

Questions:



9.THEME: STI- (QUESTIONS:9(I)-9(VI) (TOTAL: 6 MARKS)

From the causative organism ‘A to I’ given below , choose the best answers for the disease/conditions caused by these organism in Questions 9(I)-9(VI) :

Options:

- A. Gardnerella vaginalis,Bacteriodes sp
- B. HIV
- C. Calymmatobacterium Granulomatis
- D. Chlamydia trachomatis L1-3 serotypes
- E. Human papillomavirus
- F. Haemophilus ducreyi
- G. Treponema pallidum
- H. Neisseria gonorrhoea,Chlamydia trachomatis,vaginal anaerobes
- I. Herpes simplex,virus typeI&II

Questions:

9.(i). Syphilis

9.(ii). Chancroid

9.(iii). Lymphogranuloma venereum

9.(iv). Donovanosis

9.(v). Bacterial vaginosis

9.(vi). Pelvic inflammatory disease

10.THEME: COUNSELING COUPLES FOR CONTRACEPTION
(QUESTIONS 10(i)- 10(vi) (TOTAL: 6 MARKS)

From the options ‘A to G’ given below , choose the best answers for Questions 10(i)-10(vi)

Options :

- A.** Barrier method
- B.** Oral Contraceptive Pills
- C.** I.U.C.D
- D.** Emergency contraception
- E.** Vasectomy
- F.** Tubectomy
- G.** Abstinence
- H.** H.Coitus interruptus

Questions:

10.(i). Unmarried –

10.(ii). Rape victim-

10.(iii). Completed family or P2L2 with youngest child more than 5years-

10.(iv). If failure of barrier method-

10.(v). Mother with cardiac complication-

10.(vi). 20year old postpartum lady who delivered 2 months back who wants to have
the next child after 3 years

(LF 0214)

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 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(v)

Options:

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazine deconoate
- H.** Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

- ❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. 33 year old Mrs Swagatha, a primigravida at 12 weeks gestational age has come to you for antenatal checkup. She has conceived after 7 years of marriage after taking treatment for infertility. [Total: 20 Marks]

- A. What is the minimum number of antenatal visits you would recommend for Mrs. Swagatha and mention how they are spaced? (4 Marks)**
- B. List all the high risk pregnancy conditions you would like to look for in her.(4Marks)**
- C. Mention all the baseline investigations you would do for her during this first antenatal visit. (4 Marks)**
- D. When you examine Mrs. Swagatha, the uterine size is about 16 to 18 weeks size. Mention 2 conditions in which uterus may measure too big for the gestational age and 2 conditions in which uterus may measure too small for the gestational age.(4 marks)**
- E. You plan to do some screening tests taking into consideration her age. What is the significance of nuchal translucency test by ultrasound and what is the best time to do this test. What is the optimal time to do the GTT (Glucose Tolerance Test) in her and mention any 2 indications for doing GTT in pregnancy? (4 Marks)**

2. You are a Family Physician working in a District Hospital. You are placed in charge of the neonatal ward as the Pediatrician in on leave. [Total 20 Marks]

- A. On your first day, you are called to be present for a Caesarean section and the baby did not cry at birth. Draw a flow chart and explain the steps in Basic newborn resuscitation. (8 Marks)**
- B. By the time you finished resuscitating the baby, you get a call from the nursery informing you that a neonate is seizing. Name 4 causes of Neonatal convulsions. (4 Marks)**
- C. Your next challenge is to care for a neonate of weight 1.4 Kg. Name 4 complications that a Low birth weight (LBW) baby can have. (4 Marks)**
- D. List and explain 4 General principles of management of Low birth weight baby. (4 Marks)**

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

THEME: CONTRACEPTION [QUESTIONS. 1(i)-1(vi)] **(Total: 6 Marks)**

From the options ‘A to H’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options :

- A. Cu-T
 - B. Oral contraceptive Pill
 - C. Combined pill
 - D. Progestin only pill
 - E. Coitus interruptus
 - F. Acute liver disease
 - G. Pelvic inflammatory disease
 - H. Condom

Questions:

- 1. (i)** This method of contraception provides protection against sexually transmitted diseases also

1.(ii) This is a natural method of contraception

1. (iii) Among the contraception, this method has the highest failure rate

1.(iv) Among the contraception, this method has the lowest failure rate

1.(v) Contraindication specific for hormone releasing Intra uterine contraceptive device(IUCD) is

1.(vi) Mrs. Mala delivered 4 months back and she is breastfeeding her infant. She requests for an Oral contraceptive pill (OCP).The best OCP for her would be

2: THEME: CONTRACEPTION [QUESTIONS 2(i)-2(vi)] (Total: 6 Marks)

From the options ‘A to J’ given below, choose the best answers for the questions ‘2(i) –2(vi)’:

Options :

- A. Artificial method of contraception
 - B. 1st generation IUCD*
 - C. Copper-T
 - D. Lower abdominal pain and ectopic pregnancy
 - E. Natural method of contraception
 - F. 2nd generation IUCD
 - G. 3rd generation IUCD
 - H. Nausea, breast tenderness
 - I. Headache & diarrhea
 - J. Fever, jaundice

*IUCD – Intra Uterine Contraceptive device

Questions:

- 2.(i) Newly married Mala wants to use basal body temperature monitoring method as a method of contraception. This method of contraception is a _____
- 2.(ii) Mrs. Kala has come to you 6 weeks postpartum. After discussing with her, she has agreed for a Cu-T insertion. Which generation of IUCD does Cu-T belong to?
- 2.(iii) Mrs. Xavier came to you asking for contraception. After discussion, she requested for Progestasert, a progesterone containing IUCD. Which generation of IUCD does this belong to?
- 2.(iv) Mrs. Lakshmi came to you for contraceptive advice. You were discussing about various IUCDs to her. Which generation of IUCD does Lippe's loop belong to?
- 2.(v) The contraceptive device used in the treatment of Abnormal Uterine Bleeding (AUB) is _____
- 2.(vi) Newly wed Lily wanted to postpone her pregnancy. You advise her to take OCPs (Oral Contraceptive Pills). The common side-effects of OCP are _____

3. THEME: MENSTRUAL IRREGULARITIES -DEFINITIONS [QUESTIONS 3(i)-3(vi)] **(Total: 6 Marks)**

From the options 'A to H' given below, choose the best answers for the questions 3i – 3vi':

Options :

- | | |
|---------------------|--------------------|
| A. Hypo menorrhea | F. Polymenorrhea |
| B. Oligomenorrhea | G. Polymenorrhagia |
| C. Crypto menorrhea | H. Metrorrhagia |
| D. Menorrhagia | |
| E. Menometrorrhagia | |

Questions:

- 3(i). Mrs. Rosy is having cyclical bleeding every 28 days which is excessive in amount. Mrs. Rosy has _____
- 3(ii). Mrs. Kanchana is having cyclical bleeding every 20 days which is excessive and she needs to change around 10 pads/day. Mrs. Kanchana has _____
- 3(iii). 14 year old Manju has been brought by her mother with the complaints of lower abdominal pain lasting for 3-5 days every 30-45 days. This has been associated with retention of urine twice. She has all these symptoms for the past 6 months. Manju may be having _____

- 3(iv).** Mrs. Gomathy is having heavy periods which is irregular and occurs in between the regular menstrual cycles. Mrs. Gomathy is having
- 3(v).** Ms. Reena is having cycles once in 28 days but lasts for 1-2 days only. Ms. Reena has
- 3(vi).** Mrs. Banu is having very irregular cycles, which are acyclical also (do not follow a regular pattern).Mrs. Banu has

4. THEME: MENSTRUAL IRREGULARITIES - DIAGNOSIS [QUESTIONS 4i-4vi]
(Total: 6 Marks)

From the options ‘A to M’ given below , choose the best answers for the questions ‘4(i) –4(vi)’:

Options :

- A. Ectopic pregnancy
- B. Carcinoma cervix
- C. Pelvic inflammatory disease
- D. Less than
- E. More than
- F. Endometrial carcinoma
- G. Bleeding disorder
- H. Do thyroid function test
- I. Estimate the bone age
- J. Do FSH&LH levels
- K. Dysfunctional uterine bleeding
- L. Ovarian carcinoma
- M. Equal to

Questions:

- 4(i).** 15 year old Selvi has been brought with menorrhagia with abnormal bleeding and clotting time. The most likely diagnosis is
- 4(ii).** 65 year old Mrs. Mary presented to you with bleeding PV. Pelvic examination showed a uniformly enlarged uterus. The most likely diagnosis is
- 4(iii).** 32 year old Mrs. Rajathi presented to you with excessive periods with foul smelling discharge PV. Her previous menstrual period was 1 month ago, which was normal and lasted for 3 days. On examination, cervical motion was tender. The most likely diagnosis is
- 4(iv).** Ms. Karthiga was brought to you for the investigation of delayed puberty. You suspect constitutional delay in her and ordered an X-ray to calculate her bone age. In constitutional delay, bone age isthan the chronological age.
- 4(v).** 15 year old Ms. Malar has been brought to you since she has not attained menarche so far. The first step in the evaluation of amenorrhea with delayed puberty is to
- 4(vi).** You are investigating, 17 year old Sophi for delayed puberty with amenorrhoea. Her bone age is normal. Which investigation will you do next?

5. THEME: ANTEPARTUM CARE [QUESTIONS 5i-5iv]**(Total: 6 Marks)****From the options ‘A to N’ given below, choose the best answers for the questions ‘5i – 5vi’:****Options :**

- | | |
|-----------------------|--|
| A. 32 years or above | I. Estimation of gestational age |
| B. 140cm | J. 35 years or above |
| C. 30 years or above | K. 150 cm |
| D. Folic acid | L. Detecting the structural anomalies
in the baby |
| E. Pyridoxine | M. 3 doses of Inj.TT |
| F. 145cm | N. Estimation of AFI** |
| G. 2 doses of Inj.TT* | |
| H. 1 dose of Inj.TT | |

*Tetanus Toxoid

** Amniotic Fluid Index

Questions:

- 5(i).** Mrs. Saroja’s antenatal record mentions that she is an elderly primi. Her age must be
- 5(ii).** Mrs. Andal’s antenatal record mentions that she is a short statured primi. Her height must be less than
- 5(iii).** The drug that is prescribed before conception and in the first trimester has been shown to prevent the occurrence of neural tube defects is
- 5(iv).** Mrs. Kandammal was fully immunised with Inj.TT during her 1st pregnancy and she delivered 6 years ago. This is her 2nd pregnancy and she needs
- 5(v).** Ultrasound done at 10-14 weeks of gestation is useful in
- 5(vi).** Ultrasound done at 20 weeks of gestation is useful in

6. THEME: STI-CASUATIVE ORGANISM [QUESTIONS 6(i)-6(vi)]**(Total: 6 Marks)****From the options ‘A to F’ given below choose the best answers for the questions ‘6(i) – 6(vi)’:****Options :**

- | | |
|------------------------------------|---|
| A. Bacteriodes species | E. Chlamydia trachomatis(L1-3 serovans) |
| B. Calymmatobacterium granulomatis | F. Ureaplasma urealyticum |
| C. Haemophilus ducreyi | |
| D. Treponema pallidum | |

Questions:

- 6(i).** Mr. Kumar has come to you with a painless ulcer over his penis for the past 2 weeks. Since the base of the ulcer was hard and cartilaginous, you diagnosed it to be syphilis. The causative organism of syphilis is
- 6(ii).** Mr. Rajan, a truck driver has come to you with painful ulcers on his penis of 3 weeks duration. You examine him and diagnose him to have Chancroid. Which is the causative organism?
- 6(iii).** Mr. Gopal presents to you with left sided inguinal bubo. He also gives history that he had an ulcer over his penis last week which is healed now. You diagnose that he has Lymphogranuloma Venerum. The causative organism of Lymphogranuloma Venerum is
- 6(iv).** Mr. Karthi presented to you with a genital ulcer. The technician informs you that Donovan bodies are present in the swab from the ulcer and you diagnose him to have Donovanosis. Which is the causative organism?
- 6(v).** Mrs. Saroja presented to you with dysuria. You diagnose her to have non gonococcal urethritis. One of the common organism that causes this condition is
- 6(vi).** Mrs. Gladys presented to you with abnormal white discharge PV. You diagnose her to have bacterial vaginosis. One of the common organism that causes this condition is

7. THEME: STI-TREATMENT [QUESTIONS 7(i) -7(vi)]

(Total: 6 Marks)

From the options ‘A to H’ given below, choose the best answers for the questions ‘7i – 7vi’:

Options :

- | | |
|---|-------------------------------------|
| A. Inj.benzathine penicillin 2.4 Million units IM | E. T.Acyclovir 400 mg tid X7-10days |
| B. T.Azithromycin 1 gm stat | F. T.Metronidazole 500mg bdX7 days |
| C. T.Doxycycline 100mg bdX21 days | G. Cryotherapy |
| D. T.Cefixime 400mg single dose | H. 5% permethrin |

Questions:

- 7(i).** You diagnose Mrs. Kalpana who presented to you with white discharge PV to have Gonorrhoea. The treatment of choice for Mrs. Kalpana is
- 7(ii).** Mrs. Guna presented to you with white discharge PV. You diagnose her to have Chlamydial infection. The treatment of choice for her is
- 7(iii).** You diagnose Mr. Sekar who presented to you with inguinal bubo to have Lymphogranuloma Venerum (LGV). The treatment of choice for him is

- 7(iv).** You diagnose Mr. Vinod who presented to you with genital ulcer with vesicles to have Herpes simplex infection. The treatment of choice for him is
- 7(v).** You diagnose Mr. Kandan who presented to you with painful penile ulcer to have Chancroid. The treatment of choice for this condition is
- 7(vi).** Mr. Kasim who presented to you with painless penile ulcer has been diagnosed to have Syphilis. The treatment of choice for Mr. Kasim is

8. THEME: VAGINAL DISCHARGE [QUESTIONS 8(i)-8(vi)] (Total: 6 Marks)

From the options ‘A to H’ given below, choose the best answers for the questions ‘8(i)-8(vi):

Options :

- | | |
|---------------------------------|------------------------------------|
| A. Normal cervix | E. Vaginal candidiasis |
| B. Fibroid in the cervix | F. Bacterial Vaginosis |
| C. Trichomoniasis | G. Vaginitis |
| D. Cervicitis | H. Normal vaginal discharge |

Questions:

- 8(i).** Mrs. Alagammal has intense itching with a cheesy curdy white discharge. The most likely diagnosis is
- 8(ii).** On vaginal examination, the cervix of Mrs. Bhagat, who presented with vaginal discharge, looks pink, round and smooth. Mrs. Bhagat has
- 8(iii).** 18 year old college student Ms. Kavitha came to you with vaginal discharge. On examination she has thin odourless mucus discharge. Ms. Kavitha has
- 8(iv).** Mrs. Saroja came with history of purulent vaginal discharge with deep dyspareunia. The most likely diagnosis is
- 8(v).** Mrs. Palaniammal presented with vaginal discharge .On examination, she has frothy greenish yellow discharge. The most likely diagnosis is
- 8(vi).** Mrs. Lydia came with vaginal discharge. On examination, she has foul smelling, grey discharge with fishy odour. The most likely diagnosis is

9.-THEME: ANTENATAL CARE [QUESTIONS 9(i)-9(vi)] (Total: 6 Marks)

From the options ‘A to L’ given below, choose the best answers for the questions 9(i)-9(vi):

Options:

- | | |
|-------------------|------------------------|
| A. No | G. 6-8 kg |
| B. Decreased | H. Yes |
| C. Iron injection | I. 10-12 kg |
| D. I trimester | J. Blood tranansfusion |
| E. 16-20 weeks | K. II trimester |
| F. Increased | L. 24-28 weeks |

Questions:

- 9(i).** Rohini an antenatal woman was told by her grandmother not to eat well since if she and the baby put on more weight, the labour would be difficult. Rohini is asking you the average weight gain during a normal pregnancy. The right answer is _____
- 9(ii).** Mrs. Kokila an antenatal woman was told by a doctor to have ultrasound done at least once in every 2 months to check the normal fetal growth. Since you are the famous GP in that area, she has come to you for a second opinion. Does she need ultrasound at this frequency?
- 9(iii).** You diagnosed Parvathy to have hypothyroidism 5 years back and she is on regular treatment with you and her hypothyroidism is well under control. She got married 6 months ago and now is pregnant and has come for antenatal checkup. The dose of eltroxin needs to be _____ for Mrs. Parvathy during pregnancy.
- 9(iv).** Mrs. Kala presents to you at 38 weeks of gestation for the 1st time. She is very pale and her Hb is 6gm%.Mrs.kala needs _____
- 9(v).** Mrs. Roshini has missed her periods and has done a urine pregnancy test in a lab which is positive. Since you are the Family Physician in that area, she has come to you for the antenatal care. She is not sure of her dates. The ideal time to do ultrasound to estimate the gestational age would be in the _____
- 9(vi).** Mrs. Sita is a 2nd gravida come to you for antenatal care. Since her first child has a cleft lip, she is anxious and requesting an ultrasound. The ideal time to do ultrasound to rule out structural anomaly is _____

10. THEME: NEWBORN CARE [QUESTIONS 10(i)-10(vi)]

From the options ‘A to I’ given below, choose the best answers for the questions 10(i)-10(vi)

Options:

- | | |
|---------------------|----------------------------|
| A. Cephalhaematoma | D. Edward syndrome |
| B. Erythema toxicum | E. Serious condition |
| C. Down's syndrome | F. Physiological condition |

- G.** Non serious condition
- H.** Pathological condition

I. Kleinfelters Syndrome

Questions:

10(i). Mrs. Gomathy's 3 day old baby is having jaundice. This baby has a _____

10(ii). Mrs. Selvi delivered 24 hours back. Her baby is having jaundice. This baby may have a _____

10(iii). Erythema toxicum which is a skin rash is a _____ seen in the newborn babies.

10(iv). This is one of the causes for jaundice in a newborn

10(v). Mrs. Gladys 2 day old baby has subconjunctival haemorrhage. This is a _____ in a newborn.

10(vi). Downward slant of eyes in the newborn is suggestive of _____

(LG 0215)

M.MED.FAMILY MEDICINE

(Sub Code: 4013)

SECOND YEAR THEORY EXAM– FEBRUARY 2015

PAPER III – MATERNAL & CHILD HEALTH

QP .CODE: 434013

Time: Three hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 marks)**.
- **Part B** will have Objective type EMQs (**Extended Matching Questions**)**(60 marks)**.
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6Marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(v)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

- ❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ❖ **Each option may be used more than once.** Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. 22 year old Mrs. Kamala a primigravida has come to you at 10 weeks gestation.
Answer the following questions. [Total 20 Marks]

- A.** As a Family Physician, what health education topics regarding antenatal care would you like to talk to her about? (4 Marks)
- B.** Name 2 danger symptoms you will ask her in the
 - 1st trimester
 - 2nd trimester(4 Marks)
- C.** She is coming to you at 24 weeks of gestation. What examination and investigations would you do on her? (4 marks)
- D.** During this visit she complains of increased frequency of urination. How will you manage her? (4 marks)
- E.** She is coming to you at 34 weeks of gestation and you find that her uterus corresponds to 30 weeks size. Name 4 conditions where the uterus may measure small for gestational age. (4 marks)

2. You are a Family Physician working in a District Hospital. You have been asked to train the Nurses and Health workers about the Sexually Transmitted Infections. Write the causative organism, clinical picture and the treatment of the following conditions:

[Total = 20 Marks]

- A.** Syphilis
- B.** Chancroid
- C.** Lymphogranulomavenerum (LGV)
- D.** Donovanosis/Granuloma inguinale
- E.** Gonorrhoea

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. THEME: CONTRACEPTION [QUESTIONS. 1(i)-1(vi)] (Total: 6 Marks)
From the options ‘A to P’ given below, choose the best answer for the questions 1(i)–1(vi)

Options :

- | | |
|---------------------------------------|-------------------------------|
| A. Coitus interruptus | G. Acute liver failure |
| B. Pelvic inflammatory disease | H. Progestin only pill |
| C. 2% | I. 30% |
| D. Combined OCP | J. Copper T |
| E. 5% | K. Age above 35 years |
| F. Condom | L. 90 days |
| | M. Age above 40 years |

- N.** 40 days
O. 30 days

P. Hypertension

Questions:

- 1(i).** Mr. Xavier is requesting for a vasectomy. The acceptance of vasectomy among men in India is _____
- 1(ii).** Mrs. Kumari requests for a natural method of contraception. This is a natural method of contraception. _____
- 1(iii).** After talking to Mrs. Kothai, you conclude that you cannot use Cu-T for her. One of the contraindications for using Cu-T is _____
- 1(iv).** After talking to Mrs. Roja, you conclude that she cannot use Oral contraceptive pill(OCP). One of the contraindication for using OCP is _____
- 1(v).** Mrs. Radha delivered 3 months ago. She is breastfeeding her infant. She requests for an OCP. The best OCP for her would be _____
- 1(vi).** What is the earliest recommended starting time for the Combined OCP after childbirth for Mrs. Shalini if she is not breastfeeding? _____

2: THEME: CONTRACEPTION [QUESTIONS 2(i)-2(vi)] **(Total: 6 Marks)**

From the options ‘A to L’ given below, choose the best answers for the questions ‘2(i) – 2(vi)’:

Options :

- A.** Hormonal contraception
B. Lower dose of oestrogen
C. Suppression of ovulation
D. Prevention of implantation
E. Barrier method
F. IUCD
G. Higher dose of oestrogen or progestin with greater potency
H. Higher dose of oestrogen
I. Tubectomy
J. Emergency Contraception
K. Pituitary suppression
L. Prevention of fertilisation

*IUCD – Intra Uterine Contraceptive device

Questions:

- 2(i).** Mrs. Jothi who delivered her 1st child 2 months ago has come to you asking for contraception. The best contraception for her would be _____
- 2(ii).** A commercial sex worker living in the area where you practice has come to you asking for contraception. The best contraception for her would be _____
- 2(iii).** Mrs. Mary has carcinoma breast. The contraception contraindicated in her is _____
- 2(iv).** Mrs. Nandhini has a high risk for thrombosis. She is requesting for an OCP. She needs an OCP with _____
- 2(v).** Mrs. Kala has spotting or break through bleeding. She needs an OCP with _____
- 2(vi).** You has prescribed OCP to Mrs. Kamala. The mechanism of action of OCP is _____

3. THEME: MENSTRUAL IRREGULARITIES [QUESTIONS 3(i)-3(vi)] (Total: 6 Marks)

From the options ‘A to J’ given below, choose the best answers for the questions 3(i) –3(vi)

Options :

- A. Hypothyroidism
- B. Hirsuitism
- C. Hypertrichosis
- D. Ovarian failure
- E. Craniopharyngioma
- F. Polycystic ovarian syndrome
- G. Asherman’s syndrome
- H. Sheehan’s syndrome
- I. Thyrotoxicosis
- J. Tubal block

Questions:

- 3(i).** 42 year old Mrs. Lydia has headache for 5 months, amenorrhoea for 3 months and blurring of vision for 1 month. The most likely diagnosis is
- 3(ii).** 28 year old Mrs. Subhashini presented to you with brown discolouration of hair, loss of axillary and pubic hair, loss of appetite, loss of weight and amenorrhoea for 2 years duration. Last child birth was 2 years ago, during which she nearly lost 1.5 litres of blood. The most likely diagnosis is
- 3(iii).** You are evaluating Mrs. Saroja, a 32 year old nulliparous woman for amenorrhoea. She has high FSH and LH levels. She has
- 3(iv).** You are evaluating Mrs. Gladys for amenorrhoea. She is a nulliparous woman with galactorrhoea. She is not on any other drug. The most likely diagnosis is
- 3(v).** 26 year old Ms. Ratna presented to you with irregular periods. On examination, she is obese, has hirsuitism and acne. The most likely diagnosis is
- 3(vi).** 30 year old Mrs. Kumari presented to you with amenorrhoea for the past 1 year. On taking history she told you that she had a dilatation and curettage 1 year ago after which she had a severe uterine infection for which she had to be admitted and given IV antibiotics for 5 days. The most likely diagnosis in her is

4. THEME: MENSTRUAL IRREGULARITIES - DIAGNOSIS [QUESTIONS 4(i) - 4(vi)] (Total: 6 Marks)

From the options ‘A to N’ given below, choose the best answers for the questions ‘4(i) – 4(vi)’:

Options :

- A. Ectopic pregnancy
- B. Endometrial carcinoma
- C. Pelvic inflammatory disease
- D. Uterine fibroid
- E. Diabetes mellitus
- F. Bleeding disorder
- G. Polycystic ovarian disease
- H. Maternal oestrogen withdrawal
- I. Dysfunctional uterine bleeding
- J. Ovarian carcinoma

- K.** Drug induced problem
- L.** Hypothyroidism

- M.** Psychological upset
- N.** Chlamydial infection

Questions:

- 4(i).** 14 year old Reena was brought to you with severe bleeding since she attained menarche 3 days ago. You notice that she has some bruises over forearms and legs. The most likely diagnosis is
- 4(ii).** 60 year old Mrs. Menaka presented to you with bleeding PV. Pelvic examination showed a uniformly enlarged uterus. She is also a diabetic. The most likely diagnosis is
- 4(iii).** 28 year old Mrs. Kannaki presented to you with excessive periods with foul smelling discharge PV. Her previous menstrual period was normal and lasted for 3 days. On examination, cervical motion was tender. The most likely diagnosis is
- 4(iv).** 43 year old Ms. Karthiga was brought to you with menorrhagia. She is not a diabetic or hypertensive. She recently lost her husband in a road traffic accident and has been on some antidepressants recently. The most likely cause of menorrhagia is
- 4(v).** 36 year old Mrs. Xavier presented to you with regular heavy periods for the past 6 months. Her pelvic examination was normal. Ultrasound abdomen showed normal uterus. The most likely diagnosis is
- 4(vi).** 41 year old Mrs. Yashodha presented to you with increased bleeding, loss of weight and appetite for the past 6 months. On examination she had abdominal distension and the pelvic examination showed adnexal mass on the right side. The most likely diagnosis is

5. THEME: ANTEPARTUM CARE [QUESTIONS 5(i) -5(iv)] **(Total: 6 Marks)**

From the options ‘A to P’ given below, choose the best answers for the questions ‘5(i) – 5(vi)’:

Options :

- A.** 3
- B.** Oligohydramnios
- C.** 2
- D.** Chorionic villus sampling
- E.** 1
- F.** Intra-Muscular (IM) iron
- G.** 3rd trimester
- H.** 4
- I.** HBsAg & HIV tests
- J.** Molar pregnancy
- K.** 1st trimester
- L.** Oral iron
- M.** 2nd trimester
- N.** Amniotic fluid testing
- O.** Intra-Venous (IV) iron
- P.** Intra Uterine Growth Retardation

Questions:

22 year old Mrs. Amudhu who got married 6 months ago has come to you telling that she has missed her periods. You did a urine pregcolour test on her which is positive. She did not have any other risk factors.

- 5(i).** The minimum number of recommended antenatal visits are

- 5(ii).** The following is one of the baseline investigations to be done on her as part of antenatal care investigations._____

Mrs. Kokila, who is a second gravida now at 12 weeks gestation, delivered her first son 3 years ago. She has been immunized fully during her 1st pregnancy.

- 5(iii).** How many doses of TT does she need in this pregnancy
5(iv). On examination, you find that her uterine size corresponds to 14-16 weeks. One of the causes for this could be
5(v). Her hemoglobin is 8 mg/dl. What is the form of iron you want to prescribe
5(vi). An Ultrasound scan is recommended during this trimester to confirm the gestational age.

6. THEME: ANTENATAL CARE – EXAMINATION [QUESTIONS 6(i)-6(vi)]

(Total: 6 marks)

From the options ‘A to Q’ given below, choose the best answers for the questions ‘6(i) – 6(vi)’:

Options :

- | | |
|--|---|
| A. 1st visit at 8-12 weeks; 2nd visit at 24 weeks ; 3rd visit at 32 weeks;
4th visit at 36 weeks | H. 68 kg |
| B. Molar pregnancy | I. 30 cm |
| C. 60 kg | J. Hypertension complicating pregnancy |
| D. 1st visit at 28 weeks; 2nd visit at 28 weeks; 3rd visit at 38 weeks | K. Pre eclampsia |
| E. 53 kg | L. Deep pelvic grip |
| F. 28 cm | M. 24 cm |
| G. 1st visit at 20 weeks; 2nd visit at 28 weeks ; 3rd visit at 36 weeks;
4th visit at 40 weeks | N. 64 kg |
| | O. 34 cm |
| | P. Superficial pelvic grip |
| | Q. Fundal grip |

Questions

- 6(i).** 24 year old Mrs. Mallika, a primigravida, needs to be examined by a medical professional periodically during pregnancy, as per the WHO recommendations. The timing of visits prescribed are:
- 6(ii).** Mrs. Sheila has come for antenatal checkup. Her weight at the end of first trimester was 48 kg. If she has gained weight normally during her pregnancy, what is the expected weight at the end of her pregnancy?
- 6(iii).** Mrs. Ramola, a primi, has come to you at 24 weeks of pregnancy, with complaints of persisting vomiting. Her blood pressure is 140/ 90 mm of Hg. There is no pedal edema and the urine albumin is normal. The measurement of symphysio-fundal height corresponds to 28 weeks. There is occasional thin bloody vaginal discharge. What is your clinical diagnosis putting all these findings together?

- 6(iv).** Mrs. Saraswathy, a 24 year old primigravida has come at 34 weeks of pregnancy. What is her expected symphysio-fundal height in cm?
- 6(v).** You are examining Mrs. Glory, a primigravida at 32 weeks gestation. You spread the right hand widely on the pubic symphysis. When the fingers and thumb approximated, you could feel the presenting part between them and you could determine its mobility above the pelvic brim. Which grip are you performing?
- 6(vi).** You are examining Mrs. Sudha, a primigravida at 32 weeks gestation. You palpate the upper end of the abdomen broader part of the uterus gently between the palms of your two hands to determine which pole of the fetus (breech or vertex) is occupying the fundal area of the uterus. Which grip are you performing?

7. THEME: VAGINAL DISCHARGE [QUESTIONS 7(i) -7(vi)] (Total: 6 Marks)
From the options ‘A to M’ given below, choose the best answers for the questions ‘7(i) – 7(vi)’:

Options :

- | | |
|--------------------------|-------------------------------------|
| A. Bacterial vaginosis | H. Gardnerella, anaerobic organisms |
| B. Vaginal candidiasis | I. Trichomoniasis |
| C. Candida albicans | J. Vaginal clotrimazole/miconazole |
| D. Oral Metronidazole | K. Oral Azithromycin |
| E. Chlamydial infection | L. Oral Fluconazole |
| F. Chlamydia Trachomatis | M. Intravaginal Metronidazole |
| G. Trichomonas vaginalis | |

Questions:

Mrs. Kandammal came to you with vaginal discharge with pruritis. On examination it was a frothy yellow discharge.

- 7(i). The most likely diagnosis is
 7(ii). The causative organism of this condition is
 7(iii). The treatment of choice for this condition is

Mrs. Pownammal came to you with vaginal discharge and pruritis. On examination it was a curdy white discharge.

- 7(iv). The most likely diagnosis is
 7(v). The causative organism of this condition is
 7(vi). The treatment of choice of this condition is

8. THEME: VAGINAL DISCHARGE [QUESTIONS 8(i)-8(vi)] (Total: 6 Marks)
From the options ‘A to N’ given below, choose the best answers for the questions ‘8(i)- 8(vi)’:

Options :

- | | |
|-------------------------------------|--------------------------|
| A. Chlamydia Trachomatis | F. Bacterial Vaginosis |
| B. Oral Doxycycline | G. Trichomonas vaginalis |
| C. Vaginal clotrimazole/miconazole | H. Trichomoniasis |
| D. Gardnerella, anaerobic organisms | I. Chlamydial infection |
| E. Vaginal candidiasis | J. Oral Metronidazole |

- K.** Candida albicans
- L.** Vaginal Metronidazole

- M.** Injectable Ceftriaxone
- N.** E.Coli

Questions:

40 year old Mrs. Kunjammal presented to you with vaginal discharge, dysuria and increased frequency of micturition.

- 8(i).** The most likely diagnosis is
- 8(ii).** The causative organism of this condition is
- 8(iii).** The treatment of this condition is

37 year old Mrs. Vandana presented to you with vaginal discharge. On examination, the discharge had a fishy odour.

- 8(iv).** The most likely diagnosis is
- 8(v).** The causative organism of this condition is
- 8(vi).** The treatment of this condition is

9.THEME: NEWBORN CARE QUESTIONS 9(i)-9(vi)] (Total: 6 Marks)
From the options ‘A to P’ given below, choose the best answers for the questions 9(i)-9(vi):

Options:

- A.** 1 and 5 minutes
- B.** 100/min
- C.** 4 litres/min
- D.** 3:1
- E.** 2 litres/min
- F.** Changes in colour of the baby
- G.** 60/min
- H.** 40/min
- I.** 2:1
- J.** 80/min
- K.** Rise of chest
- L.** 120/min
- M.** 6 litres/min
- N.** 1 and 10 minutes
- O.** 2 and 7 minutes
- P.** 1:1

Questions:

- 9(i).** You are resuscitating Mrs. Santhosam’s newborn baby. You will start positive pressure ventilation using bag and mask if the heart rate of the baby is below
- 9(ii).** You are resuscitating Mrs. Malini’s newborn baby. Her respiratory rate is 44/min and heart rate is 110/min, because of the central cyanosis and grunting, you are planning to give oxygen through nasal prongs. The rate of oxygen flow you give will be

- 9(iii).** You are giving bag and mask ventilation to Mrs. Esther's newborn baby as part of the resuscitation. You will monitor the adequacy of the ventilation by the
- 9(iv).** You are resuscitating Mrs. Nallamal's newborn baby. You will start chest compression in this baby if the heart rate is below
- 9(v).** In the above scenario, you will give chest compression and bag and mask ventilation at a ratio of
- 9(vi).** You are resuscitating Mrs. Sankari's newborn baby. You will record the APGAR score in this newborn at

10. THEME: NEWBORN CARE [QUESTIONS 10(i)-10(vi)] **(Total 6 Marks)**
From the options 'A to H' given below, choose the best answers for the questions 10(i)-10(vi)

Options:

- | | |
|----------------------|--------------------|
| A. Normal | E. Down's Syndrome |
| B. Abnormal | F. Turner Syndrome |
| C. Cephalhaematoma | G. Kerion |
| D. Caput succedaneum | H. Kernicterus |

Questions:

- 10(i).** You are doing postnatal ward rounds in your hospital. Mrs. Hema tells you that her 12 hour old baby is blue. On examination you notice that the extremities of the baby is cyanosed. This is
- 10(ii).** After sometime, while you are in the OPD, Mrs. Shanthi brings her 4 days old term baby with jaundice. This is
- 10(iii).** During your evening rounds, you notice that Mrs. Devaki's 18 hour old baby is having jaundice. This is
- 10(iv).** While examining Mrs. Saroja's baby you notice that the baby has the bluish spots called the Mongolian spots on the buttocks and back. This is
- 10(v).** Mrs. Kumutha had a normal vaginal delivery. It was a cephalic presentation. During rounds you notice that the baby has edema over the skin and subcutaneous tissue of the head. This is called
- 10(vi).** During neonatal examination of Mrs. Kalpana's newborn baby, you notice that the baby has depressed bridge of the nose and hypertelorism. This is

M.MED.FAMILY MEDICINE

SECOND YEAR THEORY EXAM– AUGUST 2015 PAPER III – MATERNAL & CHILD HEALTH *Q.P. Code: 434013*

TIME: THREE HOURS

MAXIMUM: 100 MARKS

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive typequestions** based on case scenarios (**40 marks**).
- **Part B** will have Objective type **EMQs (Extended Matching Questions)**(**60 marks**).
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:

3. THEME -COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(v)

Options:

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazine deconate
- H.** Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

PART – A
DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1.18 year old Ms.Gita, a college student has come to you with history of 6 months amenorrhea. Answer the following questions regarding amenorrhea.

[TOTAL 20 MARKS]

- A.** What are the types of amenorrhea? How will you differentiate between the types amenorrhea? **(5 Marks)**
- B.** What are the symptoms of androgen excess and the features of androgen insensitivity? **(5 Marks)**
- C.** What are the preliminary investigations that you will order in a primary care for Gita? **(5 Marks)**
- D.** What is exercise induced amenorrhea and how will you treat it? **(3 Marks)**
- E.** How will you diagnose primary ovarian failure? **(2 Marks)**

2. A mother brings her 2 year old child for a checkup. She is worried that he is small compared to his peer group **[TOTAL 20 MARKS]**

- A.** How would you approach this child? **(5 marks)**
- B.** What are the criteria to refer this child? **(4 marks)**
- C.** How would you assess for severe acute malnutrition? **(5 marks)**
- D.** Classify malnutrition and discuss the management. **(6 marks)**

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: AMENORRHEA [QUESTIONS. 1(i)-1(vi)] (TOTAL: 6 MARKS)

From the options ‘A to L’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- | | |
|---------------------------|--------------------------------|
| A. Hypothalamic pathology | G. Anorexia nervosa |
| B. Ovulatory cycles | H. Turner’s syndrome |
| C. Tertiary | I. Polycystic ovarian syndrome |
| D. Secondary | J. Hypothyroidism |
| E. Pregnancy | K. Primary |
| F. Uterine pathology | L. Anovulatory cycles |

Questions:

- 1(i).** Miss. Pushpa is 15 years old. She has not had menses so far. She has secondary sex characteristics like adult pattern of pubic hair and breast development. What type of amenorrhea does she have?
- 1(ii).** Miss. Shanthi attained menarche at 14 years. She had 3/30-60 days cycle for 1 year. For the past 6 months she did not have her menstrual cycles. What type of amenorrhea is it?
- 1(iii).** The commonest cause of secondary amenorrhoea, which has to be ruled out in any woman presenting with amenorrhoea is:
- 1(iv).** Miss. Rosy attained menarche two years ago. For nearly 18 months she had very few irregular cycles associated with amenorrhoea of varying length of time. The cause of this is
- 1(v).** The commonest cause of pathological amenorrhoea is
- 1(vi).** 26 year old Miss. Kumari has oligomenorrhea, acne, hirsuitism. The most likely diagnosis is

2: THEME: DYSMENORRHOEA[QUESTIONS 2(i)-2(vi)] (TOTAL: 6 MARKS)

From the options ‘A to F’given below, choose the best answers for the questions ‘2(i) – 2(vi)’:

Options:

- A. Pelvic inflammatory disease (PID)
- B. Fibroid uterus
- C. Secondary dysmenorrhoea
- D. Carcinoma cervix
- E. Endometriosis
- F. Primarydysmenorrhoea

Questions:

- 2(i).** 30 year old Mrs. Shanthi has dysmenorrhea for the past six months. Her first child is 6 years old and now she has difficulty in conceiving. On pelvic examination she has tenderness. The type of dysmenorrhea she has is
- 2(ii).** 34 years old Mrs. Alice presented with dysmenorrhea. On examination she had lower abdominal pain. Pelvic examination was tender, uterus was retroverted with nodules on the posterior cervix and there was adnexal mass. The most likely cause of dysmenorrhea in her is
- 2(iii).** 35 year old Mrs. Xavier presented with dysmenorrhea and vaginal discharge. On examination she has lower abdominal tenderness and per vaginal examination showed foul smelling discharge from her cervix. The most likely cause of dysmenorrhea in her is
- 2(iv).** 40 year old Mrs. Radha presented with dysmenorrhea and increased menstrual flow. On abdominal examination, her uterus was 14 week size. Per vaginal examination revealed a uterine mass. The most likely cause of dysmenorrhea in her is
- 2(v).** 45 year old Mrs. Narmadha presented with dysmenorrhea and post-coital bleeding for the past 2 months. On per vaginal examination the cervix was unhealthy and abnormal. The most likely cause of dysmenorrhea in her is
- 2(vi).** 14 year old Miss. Menaka attained menarche 18 months ago. Since then she has dysmenorrhea during every cycle. The type of dysmenorrhea she has is

3. THEME: MENSTRUAL IRREGULARITIES - DIAGNOSIS [QUESTIONS 3(i) - 3(vi)] **(TOTAL: 6 MARKS)**

From the options ‘A to N’ given below, choose the best answers for the questions ‘3(i) – 3(vi)’:

Options:

- A. Ectopic pregnancy
- B. Endometrial carcinoma
- C. Pelvic inflammatory disease
- D. Uterine fibroid
- E. Diabetes mellitus
- F. Bleeding disorder
- G. Polycystic ovarian disease
- H. Maternal oestrogen withdrawal
- I. Dysfunctional uterine bleeding
- J. Ovarian carcinoma
- K. Drug induced problem
- L. Hypothyroidism
- M. Psychological upset
- N. Chlamydial infection

Questions:

- 3(i).** 60 year old Mrs. Monica presented to you with bleeding PV. Pelvic examination showed a uniformly enlarged uterus. She is also a diabetic. The most likely diagnosis is
- 3(ii).** 14 year old Sunainawas brought to you with severe bleeding since she attained menarche 3 days ago. You notice that she has some bruises over forearms and legs. The most likely diagnosis is
- 3(iii).** 45 year old Ms. Kannagiwas brought to you with menorrhagia. She is not a diabetic or hypertensive. She recently lost her husband in a road traffic accident and has been on some antidepressants recently. The most likely cause of menorrhagia is
- 3(iv).** 29 year old Mrs. Komalapresented to you with excessive periods with foul smelling discharge PV. Her previous menstrual period was normal and lasted for 3 days. On examination,cervical motion was tender. The most likely diagnosis is
- 3(v).** 40 year old Mrs. Yasmin presented to you with increased bleeding, loss of weight and appetite for the past 6 months. On examination she had abdominal distension and the pelvic examination showed adnexal mass on the right side. The most likely diagnosis is
- 3(vi).** 36 year old Mrs.Abraham presented to you with regular heavy periods for the past 6 months. Her pelvic examination was normal.Ultrasound abdomen showed normal uterus. The most likely diagnosis is

**4. THEME: DIAGNOSIS OF CAUSE FOR VAGINAL DISCHARGE [QUESTIONS
4(i) -4(iv)] (TOTAL: 6 MARKS)**

From the options ‘A to H’ given below, choose the best answers for the questions ‘4(i)–4(vi)’:

Options:

- | | |
|-----------------------------|-------------------------------------|
| A. Bacterial vaginosis | E. Atrophic Vaginitis |
| B. Vulvovaginal Candidiasis | F. Cancer cervix |
| C. Trichomoniasis | G. Chlamydia Trachomatis |
| D. Cervicitis | H. Gardnerella, anaerobic organisms |

Questions:

- 4(i).** 28 year old MrsDipika presents with complaints of vaginal discharge since two weeks. The discharge is curdy and associated with severe itching. What is the most probable cause of this discharge?
- 4(ii).** 45 Year old MrsSarika presents with complaints of increased vaginal discharge for the past three months, not foul smelling or associated with pruritus. She however has lower abdominal pain, backache and post coital bleeding. What could be the probable cause for this discharge?
- 4(iii).** 32 year old MrsLekha presents with complaints of vaginal discharge and burning sensation while passing urine. There is mucopurulent cervical discharge coming from the cervical os.
- 4(iv).** 28 year old MrsSurekha presents with complaints of vaginal discharge, with no pruritus, lower abdominal pain or dysuria. On examination the cervix is healthy; there is copious thin greyish vaginal discharge with a fishy odour. What could be the probable cause for this discharge?
- 4(v).** 30 year old MrsMenaka presents with profuse vaginal discharge associated with pruritus and dysuria. On examination there is yellow frothy discharge. There is also erythema of vulva and cervix. Whiff test is negative. What could be the probable cause for this discharge?
- 4(vi).** 38 year old MrsMalini presents with complaints of foul smelling vaginal discharge, with no pruritus, lower abdominal pain or dysuria. She also gives history of post-coital bleeding. On examination the cervix looks unhealthy; there is greyish yellow foul smelling vaginal discharge. What could be the probable cause for this discharge?

5. THEME: BREAST PROBLEMS [QUESTIONS 5(i) - 5(iv)] (TOTAL: 6 MARKS)

From the options ‘A to P’ given below, choose the best answers for the questions ‘5(i)–5(vi)’:

Options:

- | | |
|-------------------------------|----------------------------------|
| A. Flucloxacillin | I. Mastitis |
| B. Stretch marks | J. Reassurance |
| C. Advise biopsy | K. Topical steroids |
| D. Cyclical Mastalgia | L. Paget’s disease of the nipple |
| E. Inflammatory breast cancer | M. Erythromycin |
| F. Eczema | N. Breast Abscess |
| G. Refer the patient | O. Galactorrhea |
| H. Paracetamol | P. Metronidazole |

Questions:

45 years old Mrs. Juliet comes to you with the complaint of pain in the left breast for the past 2 weeks. The breast also feels lumpy to her. On examination the breast looks reddish and swollen and feels warm. The skin of the breast also has a multipledimpled appearance and looks like an orange peel. The left breast does not go up symmetrically with the right one when she raises both her upper limbs.

5(i). What could be your possible diagnosis?

5(ii). How will you treat her?

22 years old Miss. Nathiya, an IT professional, is worried about many things – her increasing weight, loss of hair and lack of sleep. She is also concerned about some changes in her breast. On examination you find reddish and purplish, slightly indented lines, on both breasts which have a different texture from the surrounding skin.

5(iii). What could be your possible diagnosis?

5(iv). How will you treat her?

26 years old Mrs. Lalitha comes to you with the complaint of pain and heaviness in the right breast for the past 2 days. She delivered a baby 4 weeks ago and she is having difficulty in breastfeeding and poor milk drainage. On examination there is engorgement, erythema and nipple excoriation.

5(v). What could be your possible diagnosis?

5(vi). How will you treat her?

6. THEME: INCESSANT CRY [QUESTIONS 6(i)-6(vi)] (TOTAL: 6 MARKS)

From the options ‘A to I’ given below, choose the best answers for the questions ‘6(i) – 6(vi)’:

Options:

- | | |
|--------------------|----------------------------|
| A. Intussusception | F. Meningitis |
| B. Evening colic | G. Urinary tract infection |
| C. Nappy rash | H. Sprains and strains |
| D. Pneumonia | I. Warm weather |
| E. Otitis media | |

Questions

- 6(i).** A 4 month baby has been crying for last 1 hour, otherwise has been healthy- eating well and active. Parents are anxious as this has been happening over a week as the day progresses. The baby feels better when he passes gas. What is the likely cause?
- 6(ii).** A 9 month old baby has been brought in with episodes of crying on and off while sitting. The child is eating well and happy. The baby also cries when it has passed stools and while cleaning the area. Mom has noticed some redness in the area. What is the likely cause?
- 6(iii).** A 3 year old child has been crying since 1 day and more so in the night that is waking him from sleep. The child has been having cold and mild cough for last 3 days and has been pulling on his ears very often. What is the likely cause?
- 6(iv).** A 1 year old child has been crying for over last 1 day. It has been seen to be more while passing urine. The child has been irritable, not eating well and having fever for last 2 days. What is the likely cause?
- 6(v).** A child aged 3 years has not been moving around since a day and cries while walking. He had a fall while playing in the morning. What is the likely cause?
- 6(vi).** A 5 month old baby has been brought in being a bit drowsy having vomiting and fever for a day. The child has been unwell for last few days with intermittent crying and passing blood in stools. What is the likely cause?

7. THEME: SEIZURES IN CHILDREN [QUESTIONS 7(i) -7(vi)](TOTAL: 6 MARKS)

From the options ‘A to H’ given below, choose the best answers for the questions ‘7(i) – 7(vi)’:

Options:

- | | |
|------------------------------|----------------------|
| A. Benign myoclonic epilepsy | C. Grandmal epilepsy |
| B. Breath holding spell | D. Vasovagal syncope |

- E.** Absence seizure
- F.** Simple febrile seizure

- G.** West Syndrome
- H.** Atypical febrile seizure

Questions:

- 7(i).** A 2 year old child was brought in with episode of tonic clonic seizures that lasted for a few minutes about half an hour ago. The child had fever since morning and is fully conscious. What is the likely diagnosis?
- 7(ii).** An infant was brought in with jerky movement of the hand and head nodding. This has been noticed on several occasions earlier. The child's father is on treatment for epilepsy. What is the likely diagnosis?
- 7(iii).** A 3 year old child was brought in with history of having had stopped breathing, while he was crying for a toy. The child had gone blue with some twitches and loss of consciousness for a few seconds. What is the likely diagnosis?
- 7(iv).** An 8 year old girl came in to clinic as she had a fall in the morning while she was standing in her school assembly. There was no loss of consciousness or jerky movements noticed by her teacher. She has had a similar episode 2 months ago. What is the likely diagnosis?
- 7(v).** A 3 year old child was brought to A & E with tonic clonic seizures which lasted for 20 mins. This has happened for the second time in the day and child has high fever for last 2 days. What is the likely diagnosis?
- 7(vi).** An 8 year old child was brought in with an episode of generalized tonic-clonic seizures an hour ago. He had tongue biting and incontinence during the seizures. These seizures were not associated with fever and he had 2 similar episodes in last 3 months. His father has been on treatment for epilepsy. What is the likely diagnosis?

8. THEME: JOINT PAIN IN CHILDREN [QUESTIONS 8(i)-8(vi)]

(TOTAL: 6 MARKS)

From the options 'A to H' given below, choose the best answers for the questions '8(i)-8(vi):'

Options :

- A.** Reactive arthritis
- B.** Viral fever
- C.** Septic arthritis
- D.** PolyarticularJuvenile Idiopathic Arthritis
- E.** Trauma
- F.** Leukemia
- G.** Sickle cell disease
- H.** Acute Rheumatic fever

Questions:

- 8(i).** A 10 year old girl has come in with runny nose, cough, fever, body aches and joint pains since 2 days. She has decreased appetite and feeling very tired. There is no swelling of joints. What is the likely diagnosis?
- 8(ii).** A 5 year old child has come with high fever and looking very unwell. He also complains of pain and swelling of the right elbow joint which is making him unable to move his arm. His WBC count is high. What is the likely diagnosis?
- 8(iii).** A 9 year old child has come in with pain and swelling of the right knee joint and unable to bear weight. This has started a few hours ago post fall from the cycle. He has some abrasions on the knee but no fever. What is the likely diagnosis?
- 8(iv).** A 12 year old girl complains of low grade fever and rash on and off for last 3 months. She also complains of joint pains and swelling that has affected almost 5 joints. The RA factor is negative. What is the likely diagnosis?
- 8(v).** A 1 year old baby girl has been brought by her mother as she noticed swelling of small joints of the hand and feet. The child is pale and lethargic with some breathing difficulty. Similar problem has been noted in the family. What is the likely diagnosis?
- 8(vi).** A 10 year old boy has come in with joint pain and swelling which has been moving from joint to joint. He has high grade fever and a macular rash on the trunk and limbs. He was treated for sore throat in the past. What is the likely diagnosis?

9. THEME: COUGH IN CHILDREN [QUESTIONS 9(i)-9(vi)] (TOTAL: 6 MARKS)

From the options ‘A to P’ given below, choose the best answers for the questions 9(i)-9(vi):

Options:

- | | |
|----------------------------|-----------------------|
| A. Clinical evaluation | E. Chest X ray |
| B. Bronchoscopy | F. Airway fluoroscopy |
| C. Trial of antihistamines | G. Endoscopy |
| D. Sweat chloride test | H. Sputum AFB test |

Questions: What is the initial diagnostic approach for the following?

- 9(i).** A 5 month old baby has been having running nose, cough and difficulty breathing. On examination the child is tachypneic, wheezing and has recessions. There is no fever.
- 9(ii).** A 10 month old baby is brought in with history of choking and continuous cough. The mother thinks the child has swallowed a part of his toy that he was playing with.
- 9(iii).** A 2 year old child has been having recurrent chest infections along with chronic diarrhea. The child is also not growing well.

- 9(iv).** A 4 year old child comes in with cough for more than 3 weeks. It started with mild URTI and has now progressed to paroxysmal cough with frequent vomiting post cough.
- 9(v).** A 9 year old child comes with headache, itchy eyes, sore throat, pale nasal turbinate's, cobble stoning of posterior oropharynx and night time cough.
- 9(vi).** A 10 year old child comes in with history of persistent barky cough, mainly at day time at school. She does not cough while playing or at home. There is no fever or other symptoms.

10. THEME: FEVER WITH RASH[QUESTIONS 10(i)-10(vi)] (TOTAL: 6 MARKS)

From the options 'A to H' given below, choose the best answers for the questions 10(i)-10(vi)

Options:

- | | |
|-------------------------------|---------------------------------|
| A. Chickenpox | E. Dengue |
| B. Measles | F. Systemic lupus erythematosus |
| C. Fifth disease | G. Sixth disease |
| D. Inflammatory bowel disease | H. Kawasaki disease |

Questions: Choose the correct diagnosis for the following scenarios

- 10(i).** A 6 year old boy has had cold, cough and fever for 3 days. This has been followed by an erythematous maculopapular rash that started from the head and behind ears now affecting the trunk?
- 10(ii).** A child aged 9 years has developed vesicular rash of the body with fever. The rash has been appearing in crops and is very itchy.
- 10(iii).** A 3 year old girl has been having fever for 5 days and looks unwell. On examination she has maculopapular rash, lymphadenopathy, edema of the hands and foot, peeling of the skin, conjunctivitis and red tongue.
- 10(iv).** A 12 year old child has been having high grade fever, cold and body and joint pains for 5 last days which has now resolved. The child now has developed a maculopapular rash with few petechiae. The platelet count has been low.
- 10(v).** A 5 year old child has had low grade fever, cold and headache for 4 days. This is followed by a maculopapular rash over the body which is predominant over the cheeks.
- 10(vi).** A 6 month old baby has been having high grade fever for 3 days. This has been followed by red rash starting from trunk to limbs. The rash is not itching and has not involved the face. The child has had an episode of seizure on day 2 of fever.

(LI 0216)

M.MED.FAMILY MEDICINE

(Sub Code: 4013)

SECOND YEAR THEORY EXAM– FEBRUARY 2016

PAPER III – MATERNAL & CHILD HEALTH

QP .CODE: 434013

Time: Three hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
 - Answer **all** the Questions.
 - The Paper has 2 parts – **Part A & Part B**.
 - **Part A** will be **descriptive type questions** based on case scenarios **(40 Marks)**
 - **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 Marks)**
- ✓ This will have 10 sets of these questions.
✓ Each set will have 6 questions.
✓ Each question will carry 1 mark.
✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**.
The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6Marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(v)

Options:

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazinedeconoate
- H.** Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

❖ **Each option may be used more than once.** Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. You are teaching the nursing students posted in your practice about vaginal discharge. **(Total 5 x 4 = 20 Marks)**

 - A.** Name 4 infectious and 4 non-infectious causes of vaginal discharge.
 - B.** Tell them “4 Red flags” in vaginal discharge.
 - C.** You show a few patients to your students: Mrs. Malathy came to you with vaginal discharge. On further questioning, she told you that there is no pruritus or lower abdominal pain. While examining you noticed that the discharge had a “fishy smell”.

 - (i).** What is the most likely diagnosis?
 - (ii).** What is/are the common causative organism/ s that cause this?
 - (iii).** What cells are pathognomonic of this diagnosis?
 - (iv).** How will you treat Mrs. Malathy?
 - D.** 35 year old Mrs. Kantha presented with profuse vaginal discharge associated with pruritus. On examination it was an off white to yellow frothy discharge.

 - (i).** What is the most likely diagnosis?
 - (ii).** What is the causative organism of this condition?
 - (iii).** What do you expect to see when you do a “wet mount” examination?
 - (iv).** How will you treat Mrs. Kantha?
 - E.** 55 year old Mrs. Rajathi presented to you with post coital bleeding. On examination, the cervix was friable and bled on touch.

 - (i).** What is the most likely diagnosis?
 - (ii).** Name the organism that can predispose this condition.
 - (iii).** Name 2 other risk factors for this condition.
 - (iv).** As a Family Physician, how can you prevent this disease in your population?
2. Mrs. Megala comes to your clinic with her 9-year-old son Dinesh. He has new onset of bedwetting at night for the past 2 months. **(Total 20 Marks)**

 - A.** How will you approach this child? **(5 Marks)**
 - B.** What are the types of enuresis and how will you differentiate between them? **(2 Marks)**
 - C.** What are the investigations required for this child? **(3 Marks)**
 - D.** What are the criteria to refer this child? **(5 Marks)**
 - E.** How will you manage this child? **(5 Marks)**

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. THEME: MENSTRUAL IRREGULARITIES [QUESTIONS. 1(i)-1(vi) (Total: 6 Marks)
From the options ‘A to K’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- | | |
|--------------------------------|----------------------|
| A. Polycystic ovarian syndrome | G. Cushing’s disease |
| B. Prolactinoma | H. Constitutional |
| C. Haematocolpos | I. Turner’s syndrome |
| D. Stress induced | J. Edward’s syndrome |
| E. Sheehan’s syndrome | K. Drug induced |
| F. Asherman syndrome | |

Questions: Mark the most likely diagnosis for the following patients:

1.(i) 32 year old Mrs. Rajini presented to you with oligomenorrhea. She also has acne, hirsutism with an increased BMI. The most likely diagnosis is

1.(ii) 16 year old Banu was brought to you since she has not attained menarche. On examination, she had short stature, web neck and shield chest with widely spaced nipples with wide carrying angles. The most likely diagnosis is

1.(iii) 15 year old Ms. Ponnu has not attained menarche. She presented with cyclical lower abdominal pain. While separating the labia during examination, you noticed a bulging blue colour membrane. The most likely diagnosis is

1.(iv) 45 year old Mrs. Rangammal who was sterilized, presented to you with amenorrhoea. On questioning, you found that she lost her husband in a road traffic accident 3 months ago and since then she did not have her menstrual period. The most likely cause of her amenorrhoea is

1.(v) 14 year old Sumathy was brought with complaint that she has not attained menarche. On questioning her mother, she told you that she attained menarche at the age of 15. The likely cause of delayed puberty in Sumathy is

1.(vi) Mrs. Mary is on chemotherapy for carcinoma breast. She presented with amenorrhoea. The most likely cause of amenorrhoea in her is

2. THEME: MENSTRUAL IRREGULARITIES [QUESTIONS 2(i) – 2(vi)]
(Total: 6 Marks)

From the options ‘A to G’ given below, choose the best answer for questions 2(i)–2(vi)

Options:

- | | |
|------------------------------|--------------------------------|
| A. Endometriosis | E. Ovulation pain |
| B. Ectopic pregnancy rupture | F. Premenstrual disorder |
| C. Ovarian carcinoma | G. Pelvic inflammatory disease |
| D. Carcinoma cervix | |

Questions:

2. (i). Mrs. Debbarma presented with dysmenorrhea. Pelvic exam was tender, uterus was retroverted and there was induration on the posterior fornix. The most likely diagnosis is

2. (ii). 30 year old Mrs. Xavier presented with dysmenorrhea. She also gave history of dyspareunia. On examination she had vaginal discharge and had tenderness on cervical movement. The most likely diagnosis is

2. (iii). 35 year old Mrs. Yamini has regular periods. She came with a history of pelvic pain in between her periods which lasts for few hours to few days. Pelvic examination was normal. The most likely diagnosis is

2. (iv). 28 year old Mrs. Sekar was brought to you with severe left lower abdominal pain. For the past 2 hours. On further questioning she gave a history of delayed menstrual period for 15 days and on examination, she is in shock.

2. (v). 32 year old Mrs. Saroja presented to you with lower abdominal pain and mastalgia. She has regular menstrual cycles. On further questioning, she told you that she is usually pain free 1 week after her periods and then used to have lower abdominal pain. Her pelvic examination was normal. The most likely diagnosis is

2. (vi). 62 year old nulliparous woman presented with lower abdominal pain with loss of appetite and weight and malaise for the past 2 months. 10 years ago she was treated for breast malignancy. The most likely cause of her problem is

3. THEME: BREAST PROBLEMS [QUESTIONS 3(i) – 3(vi)] **(Total: 6 Marks)**
From the options ‘A to J’ given below, choose the best answer for questions 3(i)–3(vi)

Options:

- | | |
|-------------------------|---------------------|
| A. Eczema | F. Topical steroid |
| B. Topical antibiotic | G. Oral cloxacillin |
| C. Paget’s disease | H. Lumpectomy |
| D. Biopsy of the lesion | I. Antifungal cream |
| E. Thrush | J. Mastectomy |

Questions:

32 year old Mrs. Sathya presented with itchy nipple. On examination, the skin was rough and there was mild oozing. She had similar lesion on the extensor surface of her right lower limb.

- 3. (i).** The most likely diagnosis is
- 3. (ii).** The treatment of choice for her is
- 3. (iii).** If the lesion is not settled within 2 weeks, the lesion you will suspect in her is
- 3. (iv).** The next line of management for Mrs. Sathya is

28 year old Mrs. Geetha, a breastfeeding mother has come with sore nipple.

- 3. (i).** The most likely diagnosis is

3. (ii).The treatment of choice for Mrs. Geetha is

4. THEME: MENOPAUSE [QUESTIONS 4(i) – 4(vi)] (Total : 6 Marks)
From the options ‘A to I’ given below, choose the best answer for questions 4(i) – 4(vi)

Options:

- | | |
|-----------------------------|--------------------|
| A. Ovarian dysfunction | F. Low |
| B. Yes | G. Worsen |
| C. High | H. Improve |
| D. Hypothalamic dysfunction | I. Remain the same |
| E. No | |

Questions:

42 year old Mrs. Saroja attained menopause. In a developing country like India, will you say that she has premature menopause?

- 4.(i) Mrs. Roja is in her perimenopausal age. Her FSH and LH levels will be _____.
- 4.(ii) Mrs. Abel is in her perimenopausal age. Her estrogen and inhibin levels will be _____.
- 4.(iii) Mrs. Sheela has come with vaginal symptoms of menopause. These symptoms will _____ with age.
- 4.(iv) Mrs. Rani has come with hot flushes and night sweats. These symptoms associated with menopause will _____ with age.
- 4.(v) Mrs. Kala has premature menopause. She has rheumatoid arthritis for the past 25 years. The most likely cause of her premature menopause is _____.

5. THEME: INFERTILITY [QUESTIONS 5(i) – 5(vi)] (Total: 6 Marks)
From the options ‘A to F’ given below, choose the best answer for questions 5(i)–5(vi)

Options:

- | | |
|------------------------|--------------------------------|
| A. Primary infertility | D. Polycystic ovarian syndrome |
| B. Hypothalamic | E. Secondary infertility |
| C. Sheehan’s syndrome | F. Anterior pituitary adenoma |

Questions:

- 5.(i) Mrs. Leela presented to you with infertility. After thorough examination, you did prolactin estimation on her. It was > 1500mIU/L. The most likely cause of infertility in her is _____.
- 5.(ii) Mrs. Shalini has come to see you since she is not able to conceive. She is very weight conscious and is over exercising and is underweight. The most likely cause of infertility in her is _____.
- 5.(iii) Mrs. Pandi lost around 2 litres of blood during her previous delivery 3 years ago. She was given 4 pints of blood at that time. Since then she is not able to conceive. The most likely diagnosis is _____.

5.(iv) Mrs. Lodi is obese, has irregular menstruation and has acne. She is not able to conceive. The most likely cause of infertility in her is

5.(v) 35 year old Mrs. Radha, is living with her husband. She has regular unprotected sexual intercourse with her husband. Their 1st son is 6 years old. Mrs. Radha has

5.(vi) Mrs. Sumathi is married for the last 2 years and she is living with her husband and she is not able to conceive. Mrs. Sumathi has

6. THEME: FEVER IN CHILDREN [QUESTIONS 6(i) – 6(vi)] (Total: 6 Marks)

G. From the options ‘A to I’ given below, choose the best answer for the questions 6(i) – 6(vi)

Options:

- A. Meningococcal disease
- B. Septic Arthritis
- C. Kawasaki disease
- D. Pneumonia
- E. Otitis media

- F. Meningitis
- G. Urinary tract infection
- H. Dengue
- I. Warm weather

Questions:

6.(i) 5 year old Kandan has been brought to the clinic with a cough since 5 days and high fever for 2 days. He looks unwell and has lost appetite over 2 days. He has been breathing very fast and has some intercostal recessions. What is the likely diagnosis?

6.(ii) 2 year old Manju has been brought with fever for 5 days and looks unwell. She has not been eating well for last 2 days. Her eyes are congested and she has a rash over her body, there is also cervical lymphadenopathy and edema of hands and feet. What is the likely diagnosis?

6.(iii) 3 year old Kumar has been crying since 1 day and more so in the night and has been unable to sleep. He has been having a cold and mild cough for last 3 days and has been pulling on his ears very often. What is the likely diagnosis?

6.(iv) 2 year old Rosy has been having a high fever for last 2 days. She has been crying while passing urine and very irritable over last 24 hours. What is the likely diagnosis?

6.(v) 5 year old Raman has not been moving around since 2 days and cries while he moves the leg. The left knee is swollen and red. What is the likely diagnosis?

6.(vi) 4 years old Sruthi has been brought in being a bit drowsy having vomiting and fever for 4 days. The child has been unwell and has loss of appetite. She looks dehydrated and having some abdominal pain and rashes. What is the likely diagnosis?

7. THEME: ANAEMIA IN CHILDREN [QUESTIONS 7(i) – 7(vi)] (Total: 6 Marks)

From the options ‘A to K’ given below, choose the best answer for the questions 7(i) – 7(vi)

Options:

- A. β Thalassemia trait

- B. Iron deficiency Anaemia

- C. Lead poisoning
- D. Sideroblastic Anaemia
- E. Acute Lymphoid Leukemia
- F. Fanconi's Anaemia
- G. Chronic Lymphoid Leukemia

- H. Anaemia of Chronic Disease
- I. Folate and Vitamin B12 deficiency
- J. G6PD deficiency
- K. Sickle Cell Anaemia

Questions: What is the most likely diagnosis in each of the following children?

7.(i) 9 year old Mercy was brought into Accident and Emergency department being unwell with breathlessness, jaundice, and weakness. She complained of abdominal pain and hematuria. She was started on nitrofurantoin a day ago for urinary tract infection.

7.(ii) 2 year child Chandan has been bought for a regular check-up. He is small for his age and looks a bit malnourished and pale. He is mainly on breast feeds with occasional intake of food.

7.(iii) 5 year old Ramesh was brought to the clinic with few bruises and petechiae. He has been visiting the clinic for failure to thrive and recurrent infections. He is pale, with some skin pigmentations and structural abnormalities of the thumb and radii.

7.(iv) 9 year old Sunder came with a report of complete blood count that was done 4 days ago for fever. The report showed Hb of 9 gm% and MCV of 64. Blood film shows microcytic hypochromic anemia. Her mother has had a similar problem since childhood.

7.(v) Rajan aged 6 years has been feeling very fatigued and breathless while playing football. He had an acute respiratory infection 3 months ago. The child has Hb of 6 gm% and peripheral smear shows target cells and Howell-Jolly bodies.

7.(vi) 11 year old Kamala has been brought to the clinic with a history of feeling tired, drowsy and constipation for few months. The child has gained weight over 9 months and looks a bit pale. She has been deteriorating in studies of late.

8. THEME: SEIZURES IN CHILDREN [QUESTIONS 8(i) – 8(vi)] (Total: 6 Marks)
From the options 'A and H' given below, choose the best answer for the questions 8(i)-8(vi).

Options:

- | | |
|-------------------------------|--------------------------|
| A.
Sodium Valproate | E. Phenytoin |
| B. Paracetamol | F. Phenobarbitone |
| C. Carbamazepine | G. Diazepam |
| D. Ethosuximide | H. ACTH |

Questions

8.(i) 2-year-old Akila was brought in post-ictal state after an episode of tonic-clonic seizures that lasted for a few minutes about 15 minutes ago. She had fever since 2 days and was thought to have a viral illness.

8.(ii) 3 months old Barani was brought in with a jerky movement of the hand and head nodding. This has been noticed on several occasions earlier. The child's father is on treatment for epilepsy.

8.(iii) An 11-month old Ganesh was brought in with a history of having repeated spasms lasting for 2-3 minutes. He has had some developmental delay. The EEG report shows hypsarrhythmic pattern.

8.(iv) 6 year old Aruna is brought to the clinic with a history of episodes of staring for 2-3 minutes. The episodes were noticed in the school as well, she had been a good student and now has started deteriorating in studies.

8.(v) 3 year old Joesph was brought to A & E with a seizure that involved the right upper and lower limb. The child has loss of consciousness for a few minutes and hurts himself during the episode. The child is well with no fever, headache or vomiting.

8.(vi) 9 year old Ramesh was brought in with an episode of generalized tonic-clonic seizures that occurred 2 hours ago. He has bleeding tongue and had incontinence during the seizures. A similar episode has been noticed 2 times over 3months. He has been otherwise well.

9. THEME: ABDOMINAL PAIN IN CHILDREN [QUESTIONS 9(i) – 9(vi)]

(Total: 6 Marks)

From the options ‘A and I’ given below, choose the best answer for the questions 9(i)-9(vi)

Options:

- | | |
|------------------------|----------------------------|
| A. Appendicitis | F. Muscular sprain |
| B. Migraine | G. Psychological |
| C. Constipation | H. Peptic Ulcer disease |
| D. Gastroenteritis | I. Urinary Tract Infection |
| E. Mesenteric adenitis | |

Questions:

9.(i) 5 year old Joyce was brought into the clinic with a fever of 3 days associated with chills and few episodes of diarrhea for last 2 days. She complains of lower abdominal pain and some discomfort while passing urine.

9.(ii) 10 year old Babu was brought in with abdominal pain around the umbilicus on and off for last 6 months. He has been an active child, however, a very fussy eater and demands junk food and hardly drinks water. He is not very regular with bowel movement and passes a lot of gas.

9.(iii) 9 year old Sadhana has had cold and sore throat for last 3 days. She now complains of abdominal pain around the umbilicus since 1 day. On examination, the child has a mild fever, congested tonsils, cervical lymphadenopathy and mild tenderness around the umbilicus.

9.(iv) 11 year old Andal is brought to the clinic with severe pain in the abdominal on and off around umbilicus around 6 months. It is sometimes associated with nausea and vomiting and occurs more when she eats chocolates. Her mother has had a similar problem in her childhood.

9.(v) 11 year old Mohammed was brought in pain to the clinic with pain in the left iliac fossa. The pain has started after he attended a sports camp conducted by his school. The pain is more when he gets up and sits down. The child otherwise has no other issues.

9.(vi) 9 year old Suriya was brought in with vague abdominal pain on and off. The child has recently joined a new school having relocated to a new place. He is struggling with new language and new friends.

10. THEME: LIMPING IN CHILDREN [QUESTIONS 10(i) –10(vi)] (Total: 6 Marks)
From the options ‘A to H’ given below, choose the best answers for the questions ‘10(i) – 10(vi)’:

Options:

- | | |
|-------------------------------|--------------------------------------|
| A. Osgood-Schlatter disease | E. Osteomyelitis |
| B. Chondromalacia | F. Neoplasm |
| C. Legg-Calve-Perthes disease | G. Slipped capital femoral epiphysis |
| D. Trauma | H. Transient Synovitis |

Questions: What is the clinical diagnosis?

10.(i) 13 year old Ravi presented with pain in the hip, thigh, and knee, as a result, unable to walk properly. He has been on treatment for hypothyroidism. On examination, there is Trendelenburg gait with external rotation at the hip and internal rotation of the hip is limited.

10.(ii) 6 year old Sugumar presents with a history of limping with mild activity related pain in the groin, hip, thigh, or knee over 6 months. On examination, there is decreased abduction and internal rotation of the hip.

10.(iii) 12 year old Begum presents with pain in the right knee and hence limping. The pain is more while climbing and getting down the stairs and sitting for long hours with knees bent. She also feels grating sound from the knee.

10.(iv) 5 year old Praisly is brought to the clinic feeling tired, has been having a fever on and off for last 2 months. She has lost weight and limping as she has pain in the bones sometimes waking her up from sleep.

10.(v) 9 year old Mansoor presented to the clinic with pain in the right hip and is limping since 2 days. He has had a cold, cough and fever 5 days ago. The pain gets bad on passive movements of the joint and gets better on rest.

10.(vi) 14 year old Isaac presents to the clinic with pain in his left knee which started after his football match 2 days ago. There is a small bump in front of the left knee that is tender but no pain with range of movements.

(LJ 0816)

M.MED.FAMILY MEDICINE

(Sub Code: 4013)

**SECOND YEAR THEORY EXAM – AUGUST 2016
PAPER III – MATERNAL & CHILD HEALTH**

QP .CODE: 434013

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 Marks)**.
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 Marks)**.
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) what is the drug of choice for Acute Psychosis?

3(ii) what is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

❖ Each option may be used more than once. Some options may not be used at all

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. Mrs. Kamala is 34 years old mother and has noticed recently that she is getting heavier periods and the periods are more painful. She is tired and she has one child.
(Total = 20 Marks)

- | | |
|---|-----------|
| A. What history would you want to know? | (4 Marks) |
| B. What examination would you do? | (3 Marks) |
| C. What are the investigations you will advise for her? | (3 Marks) |
| D. What are the likely causes for her problem? | (4 Marks) |
| E. How will you treat her? | (4 Marks) |
| F. When will you refer her? | (2 Marks) |

2. Mrs. Damodharan comes to your clinic with her 10-year-old daughter Harini. She has new onset of bedwetting at night for the past 2 months. **(Total 20 Marks)**

- | | |
|--|-----------|
| A. How will you approach this child? | (5 Marks) |
| B. What are the types of enuresis and how will you differentiate between them? | (2 Marks) |
| C. What are the investigations required for this child? | (3 Marks) |
| D. What are the criteria to refer this child? | (5 Marks) |
| E. How will you manage this child? | (5 Marks) |

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. THEME: DIAGNOSIS OF VAGINAL DISCHARGE [QUESTIONS. 1(i) - 1(vi)]
(Total: 6 Marks)

From the options ‘A to K’ given below, choose the best answer for the questions 1(i) 1(vi)

Options:

- | | |
|--------------------------|-----------------------------|
| A. Normal cervix | G. Atrophic Vaginitis |
| B. Fibroid in the cervix | H. Normal vaginal discharge |
| C. Trichomoniasis | I. Carcinoma cervix |
| D. Cervicitis | J. Endometriosis |
| E. Vaginal candidiasis | K. Adenomyosis |
| F. Bacterial Vaginosis | |

Questions: Mark the most likely diagnosis for the following patients:

1(i). 22 years old Mrs. Revathi, a pregnant lady has intense itching over the genitalia with a cheesy curdy white discharge. The most likely diagnosis is

1(ii). 25 years old Mrs. Uma comes to you with the complaint of vaginal discharge. On vaginal examination, the cervix looks pink, round and smooth. Mrs. Uma has

1(iii). 20 year old college student Ms. Latha came to you with vaginal discharge. On examination she has thin odourless mucus discharge. Ms. Latha has

1(iv). 35 years old Mrs. Sheela came with history of purulent vaginal discharge with deep dyspareunia. The most likely diagnosis is

1(v). 30 years old Mrs. Seetha presented with vaginal discharge .On examination, she has frothy greenish yellow discharge. The most likely diagnosis is

1(vi). 55 year old Mrs. Rajathi presented to you with post coital bleeding. On examination, the cervix was friable and bled on touch. The most likely diagnosis is

**2. THEME: MANAGEMENT OF VAGINAL DISCHARGE [QUESTIONS 2(i) – (vi)]
(Total: 6 Marks)**

From the options ‘A to K’ given below, choose the best answer for questions 2(i)–2(vi)

Options:

- | | |
|---|---|
| A. T. Metronidazole 2g single dose | G. Clue cells |
| B. Cefixime 400mg stat | H. Intravaginal Clotrimazole |
| C. T. Azithromycin 1 gm stat | I. T. Metronidazole 400mg tid for 14 days |
| D. Yeast & Pseudohyphae | J. Gram Positive cocci in clusters |
| E. Gram negative intracellular diplococci | K. Acid Fast Bacilli |
| F. Mobile flagellate protozoa | |

Questions:

Mrs. Rani presented to you with white discharge PV. On examination you found that she has a curdy white discharge.

- 2(i). The wet mount of the above condition will show
2(ii). The treatment of the above condition is

Mrs. Lakshmi presented to you with white discharge PV. On examination you found that she has a mucopurulent discharge from the cervix.

- 2(iii). The microscopic smear of the above condition will show
2(iv). The treatment of the above condition is

Mrs. Malathy came to you with vaginal discharge. On further questioning, she told you that there is no pruritus or lower abdominal pain. While examining you noticed that the discharge had a “fishy smell”.

- 2(v). The wet mount of the above condition will show
2(vi). The treatment of the above condition is

**3. THEME: BREAST PROBLEMS [QUESTIONS 3(i) – 3(vi)]
(Total: 6 Marks)**

From the options ‘A to J’ given below, choose the best answer for questions 3(i)–3(vi)

Options:

- | | |
|-------------------------|---------------------|
| A. Eczema | F. Topical steroid |
| B. Topical antibiotic | G. Oral Cloxacillin |
| C. Paget’s disease | H. Lumpectomy |
| D. Biopsy of the lesion | I. Antifungal cream |
| E. Thrush | J. Mastectomy |

Questions:

32 year old Mrs. Selvi presented with itchy nipple. On examination, the skin was rough and there was mild oozing. She had similar lesion on the extensor surface of her right lower limb.

- 3(i). The most likely diagnosis is
- 3(ii). The treatment of choice for her is
- 3(iii). If the lesion is not settled within 2 weeks ,the lesion you will suspect in her is
- 3(iv). The next line of management for Mrs. Selvi is

28 year old Mrs. Narmada, a breastfeeding mother has come with sore nipple.

- 3(v). The most likely diagnosis is
- 3(vi). The treatment of choice for Mrs. Narmada is

4. THEME: MENOPAUSE [QUESTIONS 4(i) – 4(vi)] (Total: 6 Marks)

From the options ‘A to I’ given below, choose the best answer for questions 4(i) – 4(vi)

Options:

- | | |
|-----------------------------|--------------------|
| A. Ovarian dysfunction | F. Low |
| B. Yes | G. Worsen |
| C. High | H. Improve |
| D. Hypothalamic dysfunction | I. Remain the same |
| E. No | |

Questions:

- 4(i). 42 year old Mrs. Saroja attained menopause. In a developing country like India, will you say that she has premature menopause?
- 4(ii). Mrs. Roja is in her perimenopausal age. Her FSH and LH levels will be
- 4(iii). Mrs. Abel is in her perimenopausal age. Her estrogen and inhibin levels will be
- 4(iv). Mrs. Sheela has come with vaginal symptoms of menopause. These symptoms will _____ with age.
- 4(v). Mrs. Rani has come with hot flushes and night sweats. These symptoms associated with menopause will _____ with age.
- 4(vi). Mrs. Kala has premature menopause. She has rheumatoid arthritis for the past 25 years. The most likely cause of her premature menopause is

5. THEME: INFERTILITY [QUESTIONS 5(i) – 5(vi)] (Total: 6 Marks)

From the options ‘A to L’ given below, choose the best answer for questions 5(i)–5(vi)

Options:

- | | |
|--------------------------------|------------------------------|
| A. Primary infertility | G. Premature ovarian failure |
| B. Hypothalamic dysfunction | H. Kallmann's syndrome |
| C. Sheehan's syndrome | I. Drugs induced |
| D. Polycystic ovarian syndrome | J. Fibroid uterus |
| E. Secondary infertility | K. Tubal damage |
| F. Anterior pituitary adenoma | L. Hyperthyroidism |

Questions:

5.(i) Mrs. Leela presented to you with infertility. After thorough examination, you did prolactin estimation on her. It was $> 1500\text{mIU/L}$. The most likely cause of infertility in her is

5(ii). Mrs. Shalini has come to see you since she is not able to conceive. She is very weight conscious and is over exercising and is underweight. The most likely cause of infertility in her is

5(iii). Mrs. Pandi lost around 2 litres of blood during her previous delivery 3 years ago. She was given 4 pints of blood at that time. Since then she is not able to conceive. The most likely diagnosis is

5(iv). Mrs. Lodi is obese, has irregular menstruation and has acne. She is not able to conceive. The most likely cause of infertility in her is

5(v). 35 years old Mrs. Radha, is living with her husband. She has regular unprotected sexual intercourse with her husband. Their 1st son is 6 years old. She is not having any discharge PV and she is not on any medications. Mrs. Radha has

5(vii). Mrs. Sumathi is married for the last 2 years and she is living with her husband and she is not able to conceive. Mrs. Sumathi has

6. THEME: FEVER IN CHILDREN [QUESTIONS 6(i) – 6(vi)] (Total: 6 Marks)

From the options ‘A to O’ given below, choose the best answer for the questions 6(i) – 6(vi)

Options:

- A. Meningococcal disease
 - B. Septic Arthritis
 - C. Kawasaki disease
 - D. Pneumonia
 - E. Otitis media
 - F. Meningitis
 - G. Urinary tract infection
 - H. Dengue
 - I. Warm weather
 - J. Bronchitis
 - K. Chicken pox
 - L. Juvenile Rheumatoid arthritis
 - M. Reactive arthritis
 - N. Rota viral diarrhoea
 - O. Gonorrhoea

Questions:

6(1). 5 years old Nitin has been brought to the clinic with a cough since 5 days and high fever for 2 days. He looks unwell and has lost appetite over 2 days. He has been breathing very fast and has some intercostal recessions. What is the likely diagnosis?

6(ii). 2 years old Kavitha has been brought with fever for 5 days and looks unwell. She has not been eating well for last 2 days. Her eyes are congested and she has a rash over her body, there is also cervical lymphadenopathy and edema of hands and feet. What is the likely diagnosis?

6(iii). 3 years old Babu has been crying since 1 day and more so in the night and has been unable to sleep. He has been having a cold and mild cough for last 3 days and has been pulling on his ears very often. What is the likely diagnosis?

6(iv). 2 years old Jebina has been having a high fever for last 2 days. She has been crying while passing urine and very irritable over last 24 hours. What is the likely diagnosis?

6(v). 5 year old Salim has not been moving around since 2 days and cries while he moves the leg. The left knee is swollen and red. What is the likely diagnosis?

6(vi). 4 years old Devi has been brought in being a bit drowsy having vomiting and fever for 4 days. The child has been unwell and has loss of appetite. She looks dehydrated and having some abdominal pain and rashes. What is the likely diagnosis?

7. THEME: ANAEMIA IN CHILDREN [QUESTIONS 7(i) – 7(vi)] (Total: 6 Marks)
From the options ‘A to L’ given below, choose the best answer for questions 7(i) – 7(vi)

Options:

- A. β Thalassemia trait
- B. Iron deficiency Anaemia
- C. Lead poisoning
- D. Sideroblastic Anaemia
- E. Acute Lymphoid Leukemia
- F. Fanconi’s Anaemia
- G. Chronic Lymphoid Leukemia
- H. Anaemia of Chronic Disease
- I. Folate and Vitamin B12 deficiency
- J. G6PD deficiency
- K. Sickle Cell Anaemia
- L. Alpha thalassemia

Questions: What is the most likely diagnosis in each of the following children?

- 7(i). 8 year old Salome was brought into Accident and Emergency department being unwell with breathlessness, jaundice, and weakness. She complained of abdominal pain and hematuria. She was started on nitrofurantoin a day ago for urinary tract infection.
- 7(ii). 3 year child David has been bought for a regular check-up. He is small for his age and looks a bit malnourished and pale. He is mainly on breast feeds with occasional intake of food.
- 7(iii). 4 year old Vijayan was brought to the clinic with few bruises and petechiae. He has been visiting the clinic for failure to thrive and recurrent infections. He is pale, with some skin pigmentation and structural abnormalities of the thumb and radii.
- 7(iv). 10 year old Mani came with a report of complete blood count that was done 4 days ago for fever. The report showed Hb of 9 gm% and MCV of 64. Blood film shows microcytic hypochromic anaemia. Her mother has had a similar problem since childhood.
- 7(v). Felix aged 7 years has been feeling very fatigued and breathless while playing football. He had an acute respiratory infection 3 months ago. The child has Hb of 6 gm% and peripheral smear shows target cells and Howell-Jolly bodies.
- 7(vi). 10 year old Punitha has been brought to the clinic with a history of feeling tired, drowsy and constipation for few months. The child has gained weight over 9 months and looks a bit pale. She has been deteriorating in studies of late.

8. THEME: SEIZURES IN CHILDREN [QUESTIONS 8(i) – 8(vi)] (Total: 6 Marks)
From the options ‘A and L’ given below, choose the best answer for questions 8(i)-8(vi).

Options:

- A. Sodium Valproate
- B. Paracetamol
- C. Carbamazepine
- D. Ethosuximide
- E. Phenytoin
- F. Phenobarbitone

- | | |
|---------------|----------------|
| G. Diazepam | J. Clonazepam |
| H. ACTH | K. Lamotrigine |
| I. Gabapentin | L. Topiramate |

Questions

8(i). 3-year-old Jothika was brought in post-ictal state after an episode of tonic-clonic seizures that lasted for a few minutes about 15 minutes ago. She had fever since 2 days and was thought to have a viral illness. What is the immediate line of management?

8(ii). 5 months old Malini was brought in with a jerky movement of the hand and head nodding. This has been noticed on several occasions earlier. The child's father is on treatment for epilepsy. How will you manage her?

8(iii). A 10-month old Amir was brought in with a history of having repeated spasms lasting for 2-3 minutes. He has had some developmental delay. The EEG report shows hypsarrhythmic pattern.

8(iv). 5 year old Velu is brought to the clinic with a history of episodes of staring for 2-3 minutes. The episodes were noticed in the school as well; she had been a good student and now has started deteriorating in studies.

8(v). 4 year old Jacob was brought to A & E with a seizure that involved the right upper and lower limb. The child has loss of consciousness for a few minutes and hurts himself during the episode. The child is well with no fever, headache or vomiting.

8(vi). 8 year old Pandian was brought in with an episode of generalized tonic-clonic seizures that occurred 2 hours ago. He has bleeding tongue and had incontinence during the seizures. A similar episode has been noticed 2 times over 3months. He has been otherwise well.

9. THEME: ABDOMINAL PAIN IN CHILDREN [QUESTIONS 9(i) – 9(vi)] (Total: 6 Marks)

From the options 'A and M' given below, choose the best answer for questions 9(i)-9(vi)

Options:

- | | |
|------------------------|----------------------------|
| A. Appendicitis | H. Peptic Ulcer disease |
| B. Migraine | I. Urinary Tract Infection |
| C. Constipation | J. Paralytic ileus |
| D. Gastroenteritis | K. Hyponatremia |
| E. Mesenteric adenitis | L. Colitis |
| F. Muscular sprain | M. Peritonitis |
| G. Psychological | |

Questions:

9(i). 8 year old Shalini was brought into the clinic with a fever of 3 days associated with chills and few episodes of diarrhea for last 2 days. She complains of lower abdominal pain and some discomfort while passing urine.

9(ii). 7 year old Naveen was brought in with abdominal pain around the umbilicus on and off for last 6 months. He has been an active child, however, a very fussy eater and demands junk food and hardly drinks water. He is not very regular with bowel movement and passes a lot of gas.

9(iii). 10 year old Lalitha has had cold and sore throat for last 3 days. She now complains of abdominal pain around the umbilicus since 1 day. On examination, the child has a mild fever, congested tonsils, cervical lymphadenopathy and mild tenderness around the umbilicus.

9(iv). 13 year old Kushi is brought to the clinic with severe pain in the abdomen on and off around umbilicus around 6 months. It is sometimes associated with nausea and vomiting and occurs more when she eats chocolates. Her mother has had a similar problem in her childhood.

9(v). 11 year old Albert was brought in pain to the clinic with pain in the left iliac fossa. The pain has started after he attended a sports camp conducted by his school. The pain is more when he gets up and sits down. The child otherwise has no other issues.

9(vi). 7 year old Rosaline was brought in with vague abdominal pain on and off. The child has recently joined a new school having relocated to a new place. He is struggling with new language and new friends.

10. THEME: GROWTH MONITORING [QUESTIONS 10(i) –10(vi)]

(Total: 6 Marks)

From the options ‘A to L’ given below, choose the best answer for questions ‘10(i) – 10(vi)’:

Options:

- | | |
|--------------------------|----------------|
| A. Every month | G. Pink |
| B. Every visit | H. Underweight |
| C. No need of monitoring | I. Wasting |
| D. Once in 6 months | J. Stunting |
| E. Once a year | K. Blue |
| F. Once in 2 years | L. Yellow |

Questions:

10(i). Banu is 7 months old. How often will you monitor her growth?

10(ii). Suresh is 5 years old. How often will you monitor his growth?

10(iii). Nalini is 13 years old. How often will you monitor her growth?

10(iv). Kumar a male infant has been brought for growth monitoring. The colour of the growth chart you will use for him is

10(v). Twenty months old Gunasekaran has low height for his age. He has

10(vi). Twenty eight months old Geetha has low weight for height. She has

(LK 0217)

M.MED. FAMILY MEDICINE

(Sub Code: 4013)

**SECOND YEAR THEORY EXAM – FEBRUARY 2017
PAPER III - MATERNAL AND CHILD HEALTH**

QP .CODE: 434013

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 Marks)**
- **Part B** will have Objective type EMQs **Extended Matching Questions** **(60 Marks)**
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. In each set there are **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets A, B, C, D and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

❖ Each option may be used more than once. Some options may not be used at all.

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. Mrs. Menaka aged 36 years old comes to you with the complaints of hot flushes and has not had a period for 18 months. You suspect premature menopause (primary ovarian insufficiency). **(Total: 20 Marks)**
- A. What are the causes for premature menopause? **(3 Marks)**
B. How will you diagnose premature menopause clinically? **(6 Marks)**
C. What tests would you do to confirm your diagnosis? **(3 Marks)**
D. How will you manage premature menopause? **(5 Marks)**
E. What are the complications associated with premature menopause? **(3 Marks)**
2. Mrs. Sheela has brought her 10 months old baby with the complaints of passing loose stools since morning. On examination, the baby is dehydrated. **(Total: 20 Marks)**
- A. How will you assess hydration status of the child and classify dehydration? **(3 Marks)**
B. Discuss the different management plans for diarrhoea in a child. **(9 Marks)**
C. What are the principles to be involved in rehydrating severely Malnourished Children? **(5 Marks)**
D. How will you advise to prevent further episodes of diarrhoea? **(3 Marks)**

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

- 1. THEME: VAGINAL DISCHARGE [QUESTIONS 1(i) TO 1(vi)]** **(Total: 6 Marks)**
From the options ‘A to H’ given below, choose the best answers for the questions 1(i) to 1(vi)

Options:

- | | |
|------------------------------|-------------------------------------|
| A. Bacterial vaginosis | E. Atrophic Vaginitis |
| B. Vulvo vaginal Candidiasis | F. Cancer cervix |
| C. Trichomoniasis | G. Chlamydia Trachomatis |
| D. Cervicitis | H. Gardnerella, anaerobic organisms |

Questions: What is the most probable cause of the vaginal discharge in the following scenarios?

- 1(i).** 28 year old Mrs. Dipika presents with complaints of vaginal discharge since two weeks. The discharge is curdy and associated with severe itching.

1(ii). 45 Year old Mrs. Sarika presents with complaints of increased vaginal discharge for the past three months, not foul smelling or associated with pruritus. She however has lower abdominal pain, backache and post coital bleeding.

1(iii). 32 year old Mrs. Lekha presents with complaints of vaginal discharge and burning sensation while passing urine. There is mucopurulent cervical discharge coming from the cervical os.

1(iv). 28 year old Mrs. Surekha presents with complaints of vaginal discharge, with no pruritus, lower abdominal pain or dysuria. On examination the cervix is healthy; there is copious thin greyish vaginal discharge with a fishy odour.

1(v). 30 year old Mrs. Menaka presents with profuse vaginal discharge associated with pruritus and dysuria. On examination there is yellow frothy discharge. There is also erythema of vulva and cervix. Whiff test is negative.

1(vi). 38 year old Mrs. Malini presents with complaints of foul smelling vaginal discharge, with no pruritus, lower abdominal pain or dysuria. She also gives history of post-coital bleeding. On examination the cervix looks unhealthy; there is greyish yellow foul smelling vaginal discharge.

2. THEME: BREAST PROBLEMS [QUESTIONS 2(i) TO 2(vi)] **(Total: 6 Marks)**
From the options 'A to P' given below, choose the best answers for the questions 2(i) to 2(vi)

Options

- | | |
|-------------------------------|----------------------------------|
| A. Flucloxacillin | I. Mastitis |
| B. Stretch marks | J. Reassurance |
| C. Advise biopsy | K. Topical steroids |
| D. Cyclical Mastalgia | L. Paget's disease of the nipple |
| E. Inflammatory breast cancer | M. Erythromycin |
| F. Eczema | N. Breast Abscess |
| G. Refer the patient | O. Galactorrhea |
| H. Paracetamol | P. Metronidazole |

Questions:

45 years old Mrs. Juliet comes to you with the complaint of pain in the left breast for the past 2 weeks. The breast also feels lumpy to her. On examination the breast looks reddish and swollen and feels warm. The skin of the breast also has a multiple dimpled appearance and looks like an orange peel. The left breast does not go up symmetrically with the right one when she raises both her upper limbs.

2 (i) What could be your possible diagnosis?

2 (ii) How will you treat her?

22 years old Miss. Nathiya, an IT professional, is worried about many things – her increasing weight, loss of hair and lack of sleep. She is also concerned about some changes in her breast. On examination you find reddish and purplish, slightly indented lines, on both breasts which have a different texture from the surrounding skin.

2 (iii) What could be your possible diagnosis?

2 (iv) How will you treat her?

26 years old Mrs. Lalitha comes to you with the complaint of pain and heaviness in the right breast for the past 2 days. She delivered a baby 4 weeks ago and she is having difficulty in breast feeding and poor milk drainage. On examination there is engorgement, erythema and nipple excoriation.

- 2 (v) What could be your possible diagnosis?
2 (vi) How will you treat her?

3. THEME: AMENORRHEA [QUESTIONS 3(i) to 3(vi)] **(Total: 6 Marks)**

From the options ‘A to L’ given below, choose the best answers for the questions 3 (i) to 3 (vi)

Options

- | | |
|---------------------------|--------------------------------|
| A. Hypothalamic pathology | G. Anorexia nervosa |
| B. Ovulatory cycles | H. Turner’s syndrome |
| C. Tertiary | I. Polycystic ovarian syndrome |
| D. Secondary | J. Hypothyroidism |
| E. Pregnancy | K. Primary |
| F. Uterine pathology | L. Anovulatory cycles |

Questions:

3(i) Miss. Pushpa is 15 years old. She has not had menses so far. She has secondary sex characteristics like adult pattern of pubic hair and breast development. What type of amenorrhea does she have?

3(ii) Miss. Shanthi attained menarche at 14 years. She had 3/30-60 days cycle for 1 year. For the past 6 months she did not have her menstrual cycles. What type of amenorrhea is it?

3(iii) The commonest cause of secondary amenorrhoea which has to be ruled out in any woman presenting with amenorrhoea is:

3(iv) Miss. Rosy attained menarche two years ago. For nearly 18 months she had very few irregular cycles associated with amenorrhoea of varying length of time. The cause of this is

3(v) The commonest cause of pathological amenorrhoea is

3(vi) 26 years old Miss. Kumari has oligomenorrhea, acne, hirsuitism. The most likely diagnosis is

4. THEME: DYSMENORRHOEA [QUESTIONS 4 (i) to 4(vi)] **(Total: 6 Marks)**

From the options ‘A to F’ given below, choose the best answers for questions 4 (i) to 4 (vi)

Options

- | | |
|--------------------------------------|--------------------------|
| A. Pelvic inflammatory disease (PID) | D. Carcinoma cervix |
| B. Fibroid uterus | E. Endometriosis |
| C. Secondary dysmenorrhoea | F. Primary dysmenorrhoea |

Questions:

4(i) 30 year old Mrs. Shanthi has dysmenorrhea for the past six months. Her first child is 6 years old and now she has difficulty in conceiving. On pelvic examination she has tenderness. The type of dysmenorrhea she has is

4(ii) 34 years old Mrs. Alice presented with dysmenorrhea. On examination she had lower abdominal pain. Pelvic examination was tender, uterus was retroverted with nodules on the posterior cervix and there was adnexal mass. The most likely cause of dysmenorrhea in her is

4(iii) 35 year old Mrs. Xavier presented with dysmenorrhea and vaginal discharge. On examination she has lower abdominal tenderness and per vaginal examination showed foul smelling discharge from her cervix. The most likely cause of dysmenorrhea in her is

4(iv) 40 year old Mrs. Radha presented with dysmenorrhea and increased menstrual flow. On abdominal examination, her uterus was 14 week size. Per vaginal examination revealed a uterine mass. The most likely cause of dysmenorrhea in her is

4(v) 45 year old Mrs. Narmadha presented with dysmenorrhea and post-coital bleeding for the past 2 months. On per vaginal examination the cervix was unhealthy and abnormal. The most likely cause of dysmenorrhea in her is

4(vi) 14 year old Miss. Menaka attained menarche 18 months ago. Since then she has dysmenorrhea during every cycle. The type of dysmenorrhea she has is

5. THEME: MENSTRUAL IRREGULARITIES [QUESTIONS 5 (i) TO 5 (vi)]

(Total: 6 Marks)

From the options 'A to N' given below, choose the best answers for the questions '5 (i) to 5 (vi)

Options:

- | | |
|--------------------------------|-----------------------------------|
| A. Ectopic pregnancy | H. Maternal oestrogen withdrawal |
| B. Endometrial carcinoma | I. Dysfunctional uterine bleeding |
| C. Pelvic inflammatory disease | J. Ovarian carcinoma |
| D. Uterine fibroid | K. Drug induced problem |
| E. Diabetes mellitus | L. Hypothyroidism |
| F. Bleeding disorder | M. Psychological upset |
| G. Polycystic ovarian disease | N. Chlamydial infection |

Questions:

5.(i) 60 year old Mrs. Monica presented to you with bleeding PV. Pelvic examination showed a uniformly enlarged uterus. She is also a diabetic. The most likely diagnosis is

5.(ii) 14 year old Sunaina was brought to you with severe bleeding since she attained menarche 3 days ago. You notice that she has some bruises over forearms and legs. The most likely diagnosis is

5.(iii) 45 year old Ms. Kannagi was brought to you with menorrhagia. She is not a diabetic or hypertensive. She recently lost her husband in a road traffic accident and has been on some antidepressants recently. The most likely cause of menorrhagia is

5.(iv) 29 year old Mrs. Komala presented to you with excessive periods with foul smelling discharge PV. Her previous menstrual period was normal and lasted for 3 days. On examination, cervical motion was tender. The most likely diagnosis is

5.(v) 40 year old Mrs. Yasmin presented to you with increased bleeding, loss of weight and appetite for the past 6 months. On examination she had abdominal distension and the pelvic examination showed adnexal mass on the right side. The most likely diagnosis is

5.(vi) 36 year old Mrs. Abraham presented to you with regular heavy periods for the past 6 months. Her pelvic examination was normal. Ultrasound abdomen showed normal uterus. The most likely diagnosis is

6. THEME: SEIZURES IN CHILDREN [6 (i) – 6(vi)] (Total: 6 Marks)

From the options ‘A to H’ given below, choose the best answer for the questions 6 (i) – 6 (vi)

Options:

- | | |
|------------------------------|-----------------------------|
| A. Benign myoclonic epilepsy | E. Absence seizure |
| B. Breath holding spell | F. Simple febrile seizure |
| C. Grandmal epilepsy | G. West Syndrome |
| D. Vasovagal syncope | H. Atypical febrile seizure |

Questions:

6(i) A 2 year old child was brought in with episode of tonic clonic seizures that lasted for a few minutes about half an hour ago. The child had fever since morning and is fully conscious. What is the likely diagnosis?

6(ii) An infant was brought in with jerky movement of the hand and head nodding. This has been noticed on several occasions earlier. The child’s father is on treatment for epilepsy. What is the likely diagnosis?

6(iii) A 3 year old child was brought in with history of having had stopped breathing, while he was crying for a toy. The child had gone blue with some twitches and loss of consciousness for a few seconds. What is the likely diagnosis?

6(iv) An 8 year old girl came in to clinic as she had a fall in the morning while she was standing in her school assembly. There was no loss of consciousness or jerky movements noticed by her teacher. She has had a similar episode 2 months ago. What is the likely diagnosis?

6(v) A 3 year old child was brought to A & E with tonic clonic seizures which lasted for 20 mins. This has happened for the second time in the day and child has high fever for last 2 days. What is the likely diagnosis?

6(vi) An 8 year old child was brought in with an episode of generalized tonic-clonic seizures an hour ago. He had tongue biting and incontinence during the seizures. The seizures were not associated with fever and he had 2 similar episodes in last 3 months. His father has been on treatment for epilepsy. What is the likely diagnosis?

7. THEME: INCESSANT CRY [7 (i) – 7 (vi)]**(Total: 6 Marks)****From the options ‘A to I’ given below, choose the best answer for the questions 7(i) – 7(vi):****Options:**

- A. Intussusception
- B. Evening colic
- C. Nappy rash
- D. Pneumonia
- E. Otitis media
- F. Meningitis
- G. Urinary tract infection
- H. Sprains and strains
- I. Warm weather

Questions:

7(i) A 4 month baby has been crying for last 1 hour, otherwise has been healthy- eating well and active. Parents are anxious as this has been happening over a week as the day progresses. The baby feels better when he passes gas. What is the likely cause?

7(ii) A 9 month old baby has been brought in with episodes of crying on and off while sitting. The child is eating well and happy. The baby also cries when it has passed stools and while cleaning the area. Mom has noticed some redness in the area. What is the likely cause?

7(iii) A 3 year old child has been crying since 1 day and more so in the night that is waking him from sleep. The child has been having cold and mild cough for last 3 days and has been pulling on his ears very often. What is the likely cause?

7(iv) A 1 year old child has been crying for over last 1 day. It has been seen to be more while passing urine. The child has been irritable, not eating well and having fever for last 2 days. What is the likely cause?

7(v) A child aged 3 years has not been moving around since a day and cries while walking. He had a fall while playing in the morning. What is the likely cause?

7(vi) A 5 month old baby has been brought in being a bit drowsy having vomiting and fever for a day. The child has been unwell for last few days with intermittent crying and passing blood in stools. What is the likely cause?

8. THEME: COUGH IN CHILDREN [QUESTIONS 8 (i) TO 8 (vi)] (Total: 6 Marks)**From the options ‘A to H’ given below, choose the best answers for the questions 8 (i) – 8 (vi)****Options**

- A. Clinical evaluation
- B. Bronchoscopy
- C. Trial of antihistamines
- D. Sweat chloride test
- E. Chest X ray
- F. Airway fluoroscopy
- G. Endoscopy
- H. Sputum AFB test

Questions: What is the initial diagnostic approach for the following?

8(i) A 5 month old baby has been having running nose, cough and difficulty breathing. On examination the child is tachypneic, wheezing and has recessions. There is no fever.

8(ii) A 10 month old baby is brought in with history of choking and continuous cough. The mother thinks the child has swallowed a part of his toy that he was playing with.

8(iii) A 2 year old child has been having recurrent chest infections along with chronic diarrhea. The child is also not growing well.

8(iv) A 4 year old child comes in with cough for more than 3 weeks. It started with mild URTI and has now progressed to paroxysmal cough with frequent vomiting post cough.

8(v) A 9 year old child comes with headache, itchy eyes, sore throat, pale nasal turbinate's, cobble stoning of posterior oropharynx and night time cough.

8(vi) A 10 year old child comes in with history of persistent barky cough, mainly at day time at school. She does not cough while playing or at home. There is no fever or other symptoms.

9. THEME: ABDOMINAL PAIN IN CHILDREN [QUESTIONS 9 (i) TO 9 (vi)]

(Total: 6 Marks)

From the options 'A to M' given below, choose the best answers for questions 9(i) to 9(vi)

Options:

- | | |
|------------------------|----------------------------|
| A. Appendicitis | H. Peptic Ulcer disease |
| B. Migraine | I. Urinary Tract Infection |
| C. Constipation | J. Paralytic ileus |
| D. Gastroenteritis | K. Hyponatremia |
| E. Mesenteric adenitis | L. Colitis |
| F. Muscular sprain | M. Peritonitis |
| G. Psychological | |

Questions:

9(i) 8 year old Shalini was brought into the clinic with a fever of 3 days associated with chills and few episodes of diarrhea for last 2 days. She complains of lower abdominal pain and some discomfort while passing urine

9(ii) 7 year old Naveen was brought in with abdominal pain around the umbilicus on and off for last 6 months. He has been an active child, however, a very fussy eater and demands junk food and hardly drinks water. He is not very regular with bowel movement and passes a lot of gas

9(iii) 10 year old Lalitha has had cold and sore throat for last 3 days. She now complains of abdominal pain around the umbilicus since 1 day. On examination, the child has a mild fever, congested tonsils, cervical lymphadenopathy and mild tenderness around the umbilicus.

9(iv) 13 year old Kushi is brought to the clinic with severe pain in the abdomen on and off around umbilicus around 6 months. It is sometimes associated with nausea and vomiting and occurs more when she eats chocolates. Her mother has had a similar problem in her childhood.

9(v) 11 year old Albert was brought in pain to the clinic with pain in the left iliac fossa. The pain has started after he attended a sports camp conducted by his school. The pain is more when he gets up and sits down. The child otherwise has no other issues.

9(vi) 7 year old Rosaline was brought in with vague abdominal pain on and off. The child has recently joined a new school having relocated to a new place. He is struggling with new language and new friends.

10. THEME: GROWTH MONITORING [QUESTIONS. 10(i)-10(vi)] (Total: 6 Marks)

From the options ‘A to L’ given below, choose the best answers for the questions 10(i) – 10(vi)

Options:

- | | |
|--------------------------|----------------|
| A. Every month | G. Pink |
| B. Every visit | H. Underweight |
| C. No need of monitoring | I. Wasting |
| D. Once in 6 months | J. Stunting |
| E. Once a year | K. Blue |
| F. Once in 2 years | L. Yellow |

Questions:

10(i) Banu is 7 months old. How often will you monitor her growth?

10(ii) Suresh is 5 years old. How often will you monitor his growth?

10(iii) Nalini is 13 years old. How often will you monitor her growth?

10(iv) Kumar a male infant has been brought for growth monitoring. The colour of the growth chart you will use for him is

10(v) Twenty months old Gunasekaran has low height for his age. He has

10(vi) Twenty eight months old Geetha has low weight for height. She has

SECOND YEAR THEORY EXAM– AUGUST 2017
PAPER III – MATERNAL AND CHILD HEALTH

QP .CODE: 434013

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios. **(40 Marks)**
- **Part B** will have Objective type EMQs **Extended Matching Questions**. **(60Mmarks)**
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. In each set there are **some options** given on the top followed by some **questions**. The options are lettered using the English Alphabets A, B, C, D and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazinedeconoate
- H.** Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
 3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

❖ Each option may be used more than once. Some options may not be used at all.

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. 42 year old Mr. Ramesh and his 35 year old wife Malini have been married for 2 years now. They have no children yet and have come to your family medicine practice since they want to have a child. **(Total: 20 Marks)**

- A. In history taking what will you ask Mrs. Malini about her gynaecological and medical history? **(7 Marks)**
- B. What will you ask Mr. Ramesh when you take his history? **(3 Marks)**
- C. What investigations will you recommend this couple in primary and secondary care level? **(5 Marks)**

After investigations, it is found that, Mr. Ramesh has minor degree of sub fertility and Mrs. Malini has blocked fallopian tubes due to a history of tuberculosis. On recommending tubal microsurgery, the couple is hesitant.

- D. What assisted reproductive technique/techniques can you recommend this couple? **(3 Marks)**
- E. List the complications you would look for as a family physician, while following up a couple after assisted conceptions? **(2 Marks)**

2. One year old baby Geetha is brought to you by her parents for regular check-up. **(Total: 20 Marks)**

- A. How to use growth charts?
- B. What are the benefits of growth monitoring and promotion?
- C. How to involve care givers in maintain growth chart of a child?
- D. What is MUAC? How do you measure the child's MUAC?
- E. What are the recommended intervals and parameters for growth monitoring?

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. Theme: Menstrual Irregularities [Questions 1(i) -1(vi)] **(Total: 6 Marks)**
From the options 'A to J' given below, choose the best answer for questions 1(i)–1(vi)

Options:

- | | |
|------------------------------|-----------------------------|
| A. Infection | F. Sheehan's Syndrome |
| B. Oestrogen withdrawal | G. Primary Amenorrhea |
| C. Trauma | H. Secondary Amenorrhea |
| D. Polycystic Ovary Syndrome | I. Pregnancy |
| E. Asherman's Syndrome | J. Tuberculous Endometritis |

Questions: What is the most appropriate diagnosis?

1(i). Ms. Lukmita, 18 years old, has been brought by her mother with complaints of cessation of her regular periods for 7 months now. Lukmita has been on a diet to lose weight and has been doing rigorous exercises since she wants to be a model.

1(ii). 16 year old Ms. Meena is accompanied by her mother, who complains that Meena has been having lower abdominal pain every month for the past one year but has not attained menarche. On

examination Meena has normal development of secondary sexual characters, and on separating the labia you see a blue-colored bulging membrane.

1(iii). Mrs. Yamuna is a mother of 2, and has come to you with complaints of amenorrhea since the birth of her second child 2 years ago. On questioning she tells you she had a vaginal delivery at home, the labour was difficult and there was severe bleeding. She was so weak that she did not have any breast milk to feed her child. On examination you find that there is involution of both breasts and her pubic and axillary hair is scanty.

1(iv). 15 year old Ms. Jaya is accompanied by her mother, she complains of being overweight and having pimples. She says the excessive hair growth on her upper lip is embarrassing and there is some hair on her chest - between her breasts as well. On taking a detailed history you discover that she also has oligomenorrhea.

1(v). 22 year old Mrs. Vanaja had a vaginal delivery at home 2 days ago, she is very anxious as she complains that she noticed a spot of blood in her baby girl's nappy and the baby also has vaginal discharge which sometimes looks like it has blood in it. What is the likely cause?

1(vi). 23 year old Ms. Rohini has been brought to you by her mother from a nearby village, with complaints of amenorrhea for the past 3 months. Ms. Rohini stays in a hostel in the city and has been visiting her mother once a month. As a family physician you request to speak to Ms. Rohini alone since she looks depressed. What will you investigate her for first?

2. Theme: Menopause [Questions 2(i) - 2(vi)]

(Total: 6 Marks)

From the options 'A to L' given below, choose the best answer for questions 2(i)-2(vi)

Options:

- A. Vitamin D and Calcium combined tablet
- B. Oestrogen only hormone replacement therapy
- C. First degree uterine prolapse
- D. Combined oral contraceptive pill
- E. Tibolone
- F. Second degree uterine prolapsed
- G. Endometrial Carcinoma
- H. Pregnancy
- I. Oral Steroids
- J. Vaginal cancer
- K. Transdermal Clonidine
- L. Bisphosphonates plus Vitamin D and Calcium

Questions:

2(i). 52 year old Mrs. Revathy comes to you with complaints of increased frequency of passing urine and leakage of urine spontaneously when she coughs. Her BMI is 30. On taking a history you find she had 2 vaginal deliveries, the first delivery was at home and was very difficult and traumatic. On examination you find that her cervix has descended up to level of introitus. What is your diagnosis?

2(ii). Mrs. Varsha is 56 years old and is on treatment for chronic obstructive pulmonary disease .She has had a fall and has a fracture of her right forearm bones. What will you prescribe her after managing her fracture?

2(iii). Mrs. Jhansi, 40 years old, has come to you with complaints suggestive of hot flashes. She gives you a history of amenorrhoea for the past 6 months. How will you treat her?

2(iv). Mrs. Jacintha has a history of Breast Cancer; she now comes at 38 years of age with complaints of hot flashes. How will you treat her?

2(v). Mrs. Meena 38 year old mother of two has had both her deliveries at home. She says she has never gone to a hospital except for when she gets a "fever". She gives you a history of amenorrhea for 6 months, she had minimal vaginal bleeding last month for 3 days and now she complains of some spotting, nausea and fatigue for the past 1 week. What will you investigate for first?

2(vi). Ms. Kanaga is a 46 year old nulliparous woman with a history of breast cancer for which mastectomy was done. Her BMI is 32. She now presents with post-menopausal bleeding after a period of 2 years. What will you investigate her for?

3. Theme: Menstrual Irregularities [Questions 3(i) - 3(vi)] **(Total: 6 Marks)**

From the options 'A to J' given below, choose the best answer for questions 3(i)–3(vi)

Options:

- | | |
|-----------------------------------|-----------------------------|
| A. Endometriosis | F. Peri-menopausal symptoms |
| B. Ectopic pregnancy | G. Ovarian cyst torsion |
| C. Hormone Therapy | H. Cancer of Vulva |
| D. Mittelschmerz (Ovulation pain) | I. Ovarian Cancer |
| E. Pre-Menstrual Disorder | J. Primary Dysmenorrhoea |

Questions: What is the likely cause?

3(i). 60 year old Mrs. Savithri has come with complaints of pain in the external genitalia. She says she has lost appetite and may have also lost weight since her neighbours tell her so. On examination you see an ulcer with induration around it.

3(ii). 23 year old Ms. Devika, presents to you with severe lower abdominal pain with bloating, she also has headache and backache. She says she has been restless and not been able to sleep at night. On questioning, she says she is expecting her menstrual periods in 4 days time, she says these symptoms trouble her every month.

3(iii). Ms Chaitanya is rushed to the hospital from college, after having collapsed following a sudden onset of severe lower abdominal pain. On examination, she is hemodynamically stable but there is localized tenderness in left lower quadrant of her abdomen, with guarding and rebound tenderness.

3(iv). Mrs. Geetha comes to you with complaints of dysmenorrhea since menarche. She was told the pain would disappear after the birth of her first child, but even after delivery her symptoms seem to persist. She also reports having bloating, constipation, low back ache and constant lower abdominal pain for past 7 months. On examination you palpate nodules in the posterior fornix and adnexal masses with pelvic tenderness.

3(v). Mrs. Leela, a 26 year old, had her first delivery 1 year ago. She started taking progesterone only pill for contraception 2 months ago. She now complains of intermenstrual bleeding.

3(vi). Ms. Jeyanthi is 14 years old and is brought by her mother with complaints of lower abdominal cramps and tiredness on the first day of her menstrual cycle. Her mother complains that Jeyanthi is refusing to go to school because of the pain.

4. Theme: Breast Problems [Questions 4 (i) - 4(vi)] **(Total: 6 Marks)**

From the options 'A to J' given below, choose the best answer for questions 4(i)–4 (vi)

Options:

- | | |
|--------------------|--------------------------|
| A. Fibroadenosis | F. Eczema |
| B. Paget's disease | G. Breast Cancer |
| C. Chloramphenicol | H. Thrush |
| D. Co-amoxiclav | I. Fibroadenoma |
| E. NSAIDS | J. No treatment required |

Questions:

4(i) 15 year old Smita has been brought to you by her mother with complaints of very itchy nipples with dry skin. Her mother says she had similar problems as a young girl and had suffered much, she hopes you can prevent Smita from enduring the same hardships she faced. On questioning you discover a family history of atopy and "skin diseases". What is the likely diagnosis?

4(ii). 25 year old Mrs. Minu had her first baby 4 weeks ago. She now presents with complaints of pain in the right breast with difficulty breast feeding her baby. She says she does not have enough milk because her baby cries soon after she breast-feeds her. On examination Mrs. Minu is febrile and the outer upper and lower quadrants of the right breast are erythematous and engorged. What antibiotic will you prescribe her?

4(iii). 24 year old Mr. Karthik is a smoker who presents to you with fever and rigors. On examination you find a left nipple piercing with inflammation around the piercing, there is also some discharge. What antibiotic will you give Mr. Karthik?

4(iv). Mrs. Uma has come with complaints of rough skin over her right nipple with itching and bloody discharge. On examination you palpate underlying lumps. What is the likely diagnosis?

4(v). 52 year old Mrs. Jayanthi a nulliparous woman gives you a history of amenorrhoea since the age of 47. Her BMI is 30. She now complains of feeling a lump in her left breast with nipple discharge. Recently she noticed that her left nipple was also inverted. What is the likely diagnosis?

4(vi). 21 year old Ms. Heera is brought to you by her mother with complaints of a small lump in both breasts. On examination you palpate the lesions and find they are both about 1 cm in diameter, round, rubbery consistency, painless and mobile. What is the likely diagnosis?

5. Theme: Vaginal Discharge [Questions 5 (i) -5 (vi)] **(Total: 6 Marks)**

From the options ‘A to H’ given below, choose the best answer for questions 5 (i)–5(vi)

Options:

- | | |
|--------------------------------|--|
| A. Vulvovaginal candidiasis | F. Desquamative inflammatory vaginitis |
| B. Bacterial vaginosis | G. Normal vaginal discharge |
| C. Secondary vaginal discharge | H. Carcinoma cervix |
| D. Gonorrhoea | |
| E. Trichomoniasis | |

Questions: What is the likely diagnosis?

5(i). Mrs. Subashree has recently had Copper-T placement done for contraception. She now complains of copious thin white discharge with fishy smell. On examination her cervix is healthy. Vaginal pH is less than 4.5 and Whiff test is positive.

5(ii) 58 year old Mrs. Durga is a Diabetic patient who comes to you with complaints of curdy white vaginal discharge, itching and dysuria. You notice that she has had an amputation of her right 1st toe. On examination you find white clumpy curdy discharge, edema and erythema of the vagina and vulva .Whiff test is Negative.

5(iii). 35 year old Ms. Gayathree is a commercial sex worker who complains of severe vaginal pruritus and dysuria. On examination there is profuse yellow frothy vaginal discharge and the cervix is erythematous – “Strawberry cervix”. Whiff test is Negative.

5(iv). 32 year old Mrs. Mangalam presents with complaints of vaginal discharge, dysuria and lower abdominal pain. On examination there is tenderness in the vaginal fornices and per speculum the cervix is congested and has a mucopurulent discharge.

5(v). 28 year old Mrs. Shoba has come with complaints of vaginal discharge for past few days. Per speculum examination reveals a displaced IUCD in the vagina.

5(vi). 58 year old Mrs. Raji, a mother of 3, was married at the age of 16 and had her first child at 17 years of age. Her husband died when she was 25 years old. She was forced by her relatives to remarry a 35 year old man. She now complains of heavy postmenopausal bleeding and lower abdominal pain and offensive vaginal discharge. On examination she is pale, has pedal edema and per speculum examination shows a crater shaped ulcer with everted edges.

6. Theme: Fever with rash in Children [Questions.6(i) – 6(vi)] **(Total: 6 Marks)**

From the options ‘A to I’ given below, choose the best answer for the questions 6(i) – 6(vi)

Options:

- | | |
|---------------------|-------------------------|
| A. Kawasaki disease | C. Erythema infectiosum |
| B. Scarlet fever | D. Erythema multiforme |

- E.** Measles
- F.** Staphylococcal Scalded Skin Syndrome

- G.** Varicella
- H.** Rubella
- I.** Roseola

Questions: What is the diagnosis?

- 6(i).** One year old Swetha is brought with high grade fever of 5 days duration, cough and rash over face and trunk of one day. On examination, child is slightly irritable with mild congestion of both eyes. Oral mucosa is normal except for mild congestion of the pharynx.
- 6(ii).** 12 year old Mohan with history of fever with body ache and malaise for a week and a pruritic rash on the trunk of 3 days duration; On examination, he is febrile and has erythematous rash on trunk mainly back with multiple, vesicles and pustules on an erythematous base, pustules with central umbilication and crusted erosions.
- 6(iii).** 7 year old Manish had two days of low grade fever and pharyngitis and today morning he has developed bright red erythema over the cheeks, which is oedematous.
- 6(iv).** Sekar had sudden onset of fever associated with sore throat, headache, nausea, vomiting, abdominal pain, myalgia, and malaise and followed by erythematous patches below ear, chest and axilla and now it is disseminating to trunk and extremities.
- 6(v).** 1 day old baby of Rani has developed diffuse erythematous rash and bullae which ruptures with easy peeling of skin. There is facial edema, and the child cries even it is touched.
- 6(vi).** Abdullah, a six year old child is brought with fever for more than 8 days and with erythematous rash on hands and feet; morbilliform, scarlatiniform rash on trunk and perineum; hyperemic lips and cervical lymphadenopathy.

7. From the Theme: Seizures in Children[Questions. 7(i) – 7(vi)] (Total: 6 Marks)
From the options ‘A to J’ given below, select the best answer for the questions 7(i) – 7(vi)

Options:

- A.** Simple partial seizure
- B.** Simple febrile seizure
- C.** Complex partial seizure
- D.** Atypical febrile seizure
- E.** Absence seizure
- F.** Benign myoclonic epilepsy
- G.** Generalized Tonic Clonic Seizures
- H.** Confusional arousals
- I.** Parasomnias
- J.** Apnoeic spells

Questions: what is the type of seizure?

- 7(i).** 7 year old Mani was brought with tonic clonic seizures of his left upper limb which lasted for 5 minutes with no loss of consciousness.
- 7(ii).** 9 months old Paru had come with complaints of sudden jerks and twitching of the body and she is now well controlled with sodium valproate
- 7(iii).** 18 months old Kala was brought to your clinic as she has got two episodes of tonic seizures in the past one month. The ‘seizures’ started after a cry. After the cry her lips and tongue became blue; she stopped breathing with tonic posturing of the limbs and vacant stare. Within few seconds the respiration resumed and she became normal. Physical examination was normal except mild anaemia.
- 7(iv).** 9 months old Raju is brought on the first day of fever with complaints of generalized tonic clonic convulsions which lasted for few minutes before 3 hours. Now the child is oriented conscious and there are no neurological deficits.
- 7(v).** 4 year old Faizal has come with complaints of fever and seizures on the second day of fever. The seizures were generalized tonic clonic convulsions which lasted for 15 minutes.

Following seizures, the child had inability to move right sided lower limb for few minutes. Now, after three days he is totally fine and all his investigations are normal.

7(vi). 7 year old Gladwin has episodes of confusional behaviour and slow, meaningless speech during speech. He does not have any memory of the attacks on waking the following morning.

8. Theme: Incessant Cry [Questions 8(i) – 8(vi)] (Total: 6 Marks)
From options ‘A to L ’given below, choose the best answer for questions 8(i) –8(vi)

Options:

- A. Evening Colic
- B. Intussusception
- C. Urinary tract infection
- D. Wet napkin
- E. Osteomyelitis
- F. Septic arthritis
- G. Pseudo tumor cerebri
- H. Acute Suppurative Otitis Media (ASOM)
- I. Osgood Schlatters disease
- J. Scorpion sting
- K. Bee sting
- L. Bacillary dysentery

Questions: What is the diagnosis?

8(i). Sujatha’s baby is 4 month old well-infant; he is brought to you with complaints of crying in the evenings. Child is active, alert, gaining weight well and there is no focus of infection or injury.

8(ii). 6 months old Raju is brought with complaints of incessant cry. On examination child is febrile, irritable and keeps pulling the right ear frequently.

8(iii). 7 months old Reena was treated with nalidixic acid for her UTI. Now after a week of antibiotic, she has come with incessant cry.

8(iv). 9 months old Evan is brought by his parents with complaints of incessant cry. He has just passed stool which resembles red currant jelly.

8(v). 2 year old Munna is brought by his parents with complaints of incessant cry. His peripheries are cold; pulse rate is 150/ minute and there is a sting mark in the thigh. You also observe the child has priapism.

8(vi). Vani’s baby has come with incessant cry, high grade fever and there is no passive or active movement possible in right hip.

9. Theme: Common Paediatric Problems -1 [Questions. 9(i)-9 (vi)] (Total: 6 Marks)
From the options ‘A to O’ given below, choose the best answer for the questions 9(i) – 9(vi)

Options:

- A. Bronchial asthma
- B. Bronchiolitis
- C. Pneumonia
- D. Failure to thrive
- E. Retropharyngeal abscess
- F. Grade I PEM
- G. Infantile syncope
- H. Physiological anorexia
- I. Croup
- J. Acute epiglottitis
- K. Rheumatic heart disease
- L. Hypertrophic cardiomyopathy
- M. Mitral valve prolapse
- N. Otitis media - attico antral type
- O. Otitis media – Tubotympanic type

Questions: What does the child have?

9(i). 10 year old Meena has come with complaints of palpitation on and off. She particularly feels it whenever she squats. There are no other complaints. On examination, she is not anaemic and has a midsystolic click at the apex of the left ventricle over the mitral area which

is transient. The blood pressure is always normal.

9(ii). 6 months old Menaka has come with complaints of cough and difficulty in breathing. The illness started with runny nose 2 days ago. On examination, her respiratory rate is 52/ minute with chest retractions and nasal flaring. There is bilateral wheeze on auscultation. But she is active and taking feeds well. This is her first episode and there is no family history.

9(iii). 8 months old Sudan is brought with complaints of sudden onset of torticollis. He also has symptoms of fever, irritability, dysphagia, drooling, odynophagia, tachypnea and stridor.

9(iv). 14 year old Ravi has come with complaints of syncopal episodes. There is family history of cardiac disease. On examination, there is a systolic murmur in the aortic area.

9(v). 5 year old Neha has complaints of ear discharge for the past 6 months. The discharge is intermittent watery scanty and foul smelling.

9(vi). 18 months old Jeevan is brought by his mother for immunization. His birth weight was 2.8 kg; his present weight is 11 kg. His mother is worried about his poor appetite and weight gain.

10. Theme: Common Paediatric Problems -2 [Questions 10(i)-10(vi)] (Total: 6 Marks)

From the options 'A to M' given below, choose the best answer for questions 10(i) – 10(vi)

Options:

- A. 50 ml/kg of ORS over 6 hours
- B. Cloxacillin 50 mg/kg/day given in 4 doses
- C. Non-steroidal anti-inflammatory agents
- D. Dulcolax oral preparation
- E. Vitamin D 60, 000 IU stat and calcium
- F. Lactulose
- G. 75ml/kg of ORS over 4 hours
- H. 120 ml/kg of ORS over 6 hours
- I. IV correction of dehydration
- J. Inj Ceftriaxone and Amikacin
- K. Vitamin D 6,00,000 IU stat and calcium
- L. Vitamin A 1 lakh IU on day 0, 1 and 14.
- M. Vitamin A 2 lakh IU on day 0, 1 and 14.

Questions: How will you treat the child?

10(i). 1 year old Ramu has come with complaints of loose stool. On examination, child is restless and irritable. The eyes are sunken and he is drinking eagerly and tolerating.

10(ii). 12 year old Geetha has come with her parents with complaints of sharp localised pain at 2nd left costochondral junctions; there is a tender, non-fluctuant mass of size 3-4 cm in the same area. The swelling is not warm.

10(iii). 9 year old Hari is admitted with complaints of severe pain abdomen. On examination, he is severely dehydrated, acidotic and febrile. His blood sugar is 520 mg/dl and urine acetones are positive. This is the first step in management.

10(iv). 4 year old Manish has habitual constipation. You have tried high fibre diet and other life style modifications. This pharmacological agent will help him.

10(v). 2 year old Heera has come with complaints of recent onset bowing of legs. X-ray of the wrist shows widening, cupping and fraying of the epiphyses. Her alkaline phosphatase is elevated.

10(vi). 2 year old Balu has Bitot's spots.

SECOND YEAR THEORY EXAM– FEBRUARY 2018
PAPER III - MATERNAL AND CHILD HEALTH

QP .CODE: 434013

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**
- Answer **all** the Questions
- The Paper has 2 parts – **Part A & Part B**
- **Part A** will be **Descriptive Type Questions** based on case scenarios. **(40 Marks)**
- **Part B** will have Objective type EMQs **Extended Matching Questions.** **(60 Marks)**
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 - ✓ Each question will carry 1 mark
 - ✓ Each set has a **theme** on the top
 - ✓ In each set there are **some options** given on the top followed by some **questions**
 - ✓ The options are lettered using the English Alphabets A, B, C, D and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
 3(ii) What is the drug of choice for Bipolar illness?

- ❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	
3(ii)	
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

- 1. Mrs. Nithya, age 46, comes to your OPD with complaints suggestive of menopause.** (Total: 20 Marks)
- A. List the presenting symptoms
 i). During menopausal transition time. (2 Marks)
 ii). After menopause sets in. (2 Marks)
- B. Name 4 chronic diseases, the patient is at risk of after menopause (4 Marks)
- C. How will you make a diagnosis of menopause in Mrs. Nithya? (2 Marks)
- D. Discuss Hormone Replacement Therapy as treatment for menopause, mention indications and contraindications (6 Marks)
- E. i). Define post-menopausal bleeding (2 Marks)
 ii). List any 4 causes of post-menopausal bleeding (2 Marks)
- 2. 2 year old Mehul has been brought to you by his parents with complaints of loose stools.** (Total: 20 Marks)
- A. How do you define ‘diarrhoea’ and what questions will you ask Mehul’s parents, while taking a history to evaluate him? (5 Marks)
- B. How will you assess the hydration status of a child with diarrhoea? (5 Marks)
- C. In a child with ‘some dehydration’ and ‘severe dehydration’, what will be your management plan for each presentation? (10 Marks)

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

- 1. Theme: Diagnosis of Vaginal Discharge [Questions 1(i) – 1(vi)]** (Total: 6 Marks)
From the options ‘A to K’ given below, choose the best answer for questions 1(i) – 1(vi):

Options:

- | | |
|--------------------------|-----------------------------|
| A. Endometrial carcinoma | G. Atrophic vaginitis |
| B. Fibroid in the cervix | H. Normal vaginal discharge |
| C. Trichomoniasis | I. Carcinoma cervix |
| D. Cervicitis | J. Endometriosis |
| E. Vaginal candidiasis | K. Adenomyosis |
| F. Bacterial vaginosis | |

Questions: Choose the most likely diagnosis for the following patients.

- 1(i).** A 23 years old primigravida, Mrs. Suganya, complains of intense itching over the genitalia with a curdy white discharge. The most likely diagnosis is -
- 1(ii).** Mrs. Lalitha is a 25 year old who comes to you complaining of vaginal discharge, which has fishy odour, and Whiff test is positive. Mrs. Lalitha has -
- 1(iii).** 20 year old college student Ms. Anushka has come to you with vaginal discharge. On examination she has thin odourless mucus discharge. Ms. Anushka has -

1(iv). Mrs. Prema is a 35 year old with a history of purulent vaginal discharge with lower abdominal pain with dyspareunia. Her husband is a travelling businessman. The most likely diagnosis is -

1(v). 30 years old Mrs. Sunitha presented with vaginal discharge. On examination, she has frothy greenish yellow discharge. The most likely diagnosis is -

1(vi). 55 year old Mrs. Rajathi presented to you with post coital bleeding. On examination, the cervix was friable and bled on touch. The most likely diagnosis is -

2. Theme: Menstrual Irregularities [Questions 2(i) – 2(vi)] **(Total: 6 Marks)**

From options 'A to N' given below, choose the best answer for questions 2(i) – 2(vi):

Options:

- | | |
|---|--|
| A. Ectopic pregnancy
B. Endometrial carcinoma
C. Pelvic Inflammatory Disease
D. Uterine fibroid
E. Diabetes Mellitus
F. Bleeding disorder
G. Polycystic Ovarian Disease | H. Maternal oestrogen withdrawal
I. Dysfunctional uterine bleeding
J. Ovarian carcinoma
K. Drug induced problem
L. Hypothyroidism
M. Psychological upset
N. Chlamydial infection |
|---|--|

Questions: What is most likely diagnosis for the following scenarios?

2(i). 14 year old Karuna was brought to you with severe bleeding p/v since she attained menarche 3 days ago. You notice that she has some bruises over forearms and legs.

2(ii). 60 year old Mrs. Menaka presented to you with bleeding p/v. Pelvic examination showed a uniformly enlarged uterus. She is also a diabetic.

2(iii). 28 year old Mrs. Seema presented to you with excessive periods and foul smelling discharge PV. Her previous menstrual period was normal and lasted for 3 days. On examination, cervical motion was tender.

2(iv). 43 year old Mrs. Kavya was brought to you with menorrhagia. She is not a diabetic or a hypertensive. She recently lost her husband in a road traffic accident and has been on some antidepressants recently. The most likely cause of menorrhagia is-

2(v). 36 year old Mrs. Xavier presented to you with regular heavy periods for the past 6 months. Her pelvic examination was normal. Ultrasound abdomen showed normal uterus. The most likely diagnosis is -

2(vi). 41 year old Mrs. Revathy presented to you with increased bleeding, loss of weight and appetite for the past 6 months. On examination she had abdominal distension and the pelvic examination showed adnexal mass on the right side. The most likely diagnosis is -

3. Theme: Amenorrhea [Questions 3(i) – 3(vi)] **(Total: 6 Marks)**

From options 'A to L' given below, choose the best answer for the questions 3(i) – 3(vi):

Options:

- | | |
|---|--|
| A. Hypothalamic pathology
B. Ovulatory cycles
C. Tertiary | D. Secondary
E. Pregnancy
F. Uterine pathology |
|---|--|

- | | |
|--|---|
| G. Anorexia nervosa
H. Turner's syndrome
I. Polycystic ovarian syndrome | J. Hypothyroidism
K. Primary
L. Anovulatory cycles |
|--|---|

Questions:

- 3(i).** Miss. Pooja is 15 years old and has not had menses until now. Her secondary sexual characters are also not developed. What type of amenorrhea does she have?
- 3(ii).** Miss. Shanthi attained menarche at 14 years. She had 3/30-60 days cycle for 1 year. For the past 6 months she has not had menstrual cycles. What type of amenorrhea is it?
- 3(iii).** Miss. Chamundeshwari presented with primary amenorrhoea, what is the most common cause of the same?
- 3(iv).** Miss. Kirthika attained menarche two years ago. For nearly 18 months she has had very few irregular cycles associated with amenorrhoea of varying length of time. These are called -
- 3(v).** After undergoing D & C for an incomplete abortion 6 months ago, Mrs. Shanthi has developed amenorrhea. Her pregnancy test is negative. What is the cause?
- 3(vi).** 26 year old Miss. Kumari has oligomenorrhea, acne, hirsutism. The most likely diagnosis is

4. Theme: Infertility [Questions 4(i) – 4 (vi)] **(Total: 6 Marks)**
From options 'A to J' given below, choose the best answer for the questions 4(i) – 4(vi):

Options:

- | | |
|---|---|
| A. Bilateral tubal block
B. Hypothalamic dysfunction
C. Sheehan's syndrome
D. Polycystic ovarian syndrome
E. Turner's syndrome | F. Anterior pituitary adenoma
G. Premature ovarian failure
H. Kallmann's syndrome
I. Drugs induced
J. Fibroid uterus |
|---|---|

Questions:

- 4(i).** Mrs. Leela presented to you with infertility. After thorough examination, you did prolactin estimation on her. It was $>1500\text{mIU/L}$. The most likely cause of infertility in her is -
- 4(ii).** Mrs. Shalini has come to see you since she is not able to conceive. She is very weight conscious and is over-exercising and is underweight. The most likely cause of infertility in her is-
- 4(iii).** Mrs. Kalavathi lost around 2 litres of blood during her previous delivery 3 years ago. She was given 4 pints of blood at that time. Since then she is not able to conceive. The most likely diagnosis is -
- 4(iv).** Mrs. Preenal is obese, has irregular menstruation and has acne. She is not able to conceive. The most likely cause of infertility in her is -
- 4(v).** 35 year old Mrs. Sumana, is living with her husband. She is unable to conceive after their 1st son who is 6 years old. Over the past 4 years she has developed menorrhagia, dysmenorrhoea and her cycles are 7/30. She is not on any medications.
- 4(vi).** Mrs. Sumathi is married for the last 2 years and is not able to conceive. She was treated for pulmonary tuberculosis 2 years ago

5. Theme: Breast Problems [Questions 5 (i) – 5 (vi)]

(Total: 6 Marks)

From options ‘A to M’ given below, choose the best answer for questions 5(i) – 5(vi):

Options:

- | | |
|-------------------------------|----------------------------------|
| A. Fibroadenoma | H. Breast Abscess |
| B. Stretch marks | I. Mastitis |
| C. Breast Cyst | J. Lymphedema |
| D. Cyclical Mastalgia | K. Thrush |
| E. Inflammatory breast cancer | L. Paget’s disease of the nipple |
| F. Eczema | M. Galactorrhea |
| G. Gynecomastia | |

Questions: Choose the most appropriate diagnosis:

5(i). 45 years old Mrs. Juliet comes to you with the complaints of pain in the left breast for the past 2 weeks. The breast also feels lumpy to her. On examination the breast looks reddish and swollen and feels warm. The skin of the breast also has multiple dimpled appearance. The left breast does not go up symmetrically with the right one when she raises both her upper limbs.

5(ii). Madhan is a 15 year old boy who is brought to you by his anxious parents with complaints of a painful lump in his left breast. On examination there is a small disc of tissue under the left nipple that is painful on palpation. You also notice that Madhan is developing axillary and facial hair.

5(iii). 22 years old Miss. Nathiya, an IT professional, is worried about many things – her increasing weight, loss of hair and lack of sleep. She is also concerned about some changes in her breast. On examination you find reddish and purplish, slightly indented lines, on both breasts which have a different texture from the surrounding skin.

5(iv). 20 year old Shameem is brought to you by her worried mother, who complains that her unmarried daughter has ‘something’ in both her breasts. On examination you palpate well defined, painless, mobile masses in both breasts.

5(v). 26 years old Mrs. Lalitha comes to you with the complaint of pain and heaviness in the right breast for the past 2 days. She delivered a baby 4 weeks ago and she is having difficulty in breastfeeding. On examination there is engorgement, erythema and nipple excoriation.

5(vi). Mrs. Lakshmi had her first baby 4 days ago and comes with complains of sore red nipples since the day before. She is not febrile and there is no discharge from the nipple.

6. Theme: Abdominal Pain in Children [Questions 6(i) – 6(vi)]

(Total: 6 Marks)

From options ‘A to M’ given below, choose the best answer for the questions 6(i) – 6(vi):

Options:

- | | |
|------------------------------|----------------------------|
| A. Appendicitis | H. Peptic Ulcer disease |
| B. Abdominal migraine | I. Urinary Tract Infection |
| C. Functional abdominal pain | J. Paralytic ileus |
| D. Gastroenteritis | K. Hyponatremia |
| E. Mesenteric adenitis | L. Colitis |
| F. Muscular sprain | M. Peritonitis |
| G. Psychological | |

Questions: Chose the best answer.

6(i). Mariam is an 8 year old who was brought to you with complaints of fever and chills for 3 days and a few episodes of diarrhea for past 2 days. She complains of lower abdominal pain and some discomfort while passing urine.

6(ii). 7 year old Rakesh was brought with abdominal pain around the umbilicus on and off for last 6 months. His bowel movements are not regular and he passes a lot of flatus. His clinical examination is normal.

6(iii). 10 year old Serena has had cold and sore throat for last 3 days. She now complains of abdominal pain around the umbilicus for the past 1 day. On examination, the child has a mild fever, congested tonsils, cervical lymphadenopathy and mild tenderness around the umbilicus.

6(iv). 13 year old Kushi is brought to the clinic with severe pain in the abdomen on and off around umbilicus for 6 months. It is sometimes associated with nausea and vomiting and occurs more when she eats chocolates. Her mother has had a similar problem in her childhood.

6(v). 11 year old Gokul was brought to you with pain in the left iliac fossa. The pain has started after he attended a sports camp conducted by his school. The pain is more when he gets up and sits down. The child otherwise has no other complaints.

6(vi). 7 year old Hakeem was brought in with vague abdominal pain on and off. The child has recently joined a new school since his family relocated to a new place. He is struggling with new language and new friends.

7. Theme: Growth Monitoring and Malnutrition [Questions 7 (i) – 7 (vi)] (Total: 6 Marks)

From options ‘A to L’ given below, choose the best answer for questions 7(i) – 7(vi):

Options:

- | | |
|--------------------------|-------------------------------|
| A. Tuberculosis | G. Severe acute malnutrition |
| B. Riboflavin deficiency | H. Underweight |
| C. Niacin deficiency | I. Wasting |
| D. Vitamin A deficiency | J. Stunting |
| E. Pyridoxin deficiency | K. Well nourished |
| F. Folate deficiency | L. Risk of acute malnutrition |

Questions: What is your diagnosis?

7(i). 5 year old Jemima is a fussy eater; she does not eat vegetables and does not like non-veg either. She wants her food slightly overcooked. Her mother says she now has diarrhea. You also note that she is anemic.

7(ii). 4 year old Suresh accompanies his aunt when she comes for a checkup, You notice that Suresh has cheilosis and glossitis.

7(iii). You are the 3rd doctor Anila has been brought to in the past 2 months for respiratory infection, because it is so frequent. You notice that her skin is dry and scaly, also her conjunctiva seems dry and lusterless.

7(iv). Mrs. Janaki has brought her granddaughter to you. She does not know the age of the child. You use a midupper arm circumference tape which falls in the yellow zone.

7(v). Twenty month old Gunasekaran has low height for his age.

7(vi). Twenty eight month old Sheela has low weight for height.

8. Theme: Seizures in Children [Questions 8 (i) – 8 (vi)] **(Total: 6 Marks)**
From the options ‘A to L’ given below, choose the best answer for questions 8(i) – 8(vi):

Options:

- | | |
|---------------------|----------------|
| A. Sodium Valproate | G. Diazepam |
| B. Paracetamol | H. ACTH |
| C. Carbamazepine | I. Gabapentin |
| D. Ethosuximide | J. Clonazepam |
| E. Phenytoin | K. Lamotrigine |
| F. Phenobarbitone | L. Topiramate |

Questions:

8(i). 3 year old Sarita was brought after an episode of tonic-clonic seizures that lasted for a few minutes about 15 minutes ago. She has been having fever since this morning. Now the child is febrile but is fully oriented and conscious. What is the immediate line of management?

8(ii). 5 month old Jamal was brought in with a jerky movement of the hand and head nodding. This has been noticed on several occasions earlier. The child’s father is on treatment for epilepsy. How will you manage him?

8(iii). A 10 month old Amir was brought in with a history of having repeated spasms lasting for 2-3 minutes. He has had some developmental delay. The EEG report shows hypsarrhythmic pattern.

8(iv). 5 year old Chandran is brought to the clinic with a history of episodes of staring for 2-3 minutes. The episodes were noticed in the school as well; he had been a good student and now has started deteriorating in studies.

8(v). 4 year old James was brought with a seizure that involved the right upper and lower limb. The child has loss of consciousness for a few minutes and hurts himself during the episode. The child is well with no fever, headache or vomiting

8(vi). 8 year old Pandian was brought in with an episode of generalized tonic-clonic seizures that occurred 2 hours ago. He has bleeding tongue and had incontinence during the seizures. A similar episode has been noticed 2 times over 3months. He has been otherwise well.

9. Theme: Incessant Cry [Questions 9 (i) – 9(vi)] **(Total: 6 Marks)**
From options ‘A to I’ given below, choose the best answer for the questions 9(i) – 9(vi):

Options:

- | | |
|--------------------|----------------------------|
| A. Intussusception | F. Meningitis |
| B. Colic | G. Urinary tract infection |
| C. Nappy rash | H. Muscular injury |
| D. Pneumonia | I. Warm weather |
| E. Otitis media | |

Questions: What is the likely cause?

9(i). 2 month old Simran has been crying every evening for the past one week and has been brought to you by her anxious parents. On asking them you find out that she has been eating well and is active. She cries for several minutes and stops crying after she passes flatus.

9(ii). 10 month old Madhan has been brought in with episodes of crying on and off. The baby also cries when he has passed stools and while cleaning the area. Mom has noticed some redness in the area. You note in the history that the child just recovered from diarrhoea.

9(iii). 1 year old Nisha has been crying for the past 1 day and more so in the night, and wakes up from sleep. The child has been having cold and mild cough for last 3 days and has been pulling on her right ear very often.

9(iv). An 18 month old child has been brought to you with complaints of being irritable, not eating well and having fever for the last 2 days. She has been crying frequently for the past 1 day especially while passing urine.

9(v). 3 year old Dinesh is a very active child but has not been moving around since a day and cries while walking. He had a fall while playing in the morning.

9(vi). 7 month old baby Karunya has been brought in being a bit drowsy having vomiting and fever for a day. The child has been unwell for last few days with intermittent crying and passing blood in stools.

10. Theme: Joint Pain in Children [Questions 10 (i) – 10 (vi)] (Total: 6 Marks)

From options ‘A to H’ given below, choose the best answer for questions 10(i) – 10(vi):

Options:

- | | |
|--|--------------------------|
| A. Reactive arthritis | E. Trauma |
| B. Viral fever | F. Leukemia |
| C. Septic arthritis | G. Sickle cell disease |
| D. Polyarticular Juvenile Idiopathic Arthritis | H. Acute Rheumatic Fever |

Questions:

10(i). 10 year old Kavya has come in with runny nose, cough, fever, body aches and joint pains since 2 days. She has decreased appetite and feels very tired. There is no swelling of joints.

10(ii). 4 year old Ganesh has come with high fever and looking very unwell. He also complains of pain and swelling of the right elbow joint which is making him unable to move his arm. His WBC count is high.

10(iii). 9 year old Sethu has come in with pain and swelling of the right knee joint and unable to bear weight. This began a few hours ago after a fall from the cycle. He has some abrasions on the knee but no fever.

10(iv). 12 year old girl Meenakshi has had low grade fever and rash on and off for the last 3 months. She also complains of joint pains and swelling that has affected almost 5 joints. The RA factor is negative.

10(v). 1 year old baby Poojitha from Chhattisgarh has been brought by her mother as she noticed swelling of small joints of the hand and feet. The child is pale and lethargic with some breathing difficulty. The mother tells you that similar problems have been noted in the father’s side of the family.

10(vi). 10 year old Aman has been brought to you with joint pain and swelling which has been moving from joint to joint. He has high grade fever and a macular rash on the trunk and limbs. You note in that he was treated for sore throat in the past.
