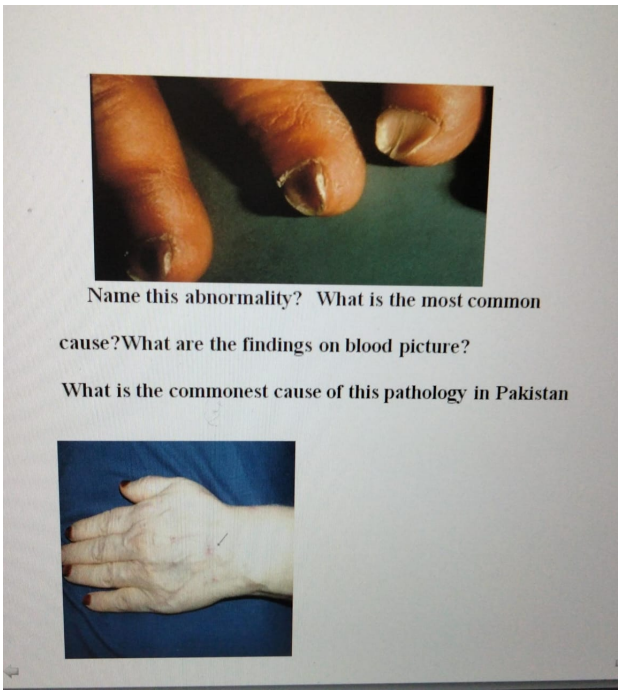
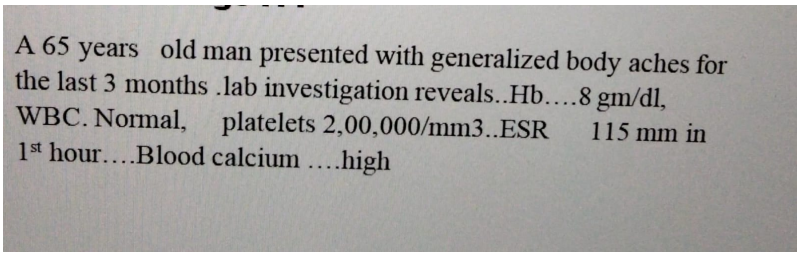
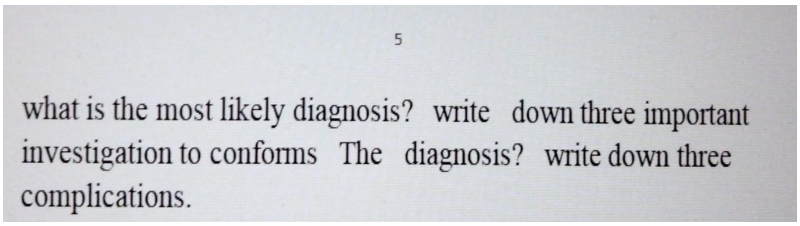


KOILONYCHIA

IRON DEFICIENCY ANEMIA





A=MULTIPLE MYELOMA

B=SERUM AND URINE PROTEIN ELECTROPHERISIS

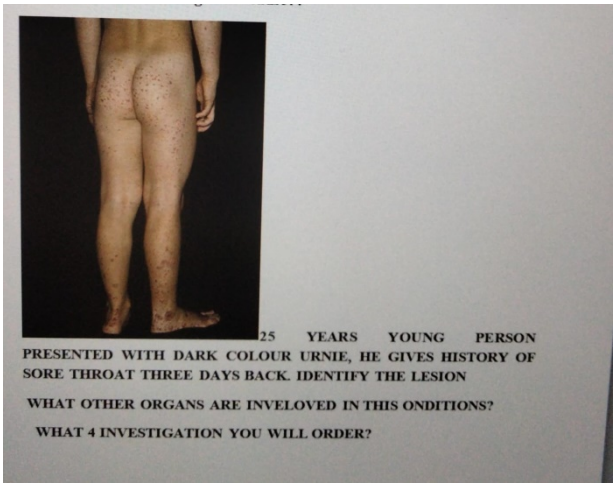
BONE MARROW BIOPSY

SKELETAL SURVEY

C=RENAL FAILURE

PATHOLOGICAL FRACTURE

INFECTION



A=HSP

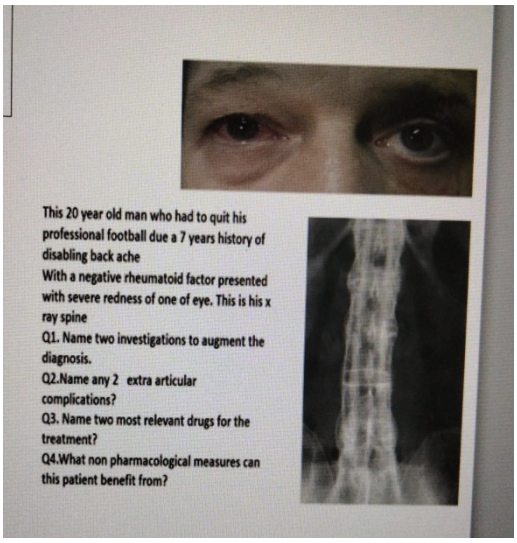
B=JOINTS ,GIT

C=URINE ANALYSIS

DERUM IGA LEVEL

SKIN OR KIDNEY BIOPSY

COAGULATION PROFILE



1.MRI SPINE

ESR CRP

2.ANT UVEITIS

CONJUCTIVITIS

CARDIAC-AR

PULMONARY FIBROSIS

3.NSAIDS

SULPHASALAZINE

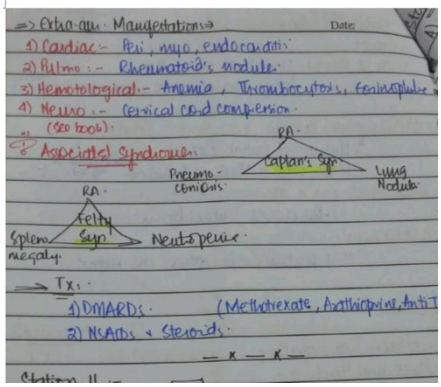
ANTI TNF

DMARDS

4.DAILY BACK EXTENSION EXERCISE

SWIMMING

AVOIDANCE OF POOR POSTURE



A 10 month old boy weighing 10 kg is brought by the mother because of coughing for the last 2 days. Examination shows his respiratory rate of 55 breaths per minute and chest indrawing. The rest of examination shows no abnormal findings.

Q1. Classify this child illness according to IMNCI?

Q2. Write his treatment according to IMNCI?

Q3. Write instructions for follow-up of this child?

1.Severe Pnemonia
2.Give first dose of an appropriate antibiotic.
Treat wheezing if present
Treat the child to prevent hypoglycemia
Refer urgently to hospital.

This is x-ray of the wrist joint of a three y boy.

Q1. What are the positive findings?

Q2. What is the diagnosis?

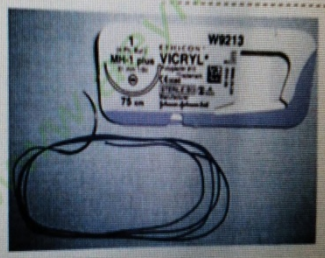
Q3. What is the treatment?

1. •Cupping fraying and flaring of long bone
•Distance b/w epiphysis and diaphysis is increased
•Bone density is decreased
2.Rickets
3.Vit.D orally (2000-6000IU) for 4 weeks.
VitD3 injection 200,000IU as a single dose IM

Paeds final osce 2014
developmental mile stones pe
ques tha
VSD
abdominal examination
arched foot pe questions thy

Carefully examine the given suture/ photograph and answer the following questions:

1. Is this structure synthetic or natural? 01
2. Is this suture absorbable or non absorbable? 01
3. What is the main advantage of this suture? 1.5
4. What is the disadvantage of this suture? 1.5



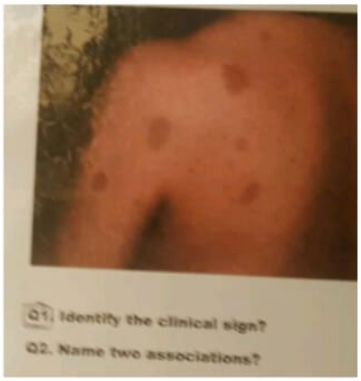
KEY:

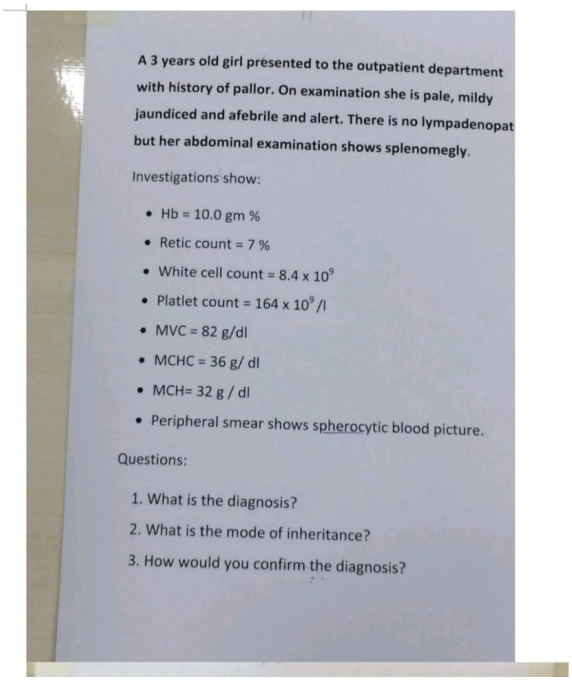
1. Synthetic 01
2. Absorbable 01
3. Delayed absorption time 1.5
4. Poor knotting quality 1.5

PERIANGUAL VASCULITIC LESION

CAUSE-SLE,DERMATOMYOSITIS

36





A 3 years old girl presented to the outpatient department with history of pallor. On examination she is pale, mildy jaundiced and afebrile and alert. There is no lympadenopat but her abdominal examination shows splenomegly.

Investigations show:

- Hb = 10.0 gm %
- Retic count = 7 %
- White cell count = 8.4×10^9
- Platlet count = 164×10^9/l
- MVC = 82 g/dl
- MCHC = 36 g/ dl
- MCH= 32 g / dl
- Peripheral smear shows spherocytic blood picture.

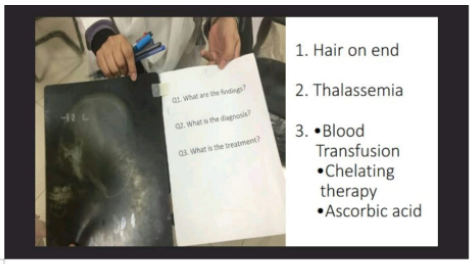
Questions:

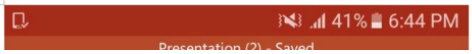
1. What is the diagnosis?
2. What is the mode of inheritance?
3. How would you confirm the diagnosis?

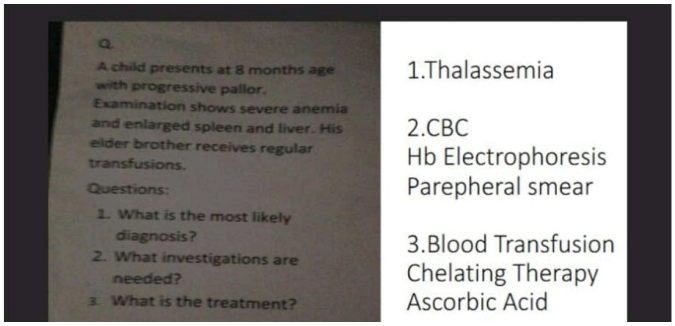
HEREDITARY SPHEROCYSTOSIS

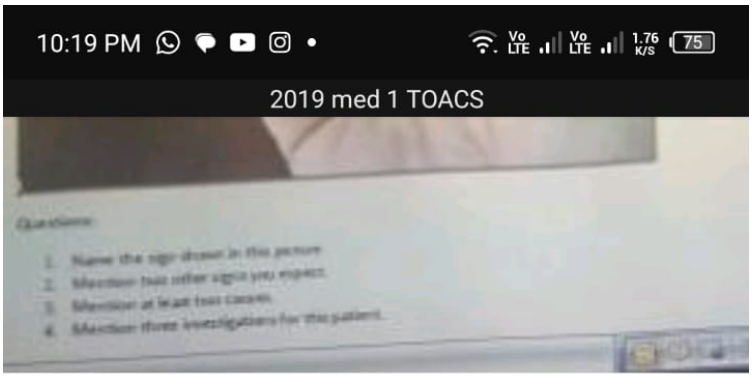
AUTOSOMAL DOMINANT

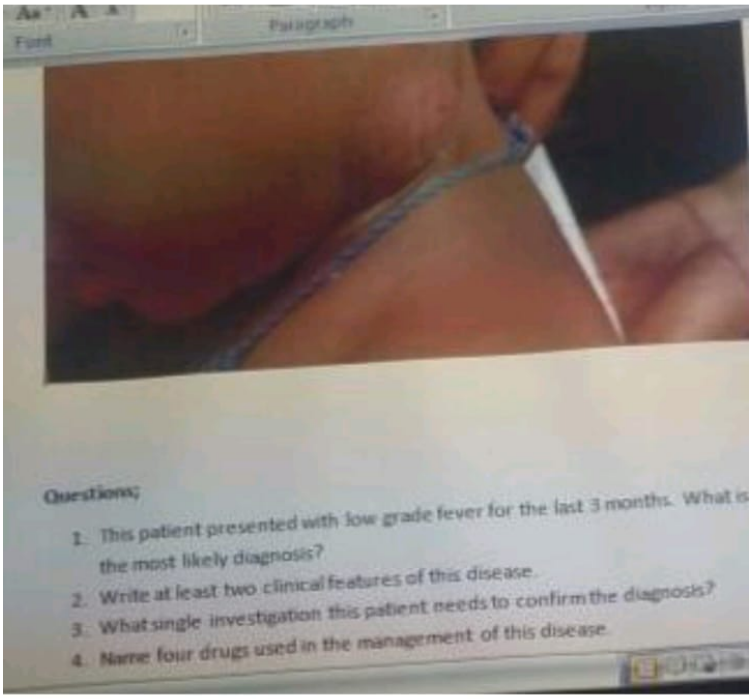
OSMOTIC FRAGILTITY TEST

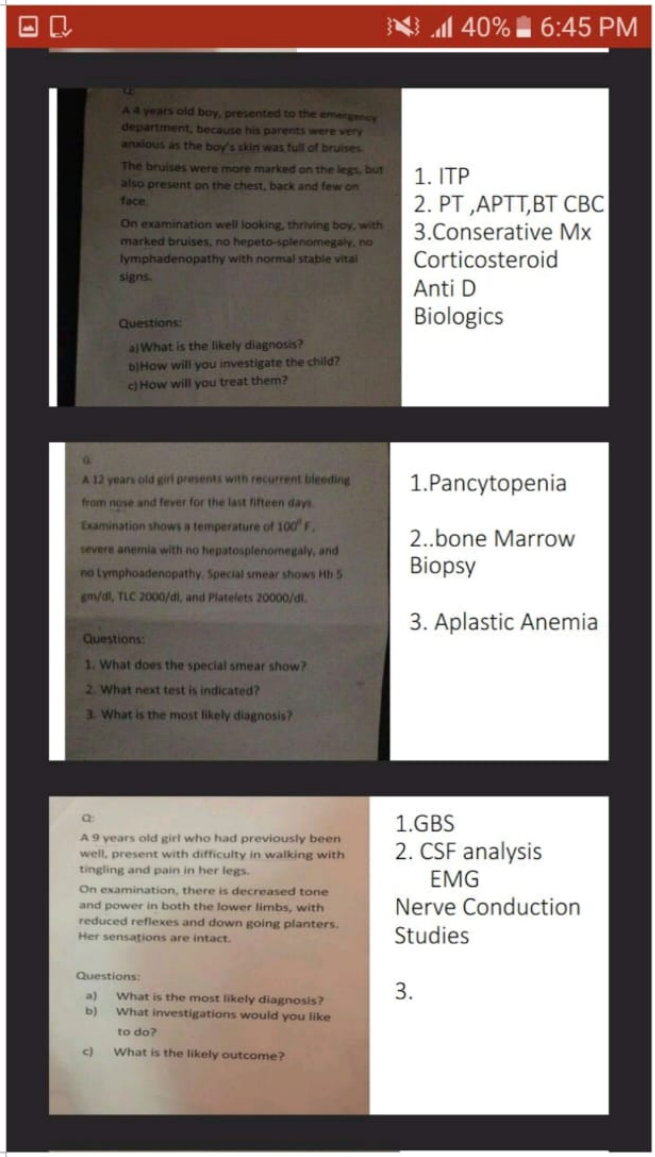


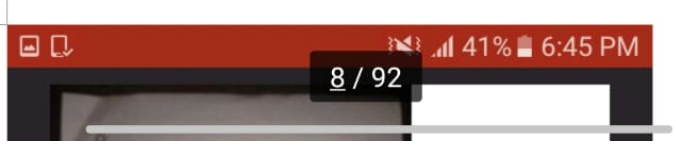


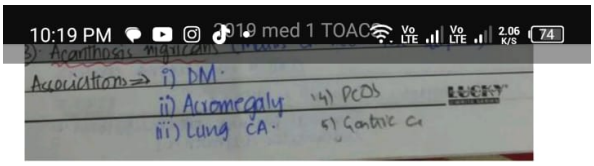


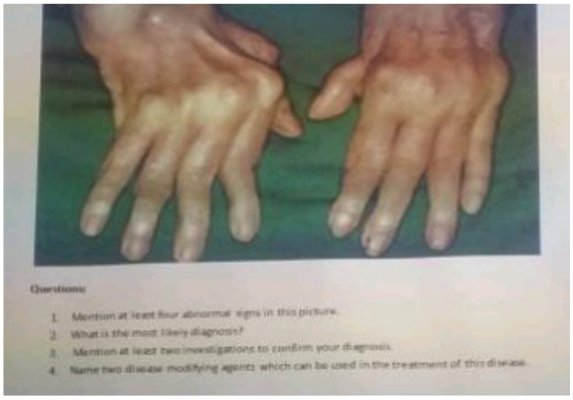






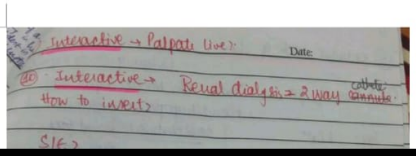






Questions:

1. Mention at least four abnormal signs in this picture.
2. What is the most likely diagnosis?
3. Mention at least two investigations to confirm your diagnosis.
4. Name two disease modifying agents which can be used in the treatment of this disease.



What is the most likely diagnosis?

Give at least two diseases which may be associated.

Mention at least one drug which can be used for this condition.

Answeres;

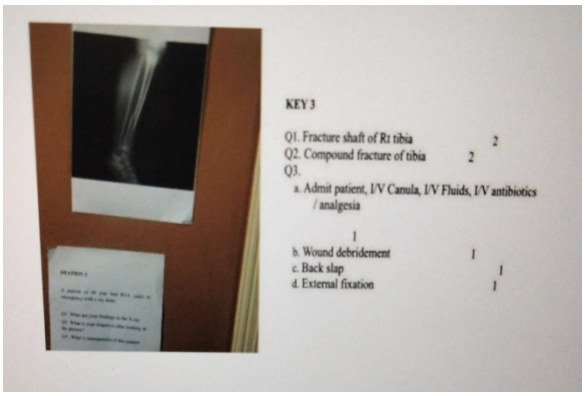
1. Raynaud's phenomena, Raynaud's disease.
2. Rheumatoid arthritis, scleroderma, SLE, mixed connective tissue disease, cryoglobulinemia.
3. Ischeamic ulcers, gangrene, amputation of the finger.
4. Calcium channel blockers.

1. This young lady presented with fever and joint pain, what is the most likely diagnosis?
2. Name the most specific test for this disease.
3. Enumerate at least four drugs which can be used in this illness.
4. A1; Systemic lupus erythemitosis.

A2; Butterfly rash, pyrexia, arthritis, oral ulcers, alopecia, discoid rash,

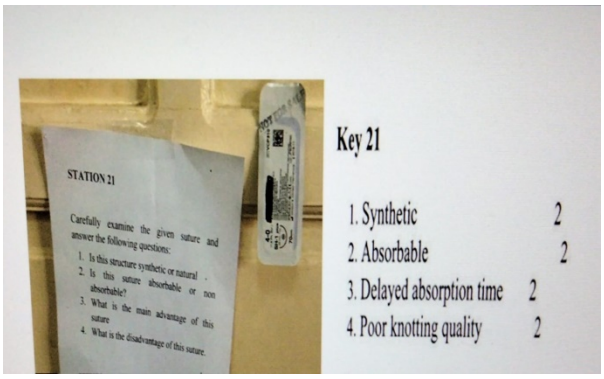
A3; Antidouble stranded DNA test.

A4; steroids—prednislone, ANSAIDs, hydroxylchloroquine, immunosupressants—cyclophosphamide, azathioprine, methotrexate, biological agents---rituximab



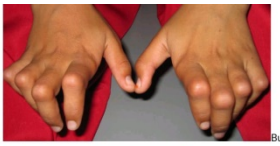
KEY 3

Q1. Fracture shaft of Rt tibia 2
Q2. Compound fracture of tibia 2
Q3.
a. Admit patient, I/V Canula, I/V Fluids, I/V antibiotics / analgesia
1
b. Wound debridement 1
c. Back slap 1
d. External fixation 1



Key 21

1. Synthetic 2
2. Absorbable 2
3. Delayed absorption time 2
4. Poor knotting quality 2


Button hole deformity


Digital infarcts in SS

66

Scleroderma

DIC

HSP

Sqystemic sclerosis

Turner syndrome Basal cell carcinoma in xeroderma pigmentosa

76

Steven johnson syndrome

Café au lait

77

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2019 med 1 TOACS

80

Herpes zoster

Healed herpes zoster

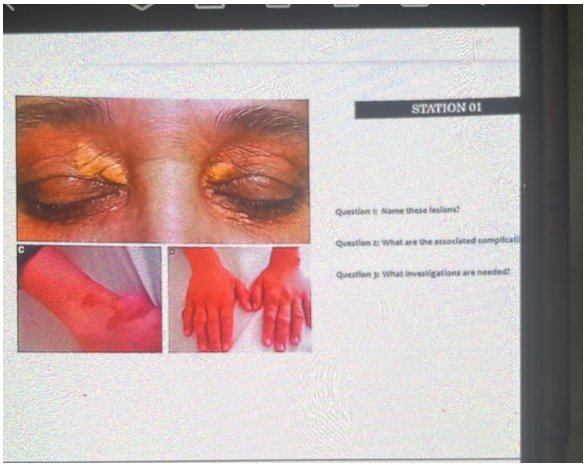
Herpes zoster ophthalmicus

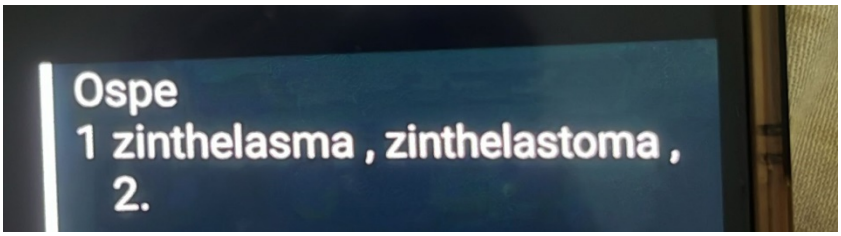
81

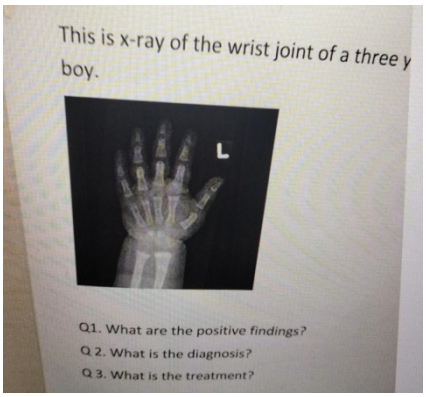
Patechae due to fat embolism

Psoriatic arthropathy

82







Kyphoscolosi

Leischmeniasis

Lupus valgaris

10:48 ···

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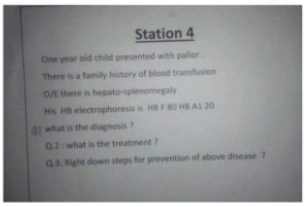
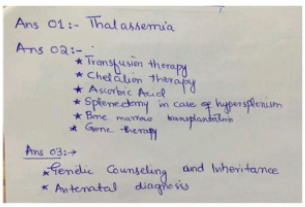
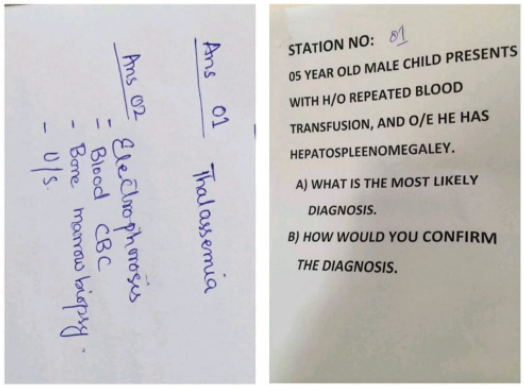






Ans 01 Thalassemia

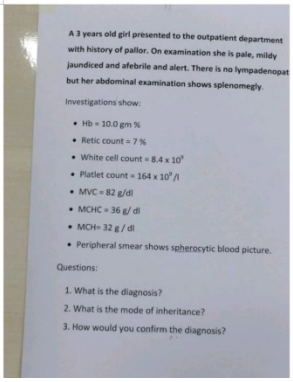
Ans 02
= Electrophoresis
= Blood CBC
- Bone marrow biopsy.
- U/S

STATION NO: 01

05 YEAR OLD MALE CHILD PRESENTS WITH H/O REPEATED BLOOD TRANSFUSION, AND O/E HE HAS HEPATOSPLEENOMEGALEY.

A) WHAT IS THE MOST LIKELY DIAGNOSIS.

B) HOW WOULD YOU CONFIRM THE DIAGNOSIS.



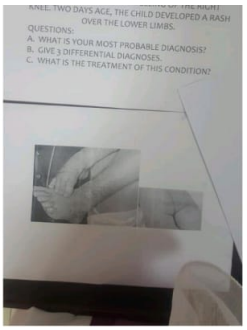
A 3 years old girl presented to the outpatient department with history of pallor. On examination she is pale, mildy jaundiced and afebrile and alert. There is no lympadenopat but her abdominal examination shows splenomegly.

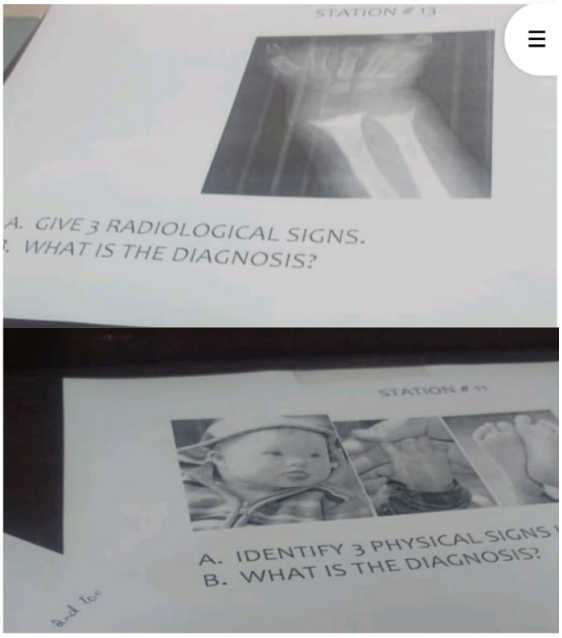
Investigations show:

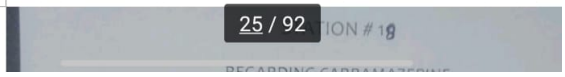
- Hb = 10.0 gm %
- Retic count = 7 %
- White cell count = 8.4×10^9
- Platlet count = 164×10^9 /l
- MVC = 82 g/dl
- MCHC = 36 g/ dl
- MCH= 32 g / dl
- Peripheral smear shows spherocytic blood picture.

Questions:

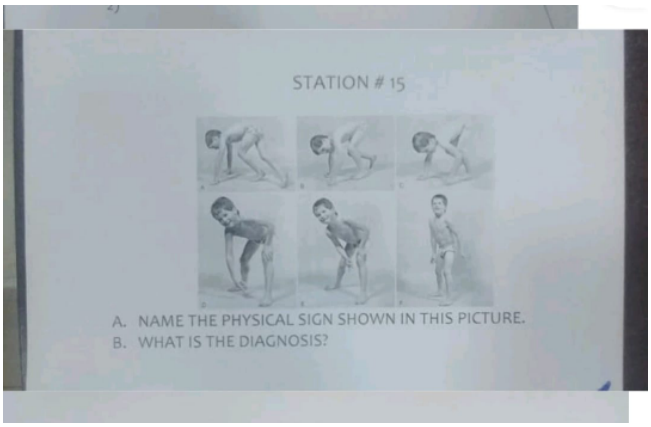
1. What is the diagnosis?
2. What is the mode of inheritance?
3. How would you confirm the diagnosis?





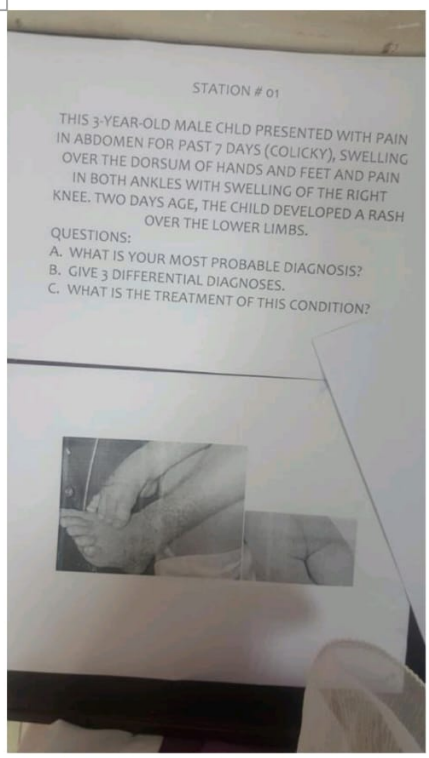


DOWN SYNDROME



GOWER SIGN

DUSCHENE



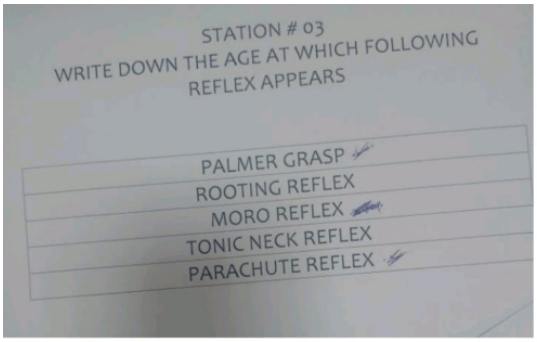
STATION # 01

THIS 3-YEAR-OLD MALE CHLD PRESENTED WITH PAIN IN ABDOMEN FOR PAST 7 DAYS (COLICKY), SWELLING OVER THE DORSUM OF HANDS AND FEET AND PAIN IN BOTH ANKLES WITH SWELLING OF THE RIGHT KNEE. TWO DAYS AGE, THE CHILD DEVELOPED A RASH OVER THE LOWER LIMBS.

QUESTIONS:

A. WHAT IS YOUR MOST PROBABLE DIAGNOSIS?
B. GIVE 3 DIFFERENTIAL DIAGNOSES.
C. WHAT IS THE TREATMENT OF THIS CONDITION?

HSP



2-USG-of abdomin with Doppler Studies

3-Beta-blocker,sclerotherapy/ band ligation,meso-caval shunt

Question No. 2

Topic: Infectious Disease

1: Which common infectious disease can lead to this deformity?(1)

2: Name four diagnostic investigations (2)

3: Name four drugs along with dosage & duration. (2)

Key

1- Carries spine / Tuberculous (1)

2- (0.5 each)

i. Mantoux test / Accelerated BCG test

ii. X-ray chest

iii. X-rays spine

iv. CT Scan spine

3- (0.5 each)

i. Rifampicin orally 10-20 mg/kg OD before breakfast for 1 yr

ii. Isoniazid 10-20 mg/kg/day OD for 1 yr.

iii. Pyrazinamide orally, 15-30 mg/kg/day for initial 2M

iv. Ethambutol (mg/kg) or Inj. Streptomycin (10-15 mg/kg x I/M x OD) for initial 2 months

CLINICAL SCENARIO

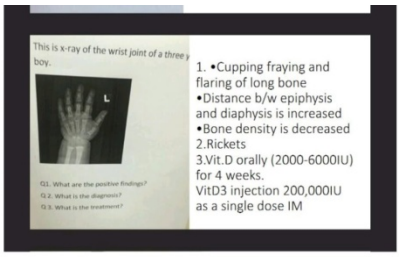
An 8 month old boy presented in the emergency room with the complaints of fever and cough for 3 days, vomiting for 1 day generalized fits for ¼ hour. On

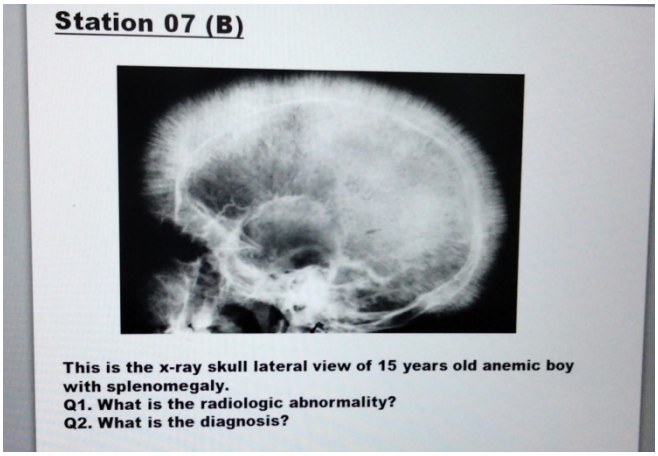
Station 07 (A)

This is the x-pelvis of a multiparous lactating lady having ache and pains

Q1. What is the radiologic abnormality?

Q2. Name two specific biochemical investigations to reach the diagnosis?

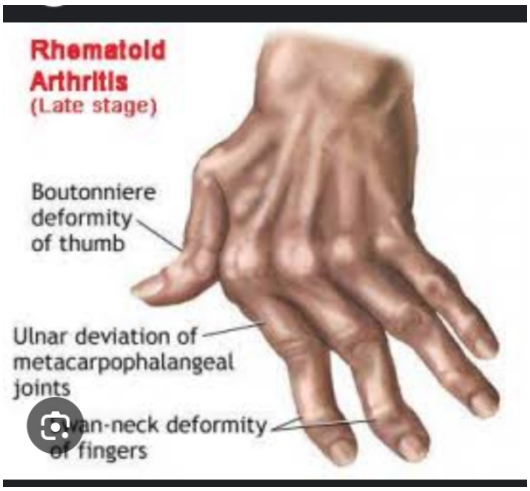


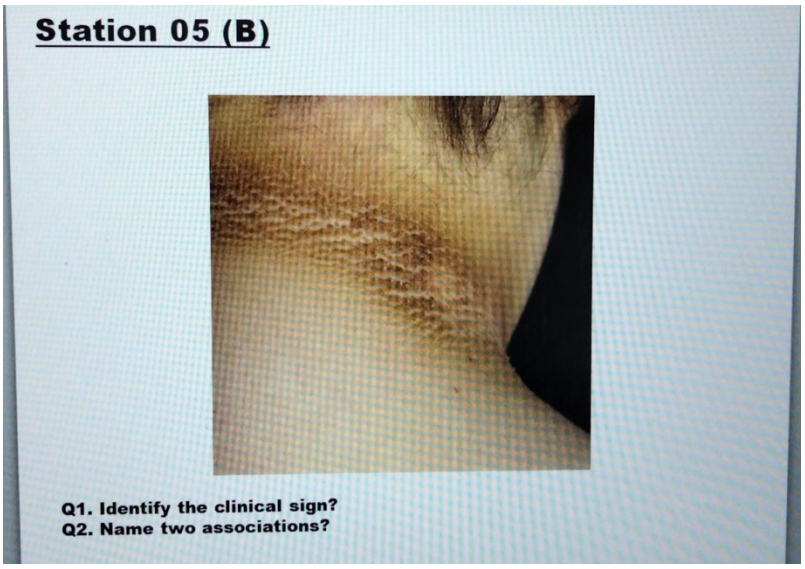


THALASEMIIA

Station 14 (B)

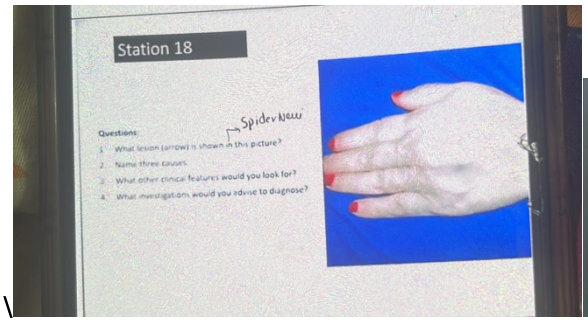
Q1. Identify the clinical sign?
Q2. Name three pulmonary complications?





ACANTHOSIS NIGRICANS

2.OBESITY,DM,GI MALIGNANCY



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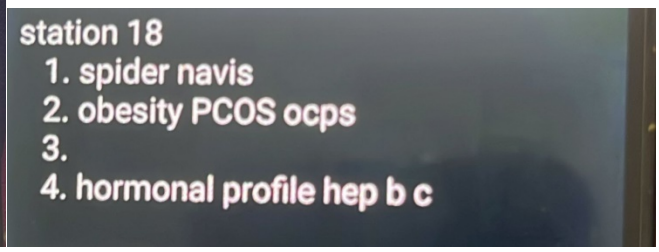
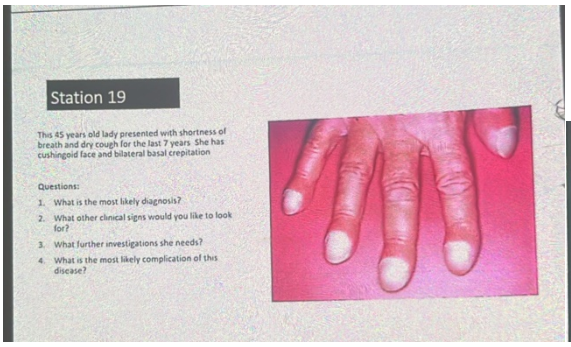
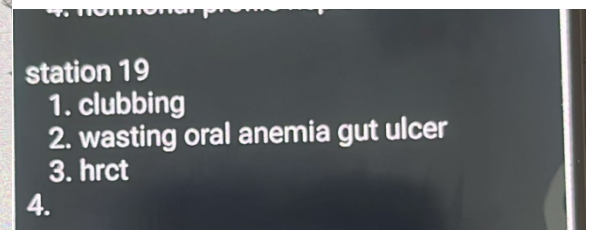
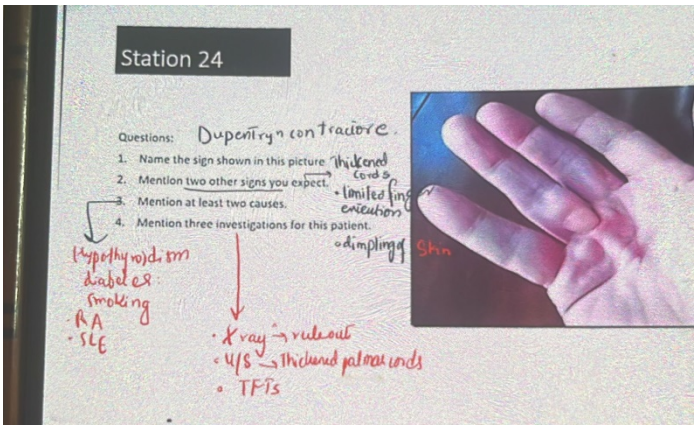
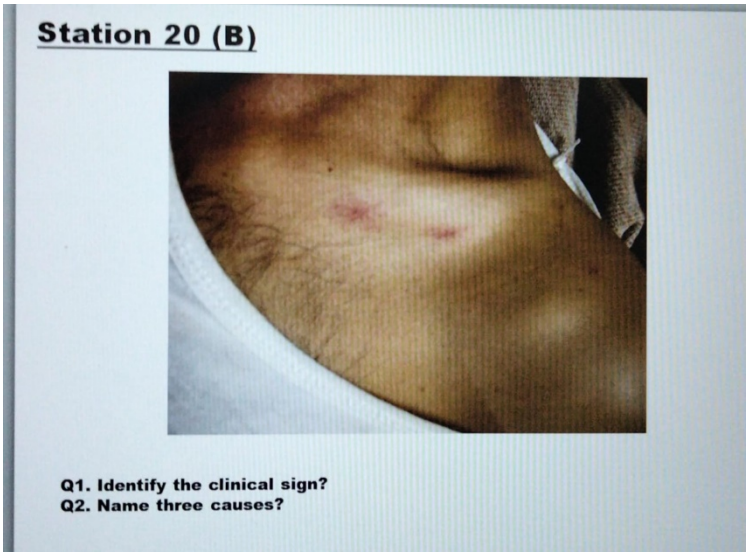


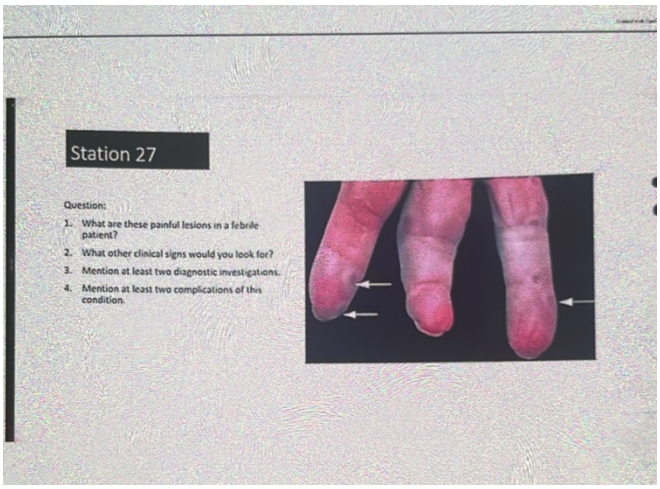
HERPES ZOOSTER

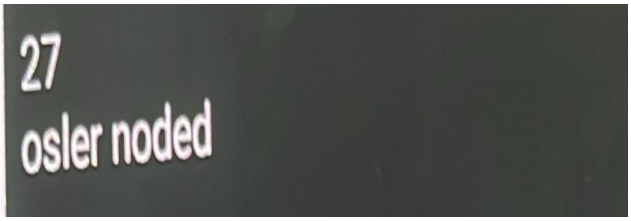


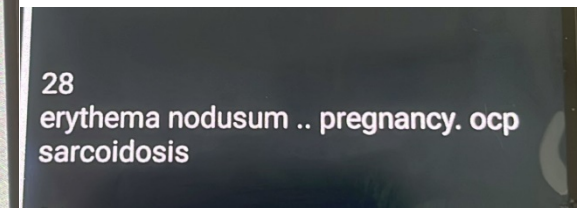


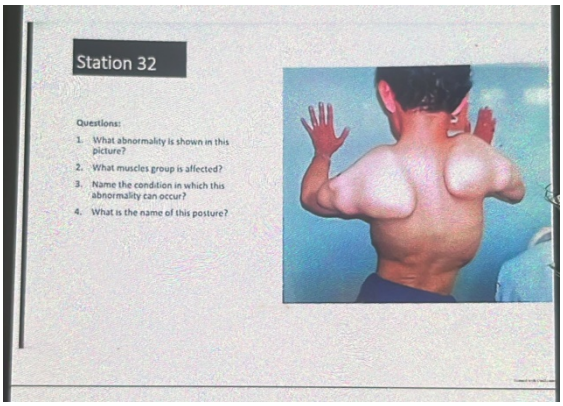


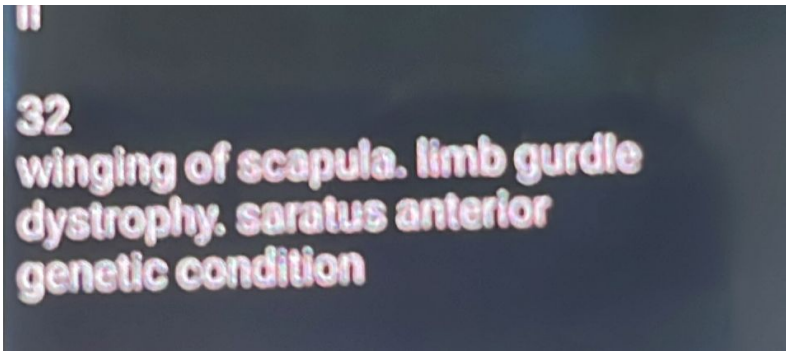


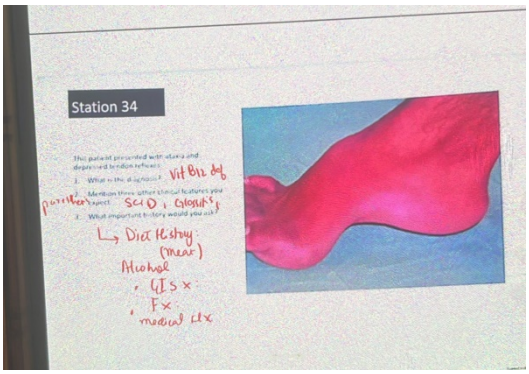


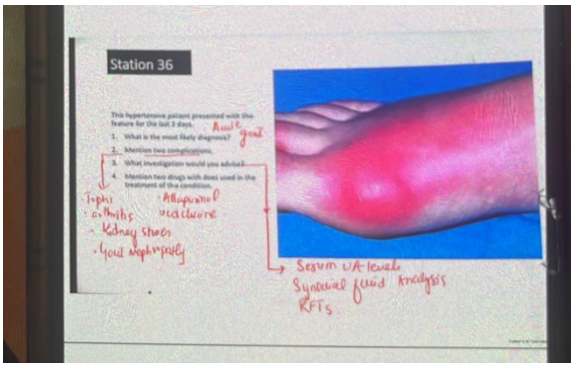


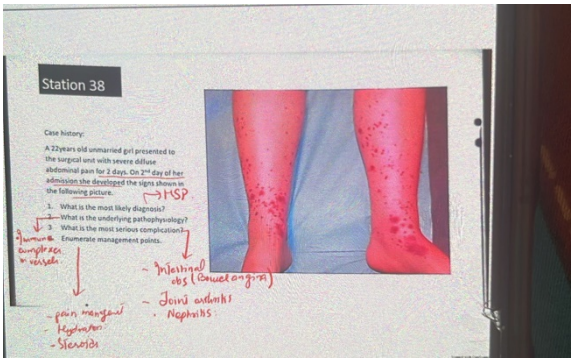


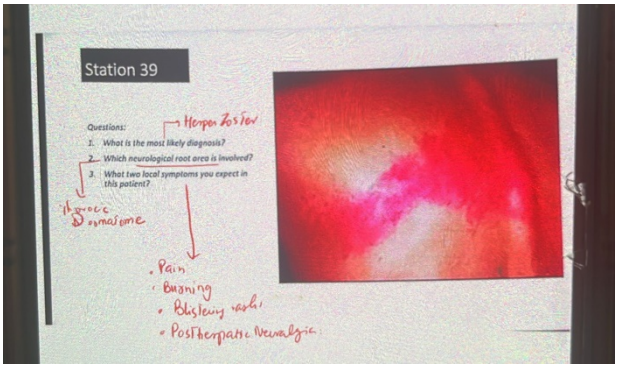


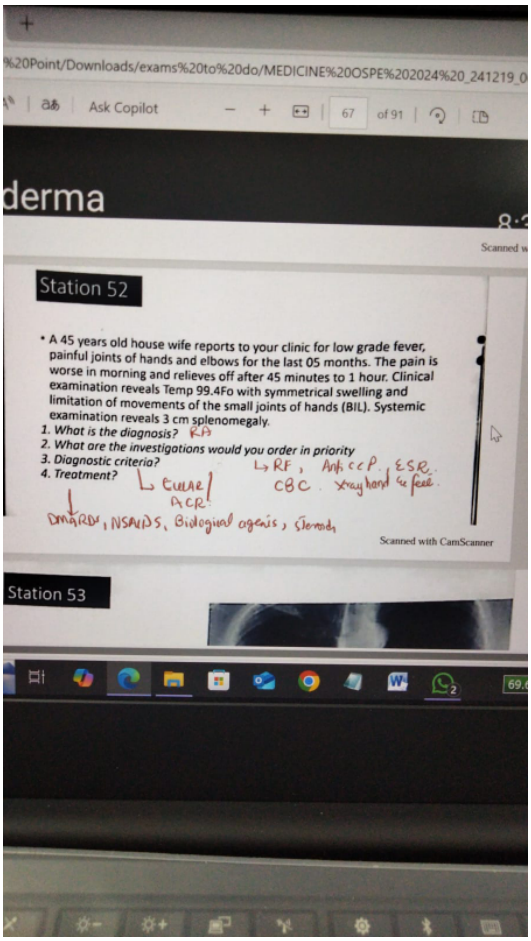


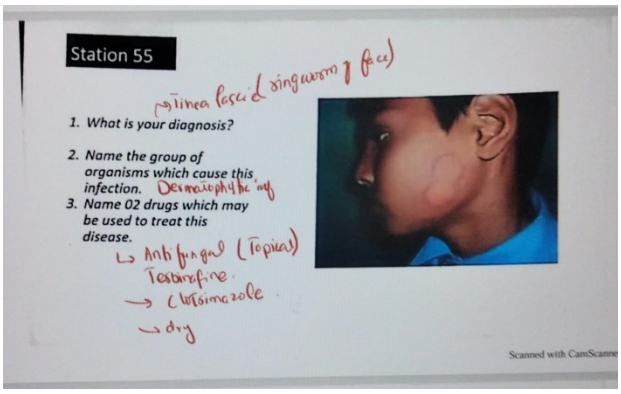


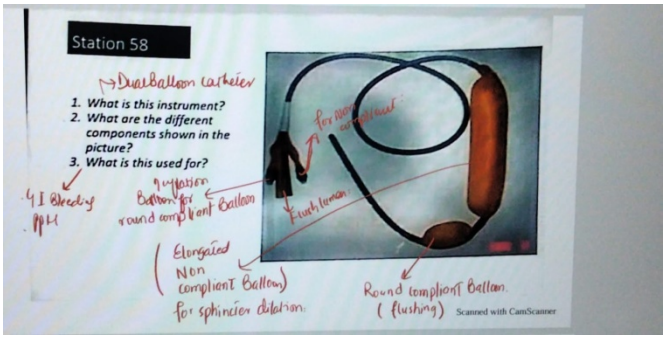


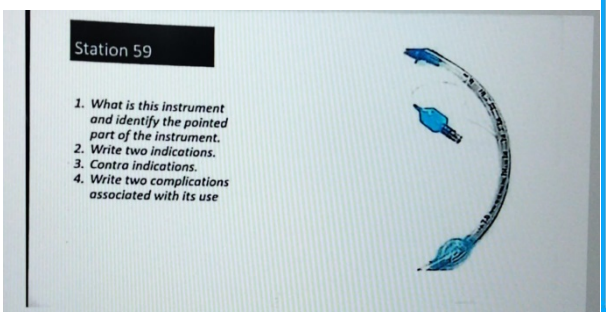


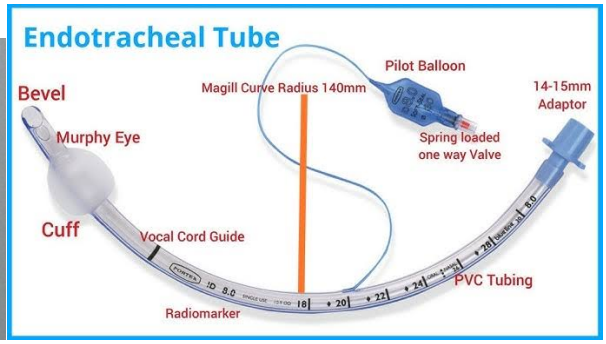












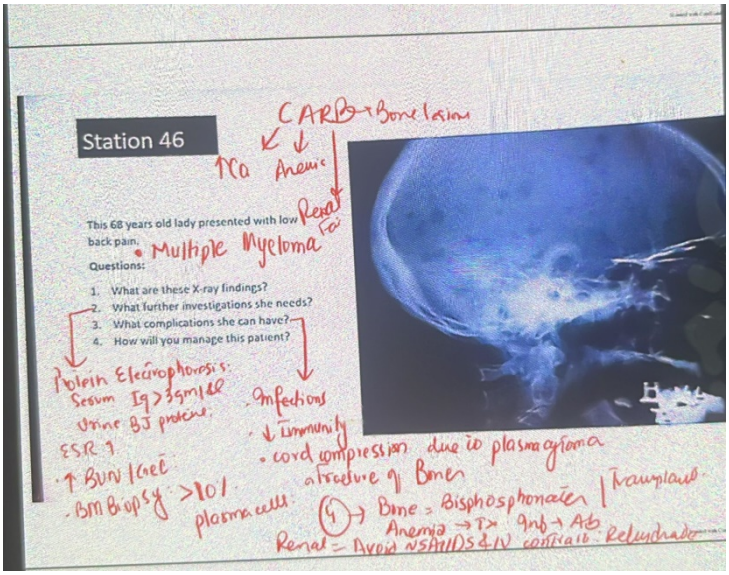
A=ETT

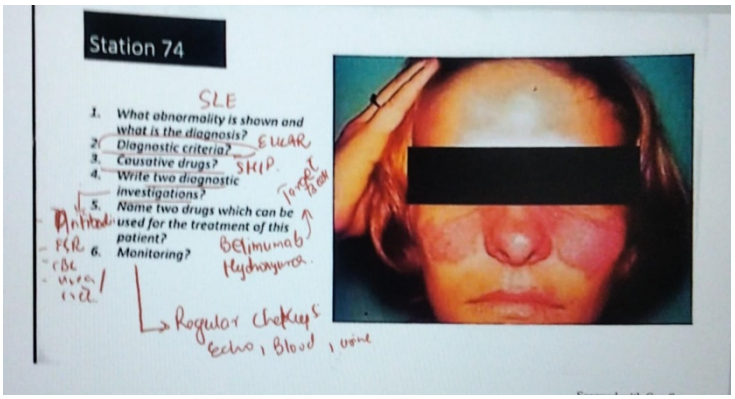
B=AIRWAY PROTECTION IN HEAD INJURY=ND 2MECHANICAL VENTILATION

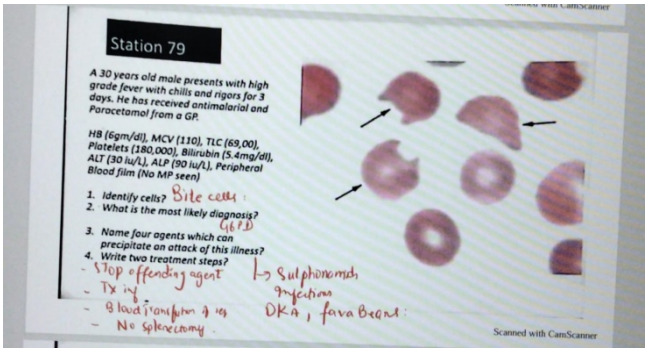
C=LARYNGEAL TUMOR

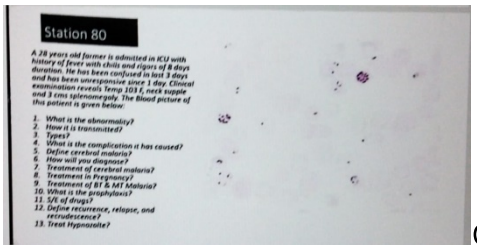
D=LARYNGOSPASM

VENTILATOR AASOCIATED PNEUMONIA

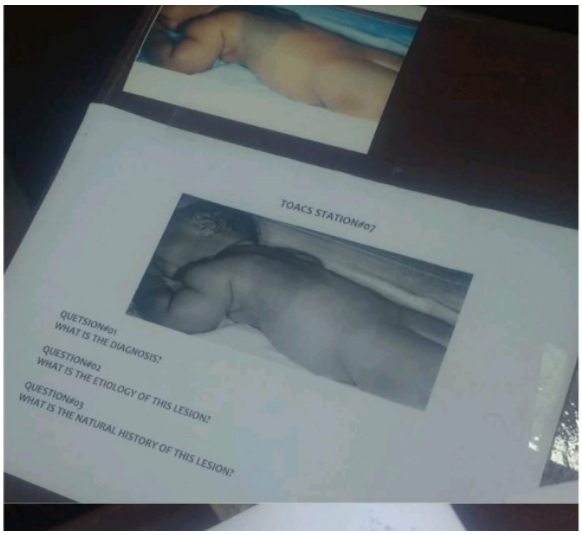


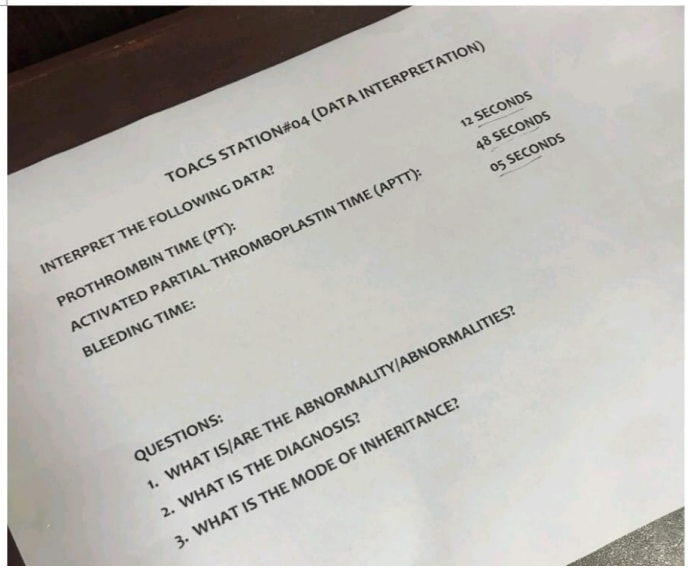






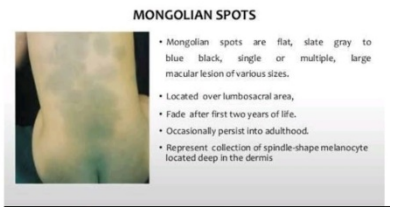
CEREBRAL MALARIA





DIAGNOSIS=HEMOPHILIA

APPT PROLONGED=X LINKED RESCCESSIVE



- CLD
- Connective tissue disorders
- CCF
- Tuberculosis

- Give 3 radiological findings? [3]
- What is the diagnosis [2]

Key

- Radiological findings [3]
  - Cupping
  - Fraying
  - Flaring
  - Osteopenia
- Rickets [2]

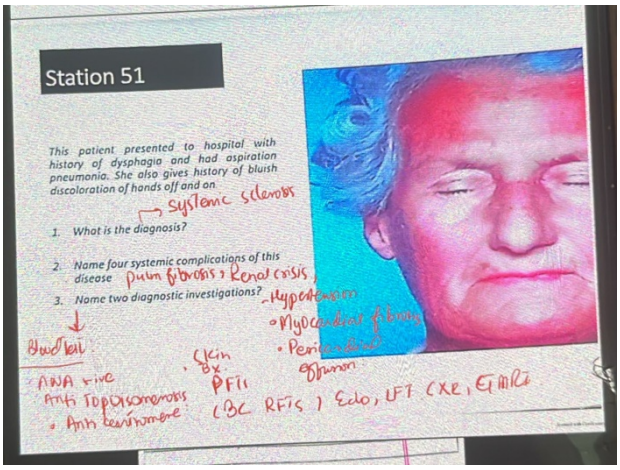
MODEL PAPER
OSPE (PAEDIATRICS)
FOR FINAL YEAR M.B.B.S.

Q1.

- Identify 3 physical signs in these pictures? [3]
- What is the diagnosis? [2]

Key

- Signs [3]
  - Epicanthic folds
  - Low set ears
  - Simian crease
  - Increased distance between 1st and 2nd toe
- Down syndrome [2]



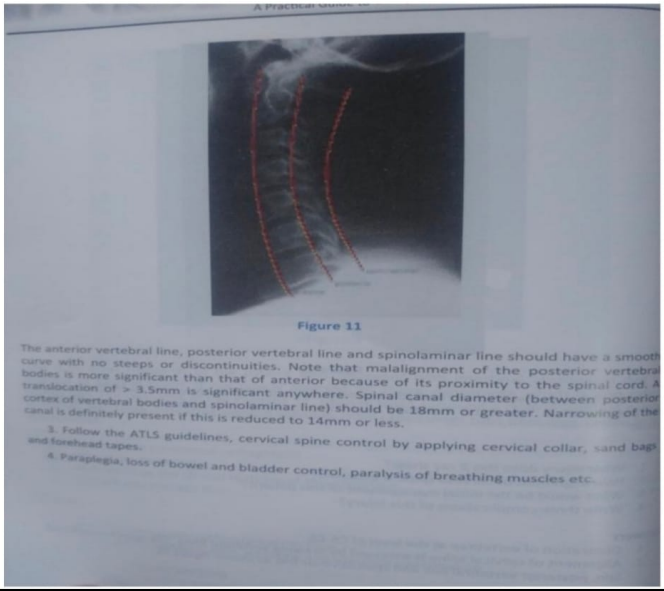


Figure 11

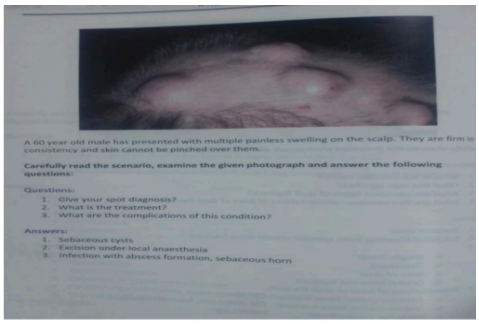
The anterior vertebral line, posterior vertebral line and spinolaminar line should have a smooth curve with no steeps or discontinuities. Note that malalignment of the posterior vertebral bodies is more significant than that of anterior because of its proximity to the spinal cord. A translocation of > 3.5mm is significant anywhere. Spinal canal diameter (between posterior cortex of vertebral bodies and spinolaminar line) should be 18mm or greater. Narrowing of the canal is definitely present if this is reduced to 14mm or less.

3. Follow the ATLS guidelines, cervical spine control by applying cervical collar, sand bags and forehead tapes.
4. Paraplegia, loss of bowel and bladder control, paralysis of breathing muscles etc.

[redacted]

DIC?

Either DVT (most likely) or compartment syndrome.



A 60 year old male has presented with multiple painless swelling on the scalp. They are firm in consistency and skin cannot be pinched over them.

Carefully read the scenario, examine the given photograph and answer the following questions:

Questions:

1. Give your spot diagnosis?
2. What is the treatment?
3. What are the complications of this condition?

Answers:

1. Sebaceous cysts
2. Excision under local anaesthesia
3. Infection with abscess formation, sebaceous horn

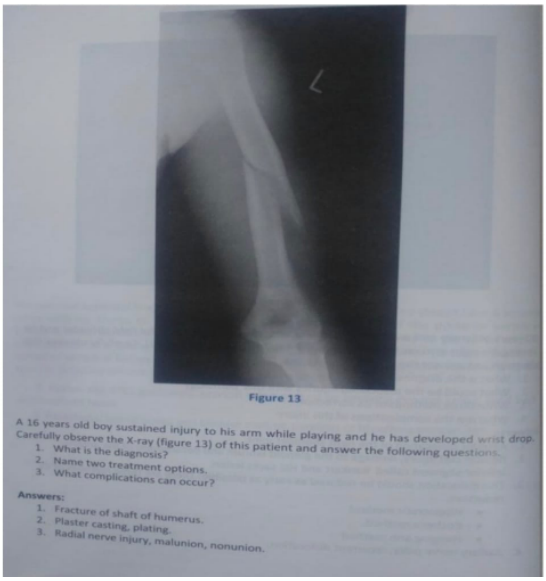


Figure 13

A 16 years old boy sustained injury to his arm while playing and he has developed wrist drop. Carefully observe the X-ray (figure 13) of this patient and answer the following questions.

1. What is the diagnosis?
2. Name two treatment options.
3. What complications can occur?

Answers:

1. Fracture of shaft of humerus.
2. Plaster casting, plating.
3. Radial nerve injury, malunion, nonunion.

Figure 12

A 30 years old male met a Roadside accident and presented with painful right shoulder and he is resting his right arm on the left hand. His x rays is shown (figure 12). Carefully observe this radiograph and answer the following questions.

1. What is the diagnosis
2. What could be the associated injuries with this pathology
3. Write three methods of its correction
4. What are the complications of this injury

Answers:

1. Anterior dislocation of the right shoulder joint.
2. Rotator cuff injury, damage to the glenoid labrum and detachment of the antero-inferior segment called Bankart and Hill sacks lesion.
3. This dislocation should be reduced as early as possible. There are three methods of its reduction.
   - Hippocratic method
   - Kocher's method
   - Hanging arm method
4. Axillary nerve palsy, recurrent dislocation.

Figure 14

An 8 years old boy falls on an outstretched hand and presents with swollen elbow, his movements of the arm are restricted and there is pain in the whole limb. His radiograph is shown in figure 14. Carefully observe this radiograph and answer the following questions.

1. What is the diagnosis?
2. Which nerve is most commonly injured in this type of fracture?
3. What are the other complications of this fracture?
4. How will you manage this patient?

Answers:

1. Supracondylar fracture of the humerus (Type III).
2. Median nerve.
3.
   a. Vascular injuries: Brachial artery.
   b. Nerves – radial, ulnar, median.
   c. Volkmann ischemic contracture.
   d. Mal-union, non-union.
   e. Compartment syndrome
4. This is type III fracture (completely displaced). Fracture is reduced under anesthesia by traction and manipulation, but open reduction may be needed if closed reduction fails or if there is vascular injury. The reduction is maintained by k-wires.

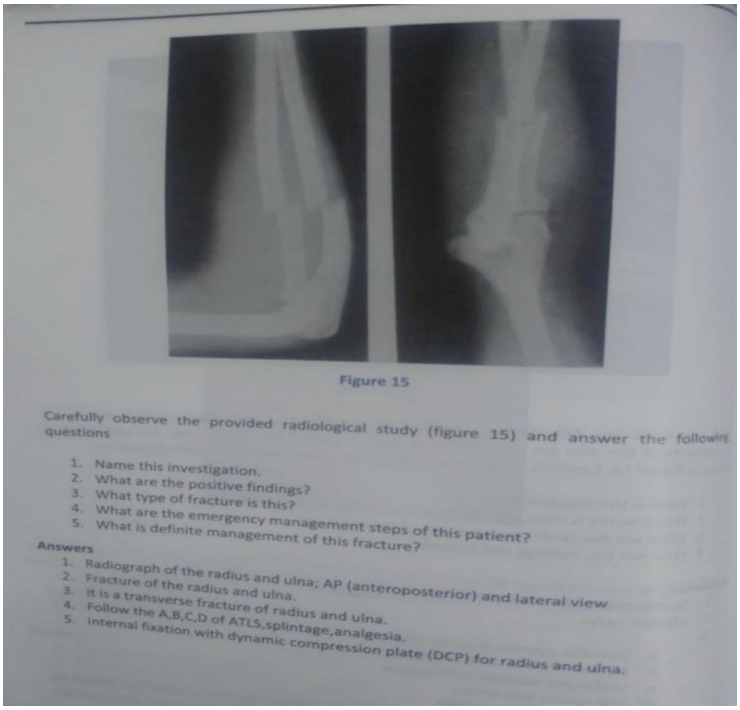


Figure 15

Carefully observe the provided radiological study (figure 15) and answer the following questions

1. Name this investigation.
2. What are the positive findings?
3. What type of fracture is this?
4. What are the emergency management steps of this patient?
5. What is definite management of this fracture?

Answers

1. Radiograph of the radius and ulna; AP (anteroposterior) and lateral view
2. Fracture of the radius and ulna.
3. It is a transverse fracture of radius and ulna.
4. Follow the A,B,C,D of ATLS,splintage,analgesia.
5. Internal fixation with dynamic compression plate (DCP) for radius and ulna.

Figure 16

This is the radiograph of 55 years old woman who has fallen on an outstretched hand in bathroom.On examination she has dinner fork deformity of the hand.Carefully observe this radiograph (figure 16) and answer the questions.

1. What are the findings on this radiograph?
2. What this fracture is called?
3. What do you mean by dinner fork deformity?
4. What are the complications of this fracture?
5. What is the management of this fracture?

Answers:

1. Fracture of the distal end of the radius.
2. **Colles' Fracture:** Colles' fracture is the fracture of radius within 2.5cm of wrist joint and there is dorsal displacement of the distal segment.
3. In this fracture the distal segment of radius is displaced dorsally and radially and wrist looks like a dinner fork (figure 17)
4. .
   - Median nerve injury
   - Malunion
   - Rupture of extensor pollicis longus tendon
   - Sudeck's atrophy
   - Joint stiffness

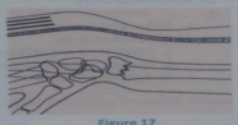


Figure 17

5. Most of the time fracture can be treated by non operative methods. Close reduction is carried out under anesthesia and cast is applied. Operative treatment is rarely needed.