



General Instructions

- (i) This question paper consists of **150 questions**. All questions are **compulsory**.
- (ii) Total duration of exam is **2 hours 30 minutes** (150 minutes).
- (iii) Total marks is **600**.
- (iv) Each correct response carries **4 marks**, while **1 mark** is deducted for every incorrect answer.

1. A 2-year-old child presents with persistent fever for 4 days. Examination shows conjunctival injection and periungual desquamation, but criteria for complete Kawasaki disease are not met. You plan to evaluate for incomplete Kawasaki disease as per AHA guidelines. Which of the following investigations is NOT routinely recommended in this evaluation?

- (A) Serum ferritin
- (B) Serum albumin
- (C) Urine WBC
- (D) Complete blood count

2. A 27-year-old pregnant woman with systemic lupus erythematosus (SLE) is concerned about the risk of congenital heart block in her fetus due to anti-Ro/SSA antibodies. Which of the following medications is not recommended antenatally to prevent cardiac manifestations of neonatal lupus?

- (A) Dexamethasone
- (B) Leflunomide

- (C) HCQ
 - (D) Terbutaline+ Dexamethasone
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3. A 2-week-old infant presents with a photosensitive annular erythematous rash on the face. ECG reveals complete heart block. Which is the most likely diagnosis?

- (A) Congenital CMV infection
 - (B) Neonatal lupus
 - (C) Atopic dermatitis
 - (D) Erythema multiforme
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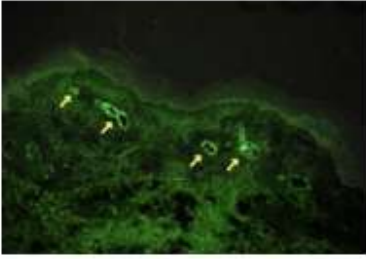
4. A 10-year-old child presents with arthritis involving the wrist and first MCP joint. Examination shows nail pitting. Which of the following is the most likely diagnosis?

- (A) Systemic sclerosis
 - (B) Psoriatic arthritis
 - (C) Systemic lupus erythematosus
 - (D) Mixed connective tissue disease
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5. A 14-year-old girl with SLE presents with edema and nephrotic-range proteinuria. Renal biopsy shows diffuse thickening of the glomerular basement membrane without proliferative lesions. This corresponds to which class of lupus nephritis?

- (A) Class I
 - (B) Class II
 - (C) Class III
 - (D) Class V
-

6. A 6-year-old boy presents with abdominal pain, palpable purpura over the lower limbs, and arthralgia. Urinalysis shows microscopic hematuria. The clinical picture is consistent with which diagnosis?



- (A) Hemolytic uremic syndrome
- (B) Henoch-Schönlein purpura
- (C) Dengue fever
- (D) Inflammatory bowel disease

7. In pediatric patients receiving cyclophosphamide for autoimmune disease, a significant risk of permanent azoospermia is associated with a cumulative dose above:

- (A) 100 mg/kg
- (B) 250 mg/kg
- (C) 500 mg/kg
- (D) 1000 mg/kg

8. A 3-year-old boy presents with low-grade fever, painful oral ulcers, and vesicular rash on palms and soles. Several children in his daycare have a similar illness. Which of the following organisms is the most likely cause?

- (A) Herpes simplex virus
- (B) Coxsackievirus
- (C) Varicella-zoster virus
- (D) Streptococcus pyogenes

9. A neutropenic child with acute myeloid leukemia presents with fever and cough. CT chest shows a halo sign, and serum galactomannan is positive. Which antifungal is the drug of choice?

- (A) Fluconazole
 - (B) Voriconazole
 - (C) Caspofungin
 - (D) Itraconazole
-

10. A 16-year-old boy develops sore throat followed by high fever and rigors. After a week, he presents with septicemia and neck pain. Imaging reveals thrombosis of the internal jugular vein. This clinical scenario is most consistent with:

- (A) Thrombosis of IJV following oropharyngeal infection
 - (B) Acute inflammation of submandibular space causing airway obstruction
 - (C) Thrombosis of cerebral venous sinuses due to meningitis
 - (D) Bacterial endocarditis following pharyngitis
-

11. A 10-year-old boy presents with focal seizures. MRI brain shows multiple small ring-enhancing lesions suggestive of neurocysticercosis. What is the appropriate management?

- (A) Albendazole + Antiepileptics + Steroids ± Praziquantel
 - (B) Praziquantel alone
 - (C) Carbamazepine alone
 - (D) IV antibiotics
-

12. A 5-day-old newborn presents with mild conjunctivitis and cough. The baby subsequently develops interstitial pneumonia. Gram stain of conjunctival discharge shows no organisms. What is the most likely etiological agent?

- (A) *Neisseria gonorrhoeae*
 - (B) *Streptococcus pneumoniae*
 - (C) *Chlamydia trachomatis*
 - (D) *Staphylococcus aureus*
-

13. A 7-year-old boy presents with right lower quadrant abdominal pain and fever, mimicking acute appendicitis. Stool culture grows the likely organism. Which infection best explains this clinical scenario?

- (A) *Yersinia enterocolitica*
 - (B) *Campylobacter jejuni*
 - (C) *Salmonella typhi*
 - (D) *Entamoeba histolytica*
-

14. A 6-year-old child with culture-proven *Salmonella* septicemia presents in cardiogenic shock. Ceftriaxone therapy has already been initiated. What is the next best step in management?

- (A) Add dexamethasone
 - (B) Add azithromycin
 - (C) Switch to ampicillin-sulbactam
 - (D) No additional therapy required
-

15. A 5-year-old boy is diagnosed with *Plasmodium vivax* malaria and presents with danger signs (drowsiness, persistent vomiting). What is the most appropriate initial treatment?

- (A) IV Artesunate
- (B) IV Chloroquine
- (C) Oral ACT
- (D) Oral Chloroquine

16. In a case of extra-thoracic airway obstruction, where does the airway collapse occur and during which phase of respiration?

- (A) Collapse occurs above the level of obstruction during Inspiration
- (B) Collapse occurs above the level of obstruction during expiration
- (C) Collapse occurs below the level of obstruction during Inspiration
- (D) Collapse occurs below the level of obstruction during expiration

17. A 3-year-old child accidentally swallowed a coin. X-ray shows the coin is now in the stomach, and the child is asymptomatic. What is the correct next step?

- (A) Observe and wait for the coin to pass through the stool
- (B) Remove immediately via endoscopy
- (C) Urgent surgical removal
- (D) Start laxatives

18. What is the first line management of raised ICP in children?

- (A) Hypertonic saline or Mannitol
- (B) Head elevation to 30 degrees and airway stabilisation
- (C) Emergency decompressive craniectomy
- (D) Hyperventilation to PaCO₂ <30 mmHg

19. A child was involved in an RTA. Below the CT image is given., What is the diagnosis?

- (A) EDH
- (B) SDH
- (C) Parenchymal Haemorrhage.

(D) Hematoma

20. A child presents with tachypnea, vomiting, and altered sensorium after accidentally ingesting a drug used by his father. Labs show respiratory alkalosis and hyperglycemia. Which of the following is most likely the ingested drug?

(A) Methylxanthine

(B) TCA

(C) Iron

(D) Aspirin

21. Venturi mask delivers oxygen and flow?

(A) 50-70%, flow 10-15 L/min

(B) 21-40% FiO₂, flow 2-4 L/min

(C) 24-50% FIO₂, flow is 2-15 L/min

(D) 60-90% FiO₂, flow is 15-20 L/min

22. Capillary Wedge pressure is decreased in what type of shock?

(A) Cardiogenic

(B) Early Septic

(C) Late Septic

(D) Obstructive

23. A child was operated on for a Posterior urethral Valve abnormality. What will be the electrolyte abnormality?

- (A) Hyperkalemia
 - (B) Hypokalemia
 - (C) Hyponatremia
 - (D) Hypernatremia
-

24. Which of the following statements about PDA is not true?

- (A) PDA is located proximal to the left subclavian artery
 - (B) PDA connects the Pulmonary Artery to the descending aorta
 - (C) Small PDA's are often asymptomatic
 - (D) Continuous murmur is a typical auscultatory finding.
-

25. Which is the correct statement regarding fetal circulation?

- (A) Umbilical venous blood completely bypasses the liver
 - (B) Blood from the IVC flows from the RA to the LA via the Foramen Ovale
 - (C) Umbilical vein saturation 30-35%
 - (D) SVC blood drains into the left atrium
-

26. Which of the following is true about VSD?

- (A) Large VSDs produce louder murmurs than small VSDs
 - (B) Small VSDs are associated with LVH
 - (C) Large VSDs often lead to LVH and Heart failure
 - (D) Small VSDs always require surgical closure.
-

27. Which of the following is a known complication of subpulmonic VSD

- (A) RV outflow tract obstruction
 - (B) LV outflow tract obstruction
 - (C) Aortic Regurgitation
 - (D) Pulmonary Hypertension is the earliest finding
-

28. A 2-year-old child with cyanotic congenital heart disease presents with sudden onset of deep cyanosis and irritability while crying. On evaluation, the child is diagnosed with a hypercyanotic spell. Regarding management and timing of surgery in Tetralogy of Fallot, which of the following is most accurate?

- (A) Hypercyanotic spells are treated only surgically
 - (B) Children with TOF have a low risk of thrombosis due to cyanosis
 - (C) Corrective surgery is done typically around 10 years of age
 - (D) Hypercyanotic spells may need surgical indication.
-

29. A 2-day-old neonate presents with pallor and cyanosis. Chest X-ray shows decreased pulmonary blood flow, and ECG reveals left axis deviation. Which is the most likely diagnosis?

- (A) Tetralogy of Fallot
 - (B) Tricuspid Atresia
 - (C) Transposition of Great Arteries (TGA)
 - (D) Truncus Arteriosus
-

30. A 10-year-old boy presents with exertional dyspnea and cyanosed lips. On examination, the precordium is silent, a systolic click is heard, but no cardiac murmur is present. Which is the most likely diagnosis?

- (A) Tetralogy of Fallot
- (B) Eisenmenger syndrome
- (C) Idiopathic pulmonary hypertension

(D) Ebstein anomaly

31. A 14-year-old adolescent is noted to have a mid-systolic click on cardiac auscultation. Regarding mitral valve prolapse in children, which of the following is true?

- (A) It increases in prevalence with age
 - (B) It is commonly due to septal leaflet elongation
 - (C) It always causes significant MR
 - (D) It is more common in hypertensive children
-

32. An infant presents with tachypnea, diaphoresis during feeds, and poor weight gain. ECG reveals deep Q waves in leads I and aVL with ST depression in lateral leads. Echocardiography shows dilated LV with reduced ejection fraction. Which is the most likely diagnosis?

- (A) Dilated Cardiomyopathy
 - (B) Anomalous origin of left coronary artery from pulmonary artery
 - (C) TOF
 - (D) Myocarditis
-

33. Which of the following statements regarding aortic stenosis in children is correct?

- (A) Subvalvular type is more common
 - (B) Can be associated with co-arcuation of aorta
 - (C) S2 split is notable and non paradoxical
 - (D) Bicuspid aortic valve is rare and not familial
-

34. A 15-year-old adolescent presents with exertional syncope. Echocardiogram shows asymmetric septal hypertrophy with LVOT obstruction. Which of the following is the treatment of

choice?

- (A) Beta blockers
 - (B) Nitroprusside
 - (C) Diuretics
 - (D) Digoxin
-

35. A 7-year-old boy presents with palpitations, hypotension, and altered mental status. ECG confirms supraventricular tachycardia (SVT). What is the next best step?

- (A) Synchronised cardioversion
 - (B) Beta blockers
 - (C) Amiodarone
 - (D) Adenosine
-

36. During embryonic development of the heart, looping occurs to align cardiac chambers. Which of the following is true?

- (A) Looping occurs on left side
 - (B) During looping LV aligns with truncus arteriosus
 - (C) Asymmetric signalling regulated the direction of looping
 - (D) Cardiac looping starts at 5th week of gestation
-

37. Which best describes the embryological basis of the foramen ovale?

- (A) It forms the upward growth of septum primum and downward growth of septum secundum
- (B) It develops as a persistent space within septum primum
- (C) It forms as a passage between the overlapping margins of the septum primum and secundum
- (D) It results from incomplete fusion of endocardial cushions

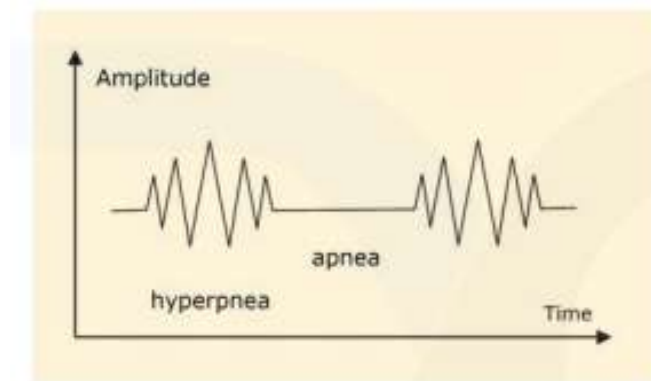
38. A newborn presents with stridor and severe respiratory distress. Imaging reveals compression of trachea and right main bronchus by vascular structures. Which anomaly is most likely?

- (A) Right sided aortic arch
- (B) Double aortic arch
- (C) Anomalous left pulmonary artery
- (D) PDA

39. Nasal nitric oxide measurement is primarily used as a screening test for which of the following?

- (A) Bronchial Asthma
- (B) Primary ciliary dyskinesia
- (C) Chronic Sinusitis
- (D) Cystic Fibrosis

40. Following respiratory breathing pattern is seen in which lesion?



- (A) Midbrain
- (B) Pons
- (C) Medulla
- (D) Cortex

41. A 5 year old boy with a history of congenital heart disease post Fontan procedure presents with worsening cough, dyspnoea, hypoxia. Suspecting airway obstruction, a bronchoscopy is performed. Which of the following findings is most characteristic of plastic bronchitis?

- (A) Caseous necrotic material obstructing the bronchus
- (B) Thick, yellow green mucus plugging the segmental bronchi
- (C) Large, rubbery, branching cast conforming to bronchial architecture
- (D) Inflamed mucosa with bleeding and ulceration of bronchial wall

42. A 3-month-old infant, born at 30 weeks gestation, is brought for developmental follow-up. On assessment, the infant shows absence of fidgety movements and cramped-synchronized general movements. According to the Prechtl General Movements Assessment, what does this finding most strongly predict?

- (A) Autism spectrum disorder
- (B) Severe visual impairment
- (C) Development of cerebral palsy
- (D) Attention deficit hyperactivity disorder (ADHD)

43. A child treated for meningitis develops right hypochondrial abdominal pain and jaundice. Which drug is the most likely cause?

- (A) Vancomycin
- (B) Amikacin
- (C) Ceftriaxone
- (D) Meropenem

44. A 10-year-old girl presents with fever and altered sensorium. MRI shows large, fluffy hyperintensities in the white matter and cerebellum on T2-weighted images. What is the most

probable diagnosis?

- (A) Autoimmune encephalitis
 - (B) Acute disseminated encephalomyelitis (ADEM)
 - (C) Multiple sclerosis (MS)
 - (D) Tuberculoma
-

45. A 2-year-old child presents with status epilepticus and a history of 4–5 prior seizure episodes, both focal and myoclonic. EEG shows 1–2 Hz spike-wave complexes. What is the most probable diagnosis?

- (A) Lennox-Gastaut syndrome
 - (B) Subacute sclerosing panencephalitis (SSPE)
 - (C) West syndrome
 - (D) Rolandic epilepsy
-

46. Which is the most common site of intussusception?

- (A) Ileocecal
 - (B) Ileoileal
 - (C) Ileocolic
 - (D) Colicocolic
-

47. A 6-month-old child presents with severe abdominal pain. Stool examination shows a red “currant jelly” appearance. Which is the best modality to diagnose this condition?

- (A) Per rectal examination
 - (B) Ultrasound abdomen
 - (C) MRI
 - (D) Abdominal radiograph
-

48. A child has been on treatment for acute lymphoblastic leukaemia (ALL) for 5 months. When should the MMR vaccine be administered?

- (A) MMR is contraindicated
- (B) Give after completion of therapy
- (C) Anytime
- (D) Give during maintenance therapy if the lymphocyte count is normal

49. A preterm infant, born at 32 weeks of gestation with a birth weight of 1.9 kg, requires which vaccines?

- (A) Hepatitis B, BCG, OPV
- (B) BCG, OPV
- (C) OPV only
- (D) Hepatitis B, BCG

50. An infant presents with intractable vomiting and elevated blood ammonia. Fundus examination shows which of the following findings?

- (A) Cherry red spot
- (B) Angioma
- (C) Waxy pallor
- (D) Foveal dot

51. Which FDA-approved drug for spinal muscular atrophy (SMA) is administered intrathecally?

- (A) Rilutinib
- (B) Nusinersen

- (C) Ivacaftor
 - (D) Ditunimumab
-

52. An infant is noted to have midline cutaneous lesions suggestive of spinal dysraphism. In which of the following lesions is imaging not indicated?

- (A) Lipoma
 - (B) Tuft of hair
 - (C) Coccygeal pit
 - (D) Aplasia cutis
-

53. A child presents with cholestasis and lymphedema of the feet. What is the most likely diagnosis?

- (A) Agenesis syndrome
 - (B) Biliary atresia
 - (C) Choledochal cyst
 - (D) Viral hepatitis
-

54. An infant has cholestasis. What is the recommended vitamin K dose in this case?

- (A) Daily 2.5–5 mg
 - (B) Alternate days 2.5–5 mg
 - (C) Weekly
 - (D) Stat dose
-

55. A newborn weighing 850 g requires the birth dose of menadione. What is the correct dose?

- (A) 0.3 mg
 - (B) 0.5 mg
 - (C) 1 mg
 - (D) 2 mg
-

56. A neonate presents with respiratory distress at birth, and a congenital diaphragmatic hernia (CDH) is suspected. What is the initial management?

- (A) Bag-mask ventilation (BMV)
 - (B) Continuous positive pressure (CPH)
 - (C) Intubation
 - (D) Tracheostomy then BMV
-

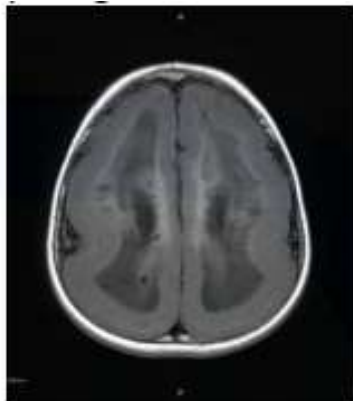
57. Which gene is associated with congenital nephrotic syndrome?

- (A) NPHS2
 - (B) P53
 - (C) RET
 - (D) NOTCH
-

58. A 7-year-old boy presents with cola-colored urine and facial puffiness 2 weeks after an episode of sore throat. He has hypertension and periorbital edema. Which of the following statements regarding his condition is incorrect?

- (A) ASO titer rises in 70% of cases
 - (B) Subepithelial humps are seen on electron microscopy
 - (C) C3 levels are elevated
 - (D) Management is mainly symptomatic
-

59. MRI brain of a 6-year-old boy with refractory seizures shows cortical thickening with a “blurred” gray-white matter junction. Which of the following best describes the underlying pathogenesis?



- (A) Neuronal migration disorder
 - (B) Acquired cortical maldevelopment
 - (C) Differentiating disorder
 - (D) Infectious transformation
-

60. A child is able to recite short rhymes, copy a square, dress and undress without help, and participates in group play. What is the most likely developmental age of this child?

- (A) 3 years
 - (B) 4 years
 - (C) 5 years
 - (D) 6 years
-

61. A 5-year-old child presents with acute gastroenteritis. Antibiotics should be used with caution in which infection as it may worsen hemolytic uremic syndrome (HUS)?

- (A) *Shigella flexneri*
- (B) *Salmonella typhi*
- (C) *Escherichia coli* O157:H7
- (D) *Campylobacter jejuni*

62. A 15-year-old boy presents with progressive abdominal distension and weight loss. Imaging reveals a cystic lesion in the liver, and following sudden severe abdominal pain, free peritoneal fluid is noted. Which is the most likely diagnosis?

- (A) Hepatoblastoma
- (B) Hepatocellular carcinoma
- (C) Hydatid cyst
- (D) Liver cirrhosis

63. A 10-day-old neonate presents with jaundice, poor feeding, fever, and hepatomegaly. Urine shows pyuria and culture is pending. Which of the following is the most common causative organism of UTI in this child?

- (A) *Klebsiella pneumoniae*
- (B) *Escherichia coli*
- (C) *Enterococcus faecalis*
- (D) *Proteus mirabilis*

64. A newborn presents with recurrent tonic seizures, generalized stiffness, and exaggerated response to light (photosensitivity). EEG is normal. There is no improvement with standard anticonvulsants. What is the most likely diagnosis?

- (A) Pyridoxine-dependent epilepsy
- (B) Hyperekplexia
- (C) Early infantile epileptic encephalopathy
- (D) Benign neonatal seizures

65. A 10-year-old boy presents with recurrent episodes of muscle cramps and fatigue. Investigations reveal hypokalemia, hypomagnesemia, metabolic alkalosis, and low urinary calcium excretion. Blood pressure is normal. What is the most likely diagnosis?

- (A) Bartter syndrome
 - (B) Gitelman syndrome
 - (C) Liddle syndrome
 - (D) Renal tubular acidosis (RTA)
-

66. A 1.4 kg preterm infant presents with anemia and marked reticulocytosis at 6 weeks of life. Which nutrient deficiency is the most likely cause?

- (A) Iron
 - (B) Copper
 - (C) Zinc
 - (D) Vitamin B12
-

67. A 6-year-old child presents with progressive ataxia, loss of deep tendon reflexes, and peripheral neuropathy. Vitamin B12 deficiency has been excluded, and MRI spine is normal. Which vitamin deficiency is most likely responsible?

- (A) Vitamin A
 - (B) Vitamin B1
 - (C) Vitamin E
 - (D) Vitamin D
-

68. Which of the following best describes the serologic profile of a patient in the immunotolerant phase of chronic hepatitis B infection?

- (A) HBsAg (+), HBeAg (+), HBV DNA high, ALT normal

- (B) HBsAg (+), anti-HBe (+), HBV DNA low, ALT elevated
 - (C) HBsAg (+), HBeAg (-), anti-HBe (+), HBV DNA undetectable
 - (D) HBsAg (-), anti-HBs (+), HBV DNA low, ALT normal
-

69. A 7-year-old boy presents with periorbital puffiness, cola-colored urine, and elevated blood pressure. He develops altered sensorium and seizures. What is the most likely cause of his encephalopathy?

- (A) Hypertensive encephalopathy
 - (B) Uremic encephalopathy
 - (C) Hypoglycemia
 - (D) Hypernatremia
-

70. A 10-year-old child with chronic kidney disease develops persistent hyperkalemia despite dietary potassium restriction. Which of the following is the most likely mechanism?

- (A) Hyporeninemic hypoaldosteronism
 - (B) Volume overload and hypertension
 - (C) Fibroblast Growth Factor 23 (FGF-23)
 - (D) Metabolic acidosis
-

71. A child with distal renal tubular acidosis (Type I RTA) is being evaluated. Which of the following laboratory findings would be expected?

- (A) Urine pH < 5.5
 - (B) Negative urinary anion gap
 - (C) Hyperkalemia
 - (D) Positive urinary anion gap
-

72. The Ballard scoring system for estimating gestational age in newborns can be started from which gestational age?

- (A) 16 weeks
 - (B) 20 weeks
 - (C) 24 weeks
 - (D) 28 weeks
-

73. A 4-year-old child presents with pallor, decreased urine output, and a history of bloody diarrhoea 5 days ago. Labs show anaemia, thrombocytopenia, and elevated creatinine. Which of the following is most likely seen on a peripheral blood smear?

- (A) Spherocytes
 - (B) Schistocytes
 - (C) Heinz bodies
 - (D) Target cells
-

74. A 5-month-old infant presents with prolonged jaundice. Liver function tests show conjugated hyperbilirubinemia. Liver biopsy reveals dark melanin-like pigment in hepatocytes, especially in the centrilobular region. What is the most likely diagnosis?

- (A) Gilbert syndrome
 - (B) Dubin-Johnson syndrome
 - (C) Rotor syndrome
 - (D) Biliary atresia
-

75. What is the most common site of metastasis in a child with neuroblastoma?

- (A) Brain
- (B) Lungs

- (C) Bone marrow
 - (D) Liver
-

76. At which glomerular filtration rate (GFR) is dialysis typically indicated?

- (A) $<90 \text{ ml/min/1.73 m}^2$
 - (B) $<60 \text{ ml/min/1.73 m}^2$
 - (C) $<30 \text{ ml/min/1.73 m}^2$
 - (D) $<15 \text{ ml/min/1.73 m}^2$
-

77. On day 20 post-hematopoietic stem cell transplant (HSCT), a child develops jaundice, breathlessness, and difficulty walking. What is the most likely diagnosis?

- (A) Late post-engraftment syndrome
 - (B) Sinusoidal obstruction syndrome (SOS)/Veno-occlusive disease
 - (C) Budd-Chiari syndrome
 - (D) Acute GVHD
-

78. A full-term newborn, delivered via elective C-section, develops tachypnea within 2 hours of birth. There is no significant retraction or grunting. Oxygen support is started. After 24 hours, the infant is well, off oxygen, and feeding normally. Which chest X-ray finding is most likely in this condition?

- (A) Ground-glass opacities with air bronchograms
 - (B) Patchy infiltrates and hyperinflated lungs
 - (C) Prominent vascular markings and fluid in interlobar fissures
 - (D) Normal lung fields with elevated diaphragm
-

79. Which of the following is considered a surrogate marker of vasopressin (ADH) in clinical practice?

- (A) Cortisol
 - (B) Aldosterone
 - (C) Copeptin
 - (D) Renin
-

80. An infant presents with recurrent hypoglycemia, micropenis, and prolonged neonatal jaundice. What is the most likely diagnosis?

- (A) Congenital adrenal hyperplasia (CAH)
 - (B) Congenital hypopituitarism
 - (C) Neonatal hepatitis
 - (D) Galactosemia
-

81. A child with a history of delayed cry at birth presents with spasticity and weakness of the lower limbs, but can use his hands to feed himself. What is the most likely site of lesion?

- (A) Cerebral cortex – periventricular leukomalacia
 - (B) Brachial plexus
 - (C) Spinal cord – cervical region
 - (D) Basal ganglia
-

82. Which of the following is not a typical clinical feature of Idiopathic Intracranial Hypertension (IIH)?

- (A) Headache
- (B) Diplopia
- (C) Papilledema

(D) Focal motor deficit

83. Portal hypertension in children is defined as when the hepatic venous pressure gradient (HVPG) exceeds:

- (A) 5–6 mmHg
 - (B) 10–12 mmHg
 - (C) 12–14 mmHg
 - (D) 18–20 mmHg
-

84. A 5-year-old child presents with failure to thrive, recurrent flank pain, and gross hematuria. Ultrasound shows nephrocalcinosis. Urine microscopy shows the following. Serum creatinine is elevated. What is the most likely diagnosis?

- (A) Cystinuria
 - (B) Hyperoxaluria
 - (C) Hypercalciuria
 - (D) Renal tubular acidosis
-

85. A 2-week-old neonate undergoes an ECG during evaluation for a murmur. ECG shows a heart rate of 150 bpm, right axis deviation, tall R wave in V1, and inverted T wave in V6. Which of the following best explains these findings?

- (A) ECG is abnormal, suggesting right ventricular hypertrophy
 - (B) Findings are normal for age due to physiological right ventricular dominance
 - (C) The child has tricuspid atresia
 - (D) ECG suggests myocardial ischemia
-

86. Which of the following is used as a specific treatment in certain cases of drug-induced liver failure?

- (A) Zinc
 - (B) L-carnitine
 - (C) Ursodeoxycholic acid
 - (D) Vitamin E
-

87. A 10-year-old boy presents with dysphagia and food impaction. Endoscopy shows esophageal rings and furrows, and biopsy reveals >15 eosinophils per HPF. He was started on PPI for 8 weeks with no improvement. What is the next step?

- (A) Switch to H2 blockers
 - (B) Start topical corticosteroids (e.g., swallowed fluticasone or budesonide)
 - (C) Start systemic corticosteroids
 - (D) Oesophageal dilation
-

88. A 10-year-old boy presents with severe abdominal pain radiating to the back, vomiting, and elevated transaminases. Which investigation will be most specific in confirming acute pancreatitis?

- (A) Serum amylase
 - (B) Serum lipase
 - (C) Abdominal ultrasound
 - (D) CT abdomen
-

89. A 7-year-old child presents with jaundice, altered sensorium, and hepatomegaly. Which investigation is essential to confirm acute liver failure?

- (A) Serum bilirubin

- (B) SGPT (ALT)
 - (C) INR
 - (D) Alkaline phosphatase
-

90. A 2-year-old child presents with watery diarrhea that subsides with fasting. Which of the following is most likely the cause?

- (A) VIPoma
 - (B) Glucose-galactose malabsorption
 - (C) Cholera
 - (D) E. coli enterotoxin
-

91. An 8-year-old child presents with gradual loss of vision, especially at night. Fundoscopy shows bone-spicule pigmentation, narrowed retinal vessels, and optic pallor. What is the likely diagnosis?

- (A) Retinal vessel proliferation
 - (B) Cherry red spot
 - (C) Retinitis pigmentosa
 - (D) Optic neuritis
-

92. A 6-week-old infant with history of neonatal jaundice presents with parental concern of poor response to sound. Initial OAE screening at birth was normal. What is the next best investigation?

- (A) Repeat OAE
- (B) Brainstem Evoked Response Audiometry (BERA/ABR)
- (C) Behavioral observation audiometry
- (D) Impedance audiometry

93. A 2-year-old with bowed legs did not improve after vitamin D supplementation. Investigations reveal: phosphate low, calcium normal, ALP elevated. What is the most likely diagnosis?

- (A) Nutritional rickets
- (B) Hypophosphatemic rickets
- (C) Vitamin D-dependent rickets
- (D) Renal tubular acidosis

94. A 1-week-old septic neonate develops hematuria, thrombocytopenia, and a palpable flank mass. What is the most likely diagnosis?

- (A) Microangiopathic hemolytic anemia
- (B) Bilateral renal vein thrombosis
- (C) Contrast study is the best diagnostic tool
- (D) Posterior urethral valves

95. A 12-year-old boy presents with recurrent epistaxis and prolonged bleeding after tooth extraction. Which subtype of vWD is most severe?

- (A) Type 1 vWD
- (B) Type 2A vWD
- (C) Type 2B vWD
- (D) Type 3 vWD

96. A 2-year-old presents with fever, lethargy, and petechial rash on trunk and extremities. What is the most likely diagnosis?



- (A) Henoch-Schönlein purpura (HSP)
- (B) Meningococemia
- (C) Measles
- (D) Kawasaki disease

97. A 10-year-old with chronic liver disease has INR = 2 but is alert and has no encephalopathy. How should the liver status be classified?

- (A) Compensated
- (B) Decompensated
- (C) Acute liver failure
- (D) Guarded prognosis

98. A 7-year-old on induction chemotherapy for ALL develops seizures. Labs: ↑phosphate, ↑uric acid, ↓calcium. What is the cause and best management?

- (A) Hyperkalemia-induced seizure; give IV calcium gluconate
- (B) Hypocalcemia due to tumor lysis; correct calcium only if symptomatic
- (C) Hyperuricemia-induced CNS toxicity; start dialysis immediately
- (D) Hypophosphatemia due to chemotherapy; give phosphate supplements

99. A 6-month-old presents with developmental delay, coarse facies, protruding tongue, and umbilical hernia. What is the first investigation?

- (A) Karyotyping
- (B) Serum calcium
- (C) TSH and Free T4
- (D) Serum lactate and ammonia

100. Which of the following is NOT a part of the classical triad of necrotizing enterocolitis (NEC)?

- (A) Abdominal distension
- (B) Feeding intolerance
- (C) Hypoglycemia
- (D) Blood in stool

101. A newborn presents with stridor and respiratory distress and dysphagia. Imaging shows compression of the trachea, esophagus and right main bronchus. Which vascular anomaly is most likely responsible?

- (A) Right-sided aortic arch
- (B) Double aortic arch
- (C) Pulmonary sling (anomalous left pulmonary artery)
- (D) Patent ductus arteriosus

102. A 4-year-old child has normal comprehension and cognitive abilities but difficulty planning and coordinating speech movements. Speech is effortful, inconsistent, and the child often

struggles to produce the correct sounds. What is the most likely diagnosis?

- (A) Speech sound disorder
 - (B) Isolated expressive language disorder
 - (C) Childhood apraxia of speech
 - (D) Global developmental delay
-

103. What is the appropriate stepwise approach for diagnosing Mucopolysaccharidosis (MPS)?

- (A) Clinical suspicion → Urinary GAGs → Enzyme assay → Genetic testing
 - (B) Clinical suspicion → Enzyme assay → Urinary GAGs → Genetic testing
 - (C) Clinical suspicion → Genetic testing → Enzyme assay → Urinary GAGs
 - (D) Clinical suspicion → Urinary GAGs → Genetic testing → Enzyme assay
-

104. A child with suspected mitochondrial disease presents with lactic acidosis. Laboratory evaluation shows a high lactate-to-pyruvate ratio, suggesting a defect in oxidative phosphorylation. Which of the following components is most likely involved?

- (A) Cytochrome c oxidase
 - (B) Coenzyme Q (ubiquinone)
 - (C) Complex II
 - (D) Pyruvate dehydrogenase
-

105. A neonate presents with jaundice, hepatomegaly, vomiting, and signs of sepsis. Classic galactosemia is diagnosed. Which of the following organisms is most commonly associated with sepsis in this condition?

- (A) *Klebsiella pneumoniae*
- (B) *Staphylococcus aureus*
- (C) *Escherichia coli*

(D) *Listeria monocytogenes*

106. A 16-year-old girl presents with subacute onset behavioral changes, confusion, and visual blurring in one eye. On examination, she has optic neuritis and altered sensorium. MRI shows hyperintensities in the temporal lobes and optic nerve involvement. Autoimmune encephalitis is suspected. CSF is normal. What is the next best investigation?

- (A) Repeat CSF analysis
 - (B) Serum anti-MOG and anti-AQP4 antibodies
 - (C) Anti-NMDAR antibody in CSF
 - (D) Visual evoked potentials
-

107. A 4-month-old infant with known Down syndrome presents with hypotonia, upslanting palpebral fissures, umbilical hernia, and poor visual tracking. On examination, there is evidence of visual inattention. What is the next best investigation?

- (A) Visual Evoked Potential (VEP)
 - (B) Brain MRI
 - (C) Fundus examination
 - (D) TORCH screening
-

108. In a child with Klinefelter syndrome, which of the following is NOT a characteristic feature?

- (A) Increased height
 - (B) Macrotestis
 - (C) Gynaecomastia
 - (D) Decreased fertility
-

109. For the diagnosis of attention deficit hyperactivity disorder (ADHD), symptoms should start before which age?

- (A) 10 years
 - (B) 12 years
 - (C) 16 years
 - (D) 18 years
-

110. A child cannot sit still, is constantly moving, and shows very restrictive and stereotypical play. What is the most likely diagnosis?

- (A) ADHD
 - (B) Autism
 - (C) Temper tantrums
 - (D) Adjustment disorder
-

111. A child presents with learning difficulties and is suspected to have an intellectual disability. What is the next best investigation to determine the underlying genetic cause?

- (A) FISH
 - (B) Karyotyping
 - (C) Microarray
 - (D) PCR
-

112. An infant presents with hemihypertrophy, an umbilical hernia, and has an increased risk of developing Wilms tumor. What is the most likely diagnosis?

- (A) Beckwith-Wiedemann syndrome
- (B) Denys-Drash syndrome
- (C) Perlman syndrome

(D) Hypothyroidism

113. A patient with Burkitt lymphoma develops tumor lysis syndrome with uric acid > 12 mg/dL and serum creatinine 3.5 mg/dL. What is the most appropriate next management step?

- (A) Allopurinol + hydration
 - (B) Rasburicase + hydration
 - (C) Fluid restriction
 - (D) Hemodialysis
-

114. Which is the most common brain tumor in children?

- (A) Choroid plexus papilloma
 - (B) Pilocytic astrocytoma
 - (C) Medulloblastoma
 - (D) Teratoma
-

115. Ig A nephropathy seen in which intestinal infection?

- (A) Shigella
 - (B) E. Coli
 - (C) Pseudomonas
 - (D) Enterococci
-

116. The quadruple test doesn't include which of the following?

- (A) AFP
- (B) Beta hCG

- (C) Inhibin
 - (D) Unconjugated estradiol
-

117. What is true about leukemia and Down syndrome?

- (A) AML in Down syndrome has a better prognosis than AML in the general population, and the most common tumor in < 3 years of age is ALL.
 - (B) ALL in Down syndrome has a better prognosis than ALL in the general population, and the most common tumor in < 3 years of age is AML.
 - (C) AML in Down syndrome has a worse prognosis than AML in the general population, and the most common tumor in < 3 years of age is ALL.
 - (D) ALL in Down syndrome has a worse prognosis than ALL in the general population, and the most common tumor in < 3 years of age is AML.
-

118. Tumor lysis syndrome is seen most commonly in which condition?

- (A) Hodgkin lymphoma
 - (B) ALL
 - (C) CML
 - (D) Wilms tumor
-

119. A newborn presents with an intracranial hemorrhage without ventricular dilation. What is the likely grade of IVH?

- (A) Grade one
 - (B) Grade two
 - (C) Grade three
 - (D) Grade four
-

120. In Kasabach-Merritt syndrome, which of the following is not seen?

- (A) Microangiopathic anemia
 - (B) Thrombocytopenia
 - (C) Hypofibrinogenemia
 - (D) Hyperfibrinogenemia
-

121. AFP is increased in which tumor?

- (A) Hepatoblastoma
 - (B) Wilms tumor
 - (C) Retinoblastoma
 - (D) Neuroblastoma
-

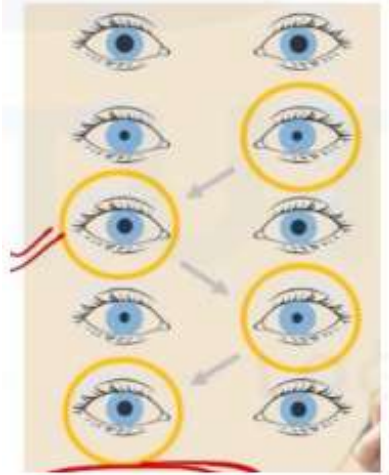
122. An infant presents to the emergency department with respiratory distress and a heart rate of 240/min. On examination, the patient is in shock. ECG shows a narrow-complex tachycardia. What is the next step in management?

- (A) Adenosine
 - (B) Defibrillation
 - (C) Cardioversion
 - (D) Lignocaine
-

123. The adrenaline dose (1:10000 dilution) recommended in the Neonatal Resuscitation Program (NRP) is:

- (A) 0.2 mL/kg
 - (B) 0.3 mL/kg
 - (C) 0.4 mL/kg
 - (D) 0.5 mL/kg
-

124. Based on the following eye examination image, what is the most likely finding?



- (A) RAPD
- (B) Adie's tonic pupil
- (C) 3rd cranial nerve Palsy
- (D) Optic nerve damage