

Exam 1

Questions

Q 1. Typical febrile convulsions

- A. Occur between 3 months and 5 years
- B. Are seen in 10% of children
- C. Have a genetic predisposition
- D. May be focal
- E. Should always be managed with rectal diazepam

Q 2. The following are true of cerebral palsy

- A. It can be difficult to diagnose during the first year of life
- B. It is commonly associated with faltering growth
- C. A low 5-minute Apgar score correlates well with development of cerebral palsy
- D. Seizures are most commonly seen in association with ataxic cerebral palsy
- E. Mental retardation is most commonly associated with dyskinetic cerebral palsy

Q 3. Regarding headaches

- A. Recurrent tension headaches are experienced by around 1 in 10 children
- B. Recurrent headaches are a common symptom of non-organic illness in children
- C. They are more commonly seen in adolescents than in preschool children
- D. They are more frequent in boys
- E. They may be secondary to sinusitis

Q 4. Typical absence seizures

- A. Are usually associated with developmental delay
- B. Last no longer than 1 minute
- C. Usually begin in school age children

- D. Can be induced by hyperventilation
- E. Usually continue in adult life

Q 5. A normal 6-month-old infant can

- A. Transfer objects from one hand to the other
- B. Release objects
- C. Eat finger foods
- D. Wave bye-bye
- E. Sit well unaided

Q 6. A normally developing 1-year-old

- A. Has a pincer grasp
- B. Can pull to stand
- C. May bottom-shuffle
- D. Can do circular scribbles
- E. Can feed with a spoon

Q 7. By 3 years of age, a normally developing child would be expected to

- A. Kick
- B. Jump
- C. Stand on one leg
- D. Hop
- E. Ride a bicycle

Q 8. The following skills are correctly age-matched in a normally developing child

- A. Hop on one leg by 3 years
- B. Build a bridge with 3 cubes by 2 years
- C. Say 2-word sentences by 18 months
- D. Say Daddy non-specifically by 9 months
- E. Name colours by 2 years

Q 9. The following primitive reflexes are present at 4 months

- A. The palmar grasp
- B. The plantar grasp
- C. The Moro reflex
- D. The asymmetric tonic neck reflex
- E. The stepping reflex

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Excerpt

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Q 10. The following are true

- A. Cerebral palsy is associated with motor delay
- B. Autism is associated with a communication delay
- C. A lack of stimulation can result in global delay
- D. A child with an IQ of 20–50 has moderate learning disability
- E. Cleft palate if untreated can cause a communication delay

Q 11. The following are prenatal screening tests

- A. Chorionic villous sampling
- B. Nuchal ultrasound scan
- C. Amniocentesis
- D. Fetal anomaly ultrasound scan
- E. Percutaneous umbilical blood sampling

Q 12. The following conditions are diagnosable by fetal ultrasound at 20 weeks

- A. Gastroschisis
- B. Encephalocele
- C. Cleft lip
- D. Diaphragmatic hernia
- E. Polycystic kidneys

Q 13. Down's syndrome babies

- A. Have hypertonia at birth
- B. Have hyperflexible joints
- C. Have overlapping of the fifth finger over the fourth
- D. Have a short tongue
- E. Have small ears

Q 14. Turner syndrome infants

- A. Have the karyotype 46,XO
- B. May have congenital lymphoedema
- C. Have a micropenis
- D. Have microphthalmia
- E. Have widely spaced nipples

Q 15. Regarding squints

- A. The cover test is used to detect an alternating squint
- B. Any squint present after 3 months of age should be referred to an ophthalmologist
- C. Intermittent divergent squints can become constant with tiredness
- D. A long-sighted child will have an accommodative convergent squint
- E. Visual acuity must be assessed as part of squint assessment

Q 16. The following features would make one concerned that periorbital cellulitis had progressed to orbital cellulitis

- A. Impaired colour vision
- B. Proptosis
- C. Fever
- D. Normal acuity
- E. Deafness

Q 17. Astigmatism

- A. Can cause headaches
- B. Can be corrected with glasses
- C. Is a cause of amblyopia
- D. Usually requires corrective surgery
- E. Can manifest with the child holding books very close

Q 18. A child who has had a splenectomy

- A. Will have a low platelet count
- B. Is susceptible to infection with pneumococcus
- C. Should have prophylactic penicillin for the first 2 months
- D. Should have vaccination against diphtheria prior to splenectomy
- E. Should have vaccination against meningococcus prior to splenectomy

Q 19. Iron deficiency anaemia

- A. Is uncommon in infants
- B. Is more likely to occur in premature infants
- C. Is less common in formula-fed infants

- D. Is associated with increased behavioural problems in toddlers
- E. Is most commonly due to coeliac disease

Q 20. The commonest cause(s) of erythema multiforme in children is/are

- A. Post-infection
- B. Herpes simplex virus
- C. Drugs
- D. *Streptococcus* infection
- E. Urticaria

Q 21. Port-wine stains

- A. Are not usually apparent at birth
- B. Are usually palpable
- C. Are seen in about 5% of infants
- D. May obscure vision if they involve the eyelid
- E. Should be treated with the pulsed dye laser

Q 22. Regarding scabies infection in infants

- A. It causes an asymptomatic papulo-vesicular rash
- B. The rash typically affects the sides of the feet
- C. The rash does not involve the scalp
- D. The rash resolves within 1 week of treatment
- E. Close contacts should be treated only if symptomatic

Q 23. Occult spinal dysraphism may present with the following midline lumbar skin features

- A. Skin tags
- B. Hypopigmentation
- C. Lipoma
- D. Port-wine stain
- E. Hypertrichosis

Q 24. Phenylketonuria

- A. Is a mucopolysaccharidosis
- B. Causes cardiomyopathy

- C. Causes developmental delay
- D. Results from a deficiency in the enzyme to metabolize phenylalanine
- E. Presents with an infant who is normal at birth

Q 25. In an infant with gastro-oesophageal reflux

- A. Sudden infant death syndrome is a recognized sequela
- B. Due to cow's milk sensitivity, the milk of choice is soya-based
- C. An examination of a bag urine or MSU is not necessary
- D. There is a 90–95% chance of complete resolution by 2 years of age
- E. A reflux index (time below pH of 4) of 5% is considered to lie within the normal range

Q 26. The following can cause cirrhosis in childhood

- A. Post stem cell transplant veno-occlusive disease
- B. α -1-antitrypsin disease
- C. Acute viral hepatitis
- D. Autoimmune hepatitis
- E. Biliary atresia with Kasai performed at 80 days of age

Q 27. Breast-fed infants

- A. Have fewer episodes of otitis media than formula-fed infants
- B. Have increased host defence proteins in the gastrointestinal tract
- C. Have a lower incidence of respiratory infections than formula-fed infants
- D. Have lower levels of secretory IgA than formula-fed infants
- E. Have a higher incidence of gastrointestinal illness than formula-fed infants

Q 28. The following are features of an innocent childhood murmur

- A. Changes with altered position of the child
- B. Radiation to the neck
- C. It becomes more pronounced with fever
- D. There is never a diastolic component
- E. The murmur is harsh

Q 29. In cardiac failure in an infant

- A. It may present with chest infections
- B. Hepatomegaly is generally present
- C. The lungs often sound clear on auscultation
- D. Feeding is usually normal
- E. Peripheral oedema is present

Q 30. In an infant with suspected congenital heart disease the most useful initial investigation(s) would be

- A. ECG
- B. Chest X-ray (CXR)
- C. Echocardiogram
- D. Cardiac catheterization
- E. Blood pressure analysis

Q 31. Urinary tract infection

- A. Can present with sepsis in an infant
- B. Is more common in boys than girls
- C. Is associated with urinary tract abnormality in approximately 50% of cases
- D. Is never asymptomatic in children
- E. Is most commonly due to *Streptococcus* infection

Q 32. Nocturnal enuresis

- A. Is seen in 10% of normal 5-year-olds
- B. Is usually of organic cause
- C. Requires neurological examination as routine
- D. May be managed using anticholinergics
- E. Is usually successfully resolved with psychological therapy in children over 5 years

Q 33. Perthes disease

- A. Most commonly presents in adolescent boys
- B. Is usually bilateral
- C. May present with knee pain
- D. Causes unequal leg length
- E. Is not visible on plain X-ray

Q 34. Systemic onset juvenile idiopathic arthritis

- A. Does not involve the joints
- B. May mimic the symptoms of malignancy
- C. Is a cause of hepatosplenomegaly
- D. May cause pleuritis
- E. Affects girls more than boys

Q 35. Kawasaki disease

- A. Is a polyarteritis
- B. Causes coronary artery aneurysms in up to 5% of untreated children
- C. Causes a thrombocytopenia
- D. Is managed with intravenous immunoglobulin if coronary artery aneurysms develop
- E. Requires echocardiography only if there are cardiac signs or symptoms

Q 36. Congenital dislocation of the hip

- A. Is associated with polyhydramnios
- B. Should be screened for in all breech infants
- C. Has an incidence of 1 in 10 000 births
- D. Is more common in boys
- E. May occur secondary to spina bifida

Q 37. The following may cause a painless limp in a child

- A. A short limb
- B. Osteomyelitis
- C. Slipped upper femoral epiphysis
- D. Irritable hip
- E. Perthes disease

Q 38. The following hearing tests are appropriately age-matched

- A. Performance testing – 1 year
- B. Speech discrimination testing – 2–4 years
- C. Distraction testing – 6 months
- D. Pure tone audiometry – birth
- E. Otoacoustic emissions – 9–24 months

- Q 39. Cystic fibrosis is the most likely diagnosis in a child with**
- A. Severe wheeze and failure to thrive
 - B. Nasal polyps
 - C. Recurrent chest infections and malabsorption
 - D. Intussusception
 - E. Right heart failure
- Q 40. Asthma**
- A. Is more common in boys
 - B. Presents by the age of 3 years in 80% of cases
 - C. Usually resolves by early adulthood
 - D. Is associated with exercise-induced wheeze in 50% of cases
 - E. Results in hypercapnoea in a mild attack
- Q 41. The following features in a 2.5-year-old child would indicate the possibility of autism**
- A. Developmental stasis
 - B. Early language development
 - C. Repetitive play
 - D. Echolalia
 - E. Late development of number recognition
- Q 42. The following are features of bulimia**
- A. Fear of becoming obese
 - B. Laxative abuse
 - C. Teeth enamel erosion
 - D. Salivary gland enlargement
 - E. Electrolyte abnormalities
- Q 43. Night terrors in infancy**
- A. Occur during REM sleep
 - B. Are readily recalled on waking
 - C. Tend to occur near to morning
 - D. Are associated with sweating
 - E. Last about half an hour

- Q 44. Amniocentesis can lead to prenatal detection of**
- A. Microcephaly
 - B. Trisomy 18
 - C. Spina bifida cystica
 - D. Congenital infection
 - E. Trisomy 13
- Q 45. The following conditions can cause decreased maternal serum α -fetoprotein**
- A. Multiple pregnancy
 - B. Open spina bifida
 - C. Fetomaternal haemorrhage
 - D. Trisomy 21
 - E. Polycystic kidney disease
- Q 46. The following are true of body temperature in a term newborn**
- A. Shivering is important to maintain body heat
 - B. Sweating is used to regulate temperature
 - C. Brown fat is used to maintain body heat
 - D. Hypothermia may indicate sepsis
 - E. Ambient humidity will decrease evaporative losses
- Q 47. The following are true regarding sudden infant death syndrome**
- A. It is most common during the neonatal period
 - B. Overheating is a risk factor
 - C. It is less common if the infant sleeps in the parents' bedroom
 - D. It is significantly more common in babies whose mothers smoked during pregnancy
 - E. The coroner is legally bound to hold an inquest
- Q 48. The following would be cause for concern in a 24-hour baby check**
- A. A bulging anterior fontanelle
 - B. Erythema toxicum neonatorum
 - C. Cyanosis of the tongue
 - D. A red reflex
 - E. Peeling of the hands