Q.1 A child 10 years of age suffers from thalassemia major and has massive splenomegaly. He requires multiple blood transfusions. The physician has recommended for splenectomy.

a) How will you counsel the attendants?
b) How will you prepare the patient for splenectomy?

Q.2 A 4 year old boy was noticed to have right lumbar swelling by the mother. He was further investigated with U/S abdomen and Doppler U/S by the pediatrician. US abdomen has shown a solid mass about 10x15 cm arising from right kidney. Doppler U/s has shown a tumour thrombus involving the inferior vena cava.

a) What is the most probable diagnosis?
b) What further investigations will you need?
c) Give two line of management strategies with advantages and disadvantages of each.

Q.3 A 12 year old boy was hit by bat on the left side of his head while playing cricket. He briefly appeared dazzled according to his friends but completed the game without any incident. After about an hour or so he appeared confused and collapsed. On examination in the causality he was noted to have a large bruise in the left temporal region of the scalp. His Glasgow coma score (GCS) was 7. He had dilated and poorly reacting left pupil and right hemiparesis. His vital signs appeared within normal limits.

a) How will you investigate the problem?
b) What is the pathogenesis of this lesion?
c) How will you treat this patient?
d) What is the prognosis after treatment?
e) What is the clinical diagnosis?
Q.4 A two years child came in pediatric surgical department with a lump in the upper midline of the neck. It varied in size a little and recently became red, tender and hot.

   a) What is the differential diagnosis of this midline neck lump?  
   b) Name two most important investigations that will confirm the diagnosis.  
   c) Give outline for its treatment.

Q.5 A three month old child was brought in OPD with huge cystic swelling in left axilla. Swelling was compressible but was not reducible. Transillumination test was brilliantly positive.

   a) What will be the most appropriate diagnosis?  
   b) How will you investigate this child?  
   c) What treatment options are available for this anomaly?

Q.6 A 2 year old healthy child presents with right sided empty scrotum since birth. On examination the testis is impalpable.

   a) How will you investigate to localize the testis?  
   b) What are the possible findings on laparoscopy and how will you proceed?

Q.7 A 2 years old female baby diagnosed as a case of Hirschsprung's Disease had a definitive procedure done 2 months back. Child was well since then except scanty passage of stool for last one wk. She presented in ER with explosive diarrhea, (loose motions 10-12 day) and vomiting. On examination she is tachycardiac, febrile and dehydrated, Abdomen is distended but soft.

   a) What is the likely clinical diagnosis?  
   b) What is the possible pathology of this condition?  
   c) What are the immediate steps in the management of this child?  
   d) How will you further evaluate and manage this child?
Q. 8 A female baby is born with a large mass over the sacrococcygeal region displacing anus and vagina anteriorly.
   a) What are the theories as to the origin of this lesion?
   b) How will you clinically assess the extent of this disease?
   c) What other investigations are important in the management and follow up of this patient?
   d) What is the most important step in the surgery of this tumour?

Q. 9 A new born baby was brought with history of excessive crying during micturition, dribbling of urine and poor urinary stream. Ultrasound shows bilateral hydronephrosis and hydroureter with thick walled bladder showing trabeculations and diverticular formation. His blood urea is 200 mg/dl and creatinine is 1.0 mg/dl. How will you further evaluate and manage this baby?
   a) How will you clinically evaluate this child?
   b) How will you investigate this child?
   c) How will you treat this child?

Q. 10 A 3 years old male child brought to you in outpatient department with history of clear discharge from the umbilicus since birth.
   a) What is the most probable diagnosis?
   b) What investigations you will perform in this case?
   c) Give brief account of management.
Q.11 Two year old girl has been referred to you with small swelling in right inguinal region which initially was reducible but for the last three days cannot be reduced and is mildly tender at present. The child is tolerating feeds and has no abdominal distension.

a) What is the likely diagnosis?

b) How shall you treat this patient?

c) What important technical steps you will observe during the procedure?

Q.12 A 4 hours old baby presented with respiratory distress developing immediately after birth. There is no frothing from mouth. On examination child has tachycardia, his respiratory rate is 70 breaths /min. Breath sounds are decreased on left side. His abdomen is scaphoid. His arterial blood gas analysis shows pH = 7.1, PO₂ 60 mmHg, PCO₂ 80 and HCO₃ 28 mmol/l.

a) What is the most likely clinical diagnosis and how you will confirm the diagnosis?

b) How will you stabilize this child?

c) What technical difficulties you can face during surgical management of this child.

d) What specific problems can happen post operatively?

Q.13 Ultrasonography of a pregnant woman at 20 weeks of gestation showed that the fetus had bowel loops within an expanded umbilical cord. Whole body scan of fetus showed no other abnormality, although the mother was warned of the possibility.

a) How will you counsel the parents?

b) What is the abnormality? Why did it occur?

c) Name any 2 syndromes associated with it and Name 3 associated anomalies?

1. d) Name six important steps in the initial management of this patient?

e) What are the options for the patient?
Q.14 A 5 years old boy referred from paediatrician, with the diagnosis of left sided pneumonia, which has been treated with antibiotics for 15 days. The child did not improve, developed respiratory difficulty and high grade fever. On examination child is sick looking. Chest examination reveals trachea shifted to right side, left hemithorax is merely moving with respiration, breath sounds decreased on left side with dull percussion notes.

a) What is the clinical diagnosis?
b) How will you investigate him?
c) Outline further plan of management for this child?

Q.15 A 5 years old child presented with history of severe dysphagia and cough for the last 5 months when he accidentally swallowed some bleach material. He has lost more than half of his body weight. Barium swallow shows a very long stricture involving the lower ½ of the esophagus.

a) How will you manage this child?
b) What are the different options for the treatment of this case?

Q.16 A 4 years old child is brought to you with soiling and poor control for faces and flatus. The child has underwent staged surgical procedures for ARM high variety at the age of 1 year.

a) What could be the causes of this problem?
b) How will you counsel the parents for control of soiling?
c) What secondary operative procedures may be useful to control the incontinence?

Q.17 An eight year old girl presents with limp for the last one week. She complains of mild pain in left hip. She also has low grade fever up to 99.8°F. There is no history of trauma. Examination of hip reveals restricted movements specially internal and external rotation.

a) What is the differential diagnosis?
b) Give your investigations.
c) What are the management options?
Q.18 A 7 year old girl has presented with history of haememesis. She had history of umbilical catheterization in neonatal period. On examination, she look pale, her pulse 90/min, BP 100/60 mmHg, temperature 37°C. She has splenomegaly. Liver is not enlarged. She has no ascites.

a) What is the most likely cause of her haememesis?
b) What is the underlying etiology?
c) Enumerate steps of management?
d) What is the definitive treatment?

Q.19 An eleven years old male child fell on a brick on his perineum from a height of 10 feet. He complains of pain in perineal region. On examination bruises and fullness are present in perineal region. Blood drop is noted at external urinary meatus.

a) What is your diagnosis?
b) Give salient features of management of this patient.
c) Briefly write about the problems / complications which may occur in this child during follow up.

Q.20 A 6 years old female is trapped in a house fire and brought to the ER by ambulance one hour after the event. On examination she is tachypneic, restless with an estimated partial and full thickness burn of 30% of total body surface.

a) What immediate steps will you take for assessment and resuscitation?
b) Five days later while in the Burns unit, she spikes a temperature of 40°C. Give most likely causes for this fever and explain how would you confirm each?

The End