51.9 years old boy is seen with skin rash, he has had for the past 2 days. The rash is mostly on the trunk and seems to come and go. The rash is red and slightly raised, appears to migrate and is non pruritic. He gave a history of having a sore throat about 2 weeks ago, and has had some low grade fevers and joints pains. An ASO titer is 1625.

Which one group of findings would confirm the diagnosis of acute rheumatic fever?

A. arthralgia, no fever, rash resembling erythema multiform.
B. subcutaneous nodules, fever, arthralgia
C. erythema multiform, arthralgia, prolonged PR interval on ECG
D. arthralgia, fever, no rash, ESR 120
E. arthritis, no fever, ESR 10

52. A 2 year old boy is seen because of pallor, he drinks 600 cc of cow’s milk per day, a CBC reveals hemoglobin 8.2 g/l, MCV 65, which of the following indicates is compatible with the patient’s diagnosis?

A. decrease red blood cell distribution width
B. increase serum ferritin
C. increase total iron biding capacity
D. increase reticulocyte count
E. increase serum iron level

53. 1 month old baby is seen for regular checkup. Examination is completely normal, but the mother is concerned that her baby’s feet are crooked. The forefoot is deviated medial and there is a prominence at the base of the fifth metatarsal. The forefoot can be easily manipulated into the normal position. In discussion the child condition with the mother, which is the most accurate information to discuss.

A. The condition is usually unilateral
B. radiological evaluation should be performed early
C. Most cases will resolve spontaneously without treatment
D. Even if the foot is flexible casting is needed if the foot is not straight by 2-3 months
E. Surgery is required in about half of cases

54. An 18 year old female, you have followed for 6 years, has recently married, she & husband are planning to start a pregnancy. You advise her to start taken folic acid, this is important to prevent?

a. prematurity
b. skull defects
c. chromosomal defects
d. neural tube defects
e. osteopenia
55. you are seeing a 2 year old boy for evaluation of speech delay. the mother says he has 5 words and answers all commands. after detailed history you are concerned about hearing deficit. what would be the best next step in the evaluation?

A. audiogram
b. head MRI
c. EEG
d. speech therapy referral
e. head ct with special attention to inner ear

56. a 4 year old boy presents to you with fever of 39C and cough. on physical examination you hear crackles over his left lower lobe region. there is no wheezing and he has been previously healthy. you order chest x ray in which you find a consolidative infiltrate in the left lower lobe behind the heart consistent with the diagnosis of pneumonia. what is the most likely pathogen to be found in this case?

a. staphylococcus aureus
b. streptococcus pneumonia
c. mycobacterium tuberculosis
d. neisseria meningitis
e. respiratory syncytial virus

57. full term newborn infant is having episodes of cyanosis and apnea which are worse with attempting to feed but seem better with crying. which of the following is the most important next step to quickly establish the diagnosis ?

a. echocardiogram
b. ventilation perfusion scan
c. passage of catheter into nose
d. hemoglobin electrophoresis e. bronchoscopic evaluation of palate and larynx

58. : As you are about to step out of a newly delivered mother’s room, she mentions that she wants to breast-feed her healthy infant, but that her obstetrician was concerned about one of the medicines she was taking. which of the woman’s medicines, listed below, is clearly contraindicated in breast-feeding?

a. ibuprofen as needed for pain or fever
b. labetalol for her chronic hypertension
c. lithium for her bipolar disorder
d. carbamazepine for her seizure disorder
e. acyclovir for her HSV outbreak

59. A 2-year-old boy has been doing well despite his diagnosis of tetralogy of Fallot. He presented to an outside ER a few days ago with a complaint of an acute febrile illness for which he was started on a “pink antibiotic.” His mother reports that for the past 12 hours or so he has had a headache and is more lethargic than normal. on your examination he seems to have a severe headache, nystagmus, and ataxia. which of the following would be the most appropriate first test to order?

a. urine drug screen
b. blood culture
c. lumbar puncture
d. CT or MRI of the brain
e. stat echocardiogram
60. A 6-year-old boy had been in his normal state of good health until a few hours prior to presentation to the ER room. His mother reports that he began to have difficulty walking, and she noticed that he was falling and unable to maintain his balance. Which of the following is the most likely cause for his condition?

a. Drug intoxication  
b. Agenesis of the corpus callosum  
c. Ataxia telangiectasia  
d. Muscular dystrophy  
e. Friedreich ataxia

61. A previously healthy 8-year-old boy has a 3-week history of low-grade fever of unknown source, fatigue, weight loss, myalgia, and headaches. On repeated examinations during this time, he is found to have developed a heart murmur, petechiae, and mild splenomegaly. Which of the following is the most likely diagnosis?

a. Rheumatic fever  
b. Kawasaki disease  
c. Scarlet fever  
d. Endocarditis  
e. Tuberculosis

62. Regarding resuscitative efforts in child, the most important goal is:

a. Restoration of age-appropriate heart rate.  
b. Appropriate movement of the chest wall.  
c. Auscultation of equal breath sounds in both lungs field.  
d. Adequate oxygen delivery and utilization for the body tissues.  
e. Palpation of equal pulses in all four extremities.

63. A 9-month-old boy is brought to the emergency room in limp and unresponsive state. Initial examination shows a pulse rate of 35/min and occasional irregular breaths. After initiation of CPR (including tracheal intubation) delivery of oxygen via positive-pressure breaths and chest compression, multiple attempts to insert an intra-venous line fail. The most appropriate next step in management should be:

a. Obtain an arterial blood gas sample  
b. Place in intraosseous needle and administer fluids and intropic agents  
c. Obtain a "state" head CT study to evaluate reasons for unresponsiveness  
d. Place transthoracic cardiac pacemaker  
e. Place a thoracotomy tube to evacuate a possible pneumothorax

64. The recommended treatment for severe combined immunodeficiency is:

a. Gene therapy  
b. Monthly IVIG  
c. Monthly IVIG and IFN-g  
d. Monthly IVIG and IL-8-monoclonal antibody  
e. Stem cell transplantation
65. A 12-yr old white girl present with arthralgia of the knees and elbow and swollen hands of 6 months duration. She has intermittent fever and has lost 5 kg in weight. Other than swollen joints, findings on physical examination are normal. 3 years earlier, she was found to have thrombocytopenia and was diagnosed with idiopathic thrombocytopenia purpura. In addition, one summer, she had severe sunburn, and 2 years ago she had mouth sores. Today she has a positive combs test, and the urinalysis shows multiple Red Blood Cells. The most likely diagnosis is:

a. JRA  
b. ITP  
c. Evans syndrome  
d. Periarteritis  
e. SLE

66. A newborn is found to have congenital heart block. Which of the following is the most likely etiology?

a. Group B streptococcal infection.  
b. Neonatal echovirus infection.  
c. Gestational diabetes.  
d. Maternal lupus.  
e. Gray baby syndrome

67. A 12-years old boy develops progressive symptoms of fever, lassitude, arthralgias, headache and abdominal pain. Physical examination shows hepatosplenomegaly. Further questioning discovers that he and his family live in a rural area and include unpasteurized dairy products in their diet. The most likely etiologic agent of this illness is:

a. Actinomyces  
b. Bartonella hensalae  
c. Brucella  
d. Francisella tularensis  
e. Yersinia enterocolitica

68. A 5 years old is noted by the parents to snore at night. The child also has had problems staying awake in preschool and has had behavioral problems. The father also snores. Physical examination of the child reveals large, pink, nonexudative tonsils. The most appropriate next step is:

a. Laryngoscopy  
b. Polysomnography  
c. Ambulatory apnea monitoring  
d. Telemetry  
e. Arterial blood gas analysis

69. The appropriate therapy for severe obstructive sleep apnea syndrome in a 4 years old boy is:

a. Adenotonsillectomy  
b. Tracheostomy  
c. Parapharyngeal muscle surgery  
d. Ventolin  
e. Bilevel positive airway pressure
70. A 7 months-old girl present with temperature 40 C, BP 70/30mmHg, diffuse petechiae first noted 4 hours before presentation. Platelets count 88,000/mm3, and white blood cell count of 43,000/mm3 with 23% neutrophils and 42% bands. The infant has received all recommended vaccination. Which of the following is the most likely bacterial etiology of this presentation?

a. staphylococcus aerus
b. streptococcus pneumonia
c. neisseria meningitides
d. haemophyllus influenza type b
e. Escherichia coli o 157:H7

71. A 10 year old boy with 4 day fever, temperature 40, with watery diarrhea. Presented with a generalized seizure. Which of the following is the causative agent?

a. salmonella gastroenteritis
b. aeromonas gastroenteritis
c. shigella gastroenteritis
d. rotavirus
e. drug ingestion

72. Which of the following reflexes is normally absent in a newborn?

a. Startle (Moro)
b. hand grasp
c. crossed adductor
d. Asymmetric tonic neck
e. parachute

73. A 2 year old boy is admitted to the hospital with high fever for 6 days, swelling of the hands and feet, scarletin form changes of the tongue, generalized red macular rash, high sedimentation rate and thrombocytosis. Which of the following is the best initial management?

a. cardiac catheterization
b. IVIG & aspirin orally
c. low dose aspirin orally
d. I.V pulse corticosteroids
e. methotrexate orally

74. A 10-month-old infant has poor weight gain, a persistent cough, and a history of several bouts of pneumonitis. The mother describes the child as having very large, foul-smelling stools for months. Which of the following diagnostic maneuvers is likely to result in the correct diagnosis of this child?

a. CT of the chest
b. Serum immunoglobulins
c. TB skin test
d. Inspiratory and expiratory chest x-ray
e. Sweat chloride test
75. A 7-month old with short gut syndrome receives total parenteral nutrition. Which of the following is most typical complication of this therapy?

a. sepsis  
b. renal failure  
c. chronic diarrhea  
d. vitamin A deficiency  
e. irreversible atrophy of the mucosa of the small intestine

76. The signs and symptoms of meningitis can be different than in adult. Which of the following signs and symptoms of meningitis is more helpful in adult patient than in a 3-month old?

a. lethargy  
b. jaundice  
c. vomiting  
d. Brudzinsky sign  
e. hypothermia

77. You are called to delivery of a woman with no parenteral care. Her examination reveal oligohydroamnion. When you get to the newborn at the nursery you should carefully evaluate him for which of the following:

a. anencephaly  
b. trisomy 18  
c. renal agenesis  
d. duodenal atresia  
e. tracheoesophageal fistula

78. A newborn infant become markedly jaundiced on the second day of life and faint petechia eruption first noted at birth. He has now a generalized purpuric rash. Hematology study for hemolytic disease are negative. Acute management should include which of the following?

a. liver ultrasound  
b. isolation of infant from pregnant hospital personnel  
c. urine drug screen of the infant  
d. discharge with early follow-up visit in 2 days  
e. thyroid hormone assessment

79. 18 month boy was seen by his 15 year old brother that he is holding in his mouth the contents of a bottle with drain cleaner. Best treatment:

a. Induce vomiting  
b. Endoscopy within 12-24hrs  
c. Activated charcoal  
d. Neutralize with special liquid for balanced ph.  
e. Administer big amounts of water or milk.
80. You see a 12 months boy because he is refusing to walk. His mother tells you that he started walking at 10 months and was developing normally until this moment. On examination: T 39.0°C, baby looks mildly ill with medially rotated left hip and limitation of active and passive motions.

a. Neisseria gonorrhoea  
b. Adenovirus  
c. S. aureus  
d. Group A streptococcus  
e. Group B streptococcus

81. Because of abnormal spleen functions and high risk of bacterial infections, infants, who have sickle cell anemia get penicillin prophylaxis at age of 4 weeks. To which organisms infants with sickle cell anemia are mostly sensitive?

a. Gram negative  
b. Encapsulated organisms  
c. Fungal infections  
d. Viruses  
e. Staphylococcus

82. A 9 year-old patient asthmatic patient uses albuterol 3 times per week, for the last 10 days she had wheezing day and night, increased the inhaler to 3-4 times a day. On examination there is a diffuse wheezing with moderate subcostal retraction, next step in management:

a. Order chest XR to assess for pneumonia  
b. Systemic steroids  
c. Lekutriens  
d. Low dose inhalation steroids  
e. Start 5 days course of systemic corticosteroid

83. 12 months old girl is development delay noted with watery diarrhea with odor 2 times a day. Serological analysis reveals increased levels of antibodies to transglutaminase in serum. Which product does not cause exacerbation or symptoms of this disorder?

A. rice  
B. wheat  
C. oat  
D. barley  
E. rye

84. 4 year old boy with impaired verbal and nonverbal communication and lack of empathy. Doesn’t have any friends in the kindergarten. Diagnosis:

a. Attention deficit hyperactivity disorder  
b. Deaf mutism  
c. Autism  
d. Cerebral palsy
85. 1 month old boy with food intolerance, slow weight gain and a large tongue.
On examination you note a large rear fontanelle and umbilical hernia.
The next step in diagnosis:

a. Abdominal x-ray
b. CBC and blood culture
c. X-ray with barium contrast
d. Serum TBG
e. Hospitalization for further examination.

86. Patient with Down syndrome refers to you as during the week he had bleeding gums.
Child less energetic than usual.
Examination: t 37.8°C, per os, pallor, splenomegaly, bleeding gums and bruising on the lower extremities.
Diagnosis:

a. Aplastic anemia
b. ITP
c. Leukemia
d. Leukemoid reaction
e. Megaloblastic anemia

87. A recommended diet for a 3 years old child with cystic fibrosis?

a. Folate
b. Sodium
c. Vitamin C
d. Vitamin D
e. Vitamin B12

88. A 6 month healthy girl having fever 38.9°C, no accompanying symptoms, urinalysis shows 1+ leukocytes 10WBC per high - powered field and moderate bacteria. Most reasonable step to take?

A. Obtain relabel US
B. Begin broad spectrum intravenous antibiotic
C. Obtain DMSA renal scan
D. Obtain a urine culture by catheter and start antibiotic

89. 10 years old girl has a cold for 14 days, in the 2 days prior to the visit she has developed a fever of 39°C, purulent nasal discharge, facial pain and dry cough. Examination of the nose after topical decongestant shows pus in the middle meatus, which is most likely diagnosis?

A. Brain abscess
B. Maxillary sinusitis
C. Streptococcal throat infection
D. Retro pharyngeal abscesses

90. 2 months old child is seen in your clinic for the first time, the child was born at home and this is the first well child visit. Risk factors for infant botulism that should be communicated to the parents include?

A. Gardening
B. Home construction
C. Frozen vegetables
D. Honey
E. Eggs
91. Which of the following cancers occur primarily during childhood?

A. Breast cancer
B. renal cell cancer
C. Wilm's tumor
D. Prostate cancer
E. Colon cancer

92. A 10-year-old girl has had diplopia and ptosis and weakness of her neck flexors for 2 months, symptoms are worse in the evening and are usually less severe at awakening in the morning, she has no fasciculation or myalgias and her deep tendon reflexes are normal. The most likely diagnosis?

A. Hysterical weakness
B. Muscular dystrophy
C. Spinal muscular atrophy
D. Botulism
E. Myasthenia gravis

93. A 7-day-old boy is admitted to the hospital for evaluation of vomiting and dehydration. Physical exam is normal except for minimal hyperpigmentation of the nipples. Serum sodium and potassium concentrations are 120 meq/L (low) and 9 meq/L (high). Respectively which of the following is the most likely diagnosis?

A. Pyloric stenosis
B. Congenital adrenal hyperplasia
C. Secondary hypothyroidism
D. Panhypopituitarism
E. Hyperaldosteronism

94. A 12-year-old girl experiences acute monocular blindness of 2 days duration, past medical history reveals that she has had headache for the past 3 years that she cannot characterize on the brief episode of diplopia and one episode of paresthesia of the feet, these episodes were not related in time did not occur in immediate proximity to the headache and resolved spontaneously. Findings on physical examination including funduscopic examination are unremarkable other than reduced visual acuity. The most important diagnostic step is to perform?

A. CT
B. MRI
C. An ECG
D. Peripheral nerve conduction test
E. A sural nerve biopsy

95. Trisomy 21 is most commonly associated with:

a. Malrotation
b. Atrioventricular canal
c. Cleft palate
d. Renal failure
e. Sensory neural hearing loss

96. An infant sits with minimal support who attempts to grasp a toy beyond renal and who rolls prone supine to the prone position didn't have pincer grasp which is level development:

a. 2 month
b. 4 month
c. 6 month
d. 1 year
97. A previously healthy full term 15 month old present to the emergency room with a history of sudden onset of rectal bleeding. His parents deny fever, diarrhea, abdominal pain 3 times, bright red blood per rectum. Stable hemodynamic, HB 11 mg/dl. Which of the following test most likely to the correct diagnosis:

a. Shunt x-ray to the abdomen
b. Abdominal ultrasound
c. CT of the abdomen
d. Miekel scan
e. Upper GI series

98. A 16-year-old girl presents with lower abdominal pain and fever. On physical examination, a tender adnexal mass is felt. Further questioning in private reveals the following: she has a new sexual partner; her periods are irregular; she has a vaginal discharge. Which of the following is the most likely diagnosis?

a. Appendiceal abscess
b. Tubo-ovarian abscess
c. Ovarian cyst
d. Renal cyst
e. Ectopic pregnancy

99. A 7-year-old boy has crampy abdominal pain and rash in the back and his legs and buttocks. Laboratory test proteinuria and microhematuria. Which of the following is the most likely diagnosis:

a. SLE
b. Henoch-Schonlein purpura
c. PSGN
d. Takayasu arthritis
e. Dermatomiositis

100. Which of the following causes of congenital infection is associated with cats:

a. Cytomegalovirus
b. Rubella
c. Toxoplasma gondii
d. Syphilis
e. Parvovirus b 19

65. E 83. A
66. D 84. C
67. C 85. D
68. B 86. C
51. B 69. A 87. D
52. C 70. C 88. D
53. C 71. C 89. B
54. D 72. E 90. D
55. A 73. B 91. C
56. B 74. E 92. E
57. C 75. A 93. B
58. D 76. D 94. B
59. D 77. C 95. B
60. A 78. B 96. C
64. E 82. E 100. C
1. The breast fed infant of a mother who is a strict vegetarian may experience deficiency of which of the following vitamins if the mother is not receiving supplements of the vitamin?

A. Vit B1  
B. Vit B4  
C. Vit B12  
D. Vit C  
E. Vit D

2. A 6-year-old girl who was previously healthy presents with a 1 week history of nocturnal perianal itching. There are no other symptoms and findings on physical examinations are normal. The most appropriate therapy is:

A. Bacitracin ointment to the perianal area  
B. Diphenhydramine orally as needed for itching  
C. Single oral dose of mebendazole repeated in 2 weeks  
D. A 2 week course of amoxicillin/clavulanate  
E. Ketoconazole in a single dose

3. A child suffers a provoked bite from a stray dog that was captured by animal control and appears healthy. The most appropriate action would be to:

A. Confine and observe the dog for 10 days for signs suggestive of rabies  
B. Submit the dog’s head for examination for rabies  
C. Begin rabies vaccination  
D. Administer human rabies immune globulin (HRIG) and begin rabies vaccination  
E. None of the above because it was a provoked attack

4. A mentally retarded 14-year-old boy has long face, large ears, micropenis and large testes. Chromosomal analysis is likely to demonstrates which of the following?

A. Trisomy 21  
B. Trisomy 18  
C. Trisomy 13  
D. Fragile X syndrome  
E. Williams syndrome

5. A 10-year-old boy is examined because of recurrent headaches. The headaches started 6 months ago and occur about once a month. He is asymptomatic between episodes. Each headache begins with blurry vision and abdominal pain, followed by right-sided, throbbing pain. It lasts about 60 minutes, during which he feels better if he takes some ibuprofen and rests in a darkened room. The most likely diagnosis is:

A. Brain abscess  
B. Seizure disorder  
C. Migraine  
D. Todd's paralysis  
E. Maxillary sinusitis
6. A 2-year-old boy is seen in your office because of fever, ear pain, and postauricular swelling, erythema, and tenderness. The pinna protrudes out on the involved side. The tympanic membrane is red and bulging, with decreased mobility seen on pneumatic otoscopy. The angle of the jaw is easily palpated and the opening to Stensen’s duct appears normal. The patient has never had an MMR vaccine. The most likely diagnosis is:

A. Bacterial parotitis  
B. Mumps  
C. External otitis  
D. Acute mastoiditis  
E. Chronic mastoiditis

7. New parents ask you how to reduce the chance of their baby suffering from sudden infant death syndrome (SIDS). You tell them to place the child in which of the following for sleep?

a. Supine position  
b. Prone position  
c. Seated position  
d. Trendelenburg position  
e. A hammock

8. An 8-year-old girl is brought to the hospital while actively seizing. She has been hospitalized many times before for status epilepticus. She is receiving valproic acid at home to control the seizures. The first step in the management of this patient is to:

A. Administer 20 mL/kg 0.9% normal saline  
B. Establish secure intravenous access and administer an anticonvulsant  
C. Administer activated charcoal via NG tube  
D. Stabilize airway and provide 100% oxygen  
E. Perform gastric lavage

9. A 5-year-old boy presents with a history of grossly bloody urine, puffy eyes, and headache for one day. He has been a well developed child, but he did have a fever and sore throat about 10 days ago which resolved without treatment. The most likely diagnosis is:

A. Acute cystitis  
B. IgA nephropathy  
C. Acute pyelonephritis  
D. Postinfectious glomerulonephritis  
E. Benign hematuria

10. A 3-yr-old boy presents to an urgent care clinic with a 3-day history of abdominal pain and difficulty walking. Abnormal findings include blood pressure of 120/80 mm Hg, diffuse abdominal tenderness, purpuric rash of the hands and ankles, and diffuse periarticular tenderness and swelling of the ankles. The most likely diagnosis is:

A. Systemic lupus erythematosus  
B. Kawasaki’s disease  
C. Juvenile rheumatoid arthritis  
D. Henoch-Schönlein purpura  
E. Stevens-Johnson syndrome
11. What is the most significant serious complication arising from Kawasaki disease?

A. Coronary aneurism  
B. Kidney failure  
c. Stroke  
d. Pulmonary embolism  
e. Acute leukemia

12. A 12 months old male infant Mediterranean origin noted to have pallor and has been fed similac with iron since birth, his exam otherwise normal except for palpable spleen. HB: 9.9 / MCV: 67/MCHC: 32/RDW: 12/Reticulocyte 1.5% /PLT: 240000 which one is true?

a. Hb level of 9.9 gm/dl is the lower limit of normal for this 12 months old  
b. The dietary history is probably not true since the patient is iron deficient  
c. The reticulocyte is high suggest hemolytic process  
d. The infant must he losing blood and stool should be checked for occult blood  
e. Hg electrophoresis should make the correct diagnosis

13. 15 year old complaining of fever, abdominal pain, sexually active with 2 partner complaint of dyspareunia on examination yellow thick vaginal discharge but no visible genital lesion most probably infected with:

a. H. influenza  
b. Candida albicans  
c. Chlamydia palledum  
d. Treponema  
e. Human papilloma virus

14. Parents awakened at night by 2 years old son develop noisy breathing inspiration, marked retraction of chest, flaring nostril, barking cough has mild upper respiratory tract infection 2 days ago. Which the most likely diagnosis:

a. Asthma  
b. Epiglottitis  
c. Bronchilitis  
d. Viral croup  
e. Foreign body in RT bronchus

15. The most important extra medullary site for relapse in childhood acute lymphatic leukemia (ALL):

a. Adrenal gland  
b. Kidney  
c. Lung  
d. Heart  
e. Central nervous system

16. Newborn develops sepsis and shock which pathogens most likely can system or focal infection of newborn:

a. Staph aureaus  
b. Group A strept  
c. Group B strep  
d. E. coli  
e. Herpes simplex virus
17. A 4 years old girl seen 10 days following upper respiratory infection, her knees and ankle swollen and painful and temp 39 C, cardiac examination 4/6 systolic murmur at the apex, antistreptolysin titer high. These findings consist with:

a. Acute rheumatic fever  
b. Septic arthritis  
c. Juvenile idiopathic arthritis  
d. Viral pericarditis  
e. Acute leukemia

18. 12 years old boy presented with 24 h history of sharp pleuritic chest pain worsen in supine position, temperature 38.5 C, pericardial rub is heard. The most likely diagnosis is:

a. Musculoskeletal chest pain  
b. Pericarditis  
c. Bacterial endocarditis  
d. Mycoplasma pneumonia  
e. Pulmonary embolism

19. The most common cause of syncope in childhood:

a. Tachycardia ass with wolf parkinsonian white syndrome  
b. Long Q-T syndrome  
c. Breath holding spell  
d. Hypertrophic cardiomyopathy  
e. Neurocardiogenic syncope

20. A 6 weeks boy known congestive heart failure due to cardiomyopathy Wg 4 Kg taken 360 ml formule daily, which of the following most likely consequence of decrease intake in this infant:

a. Hypocalcemia  
b. Hypoglycemia  
c. Hypokalemia  
d. Poor growth in length  
e. Poor weight gain

21. The stinging insect most likely to cause an anaphylactic reaction in a child is:

A. Mosquito  
B. Sand fly  
C. Honey bee  
D. Ant  
E. Head lice

22. The chest x-ray of a 3-day infant with congenital heart disease demonstrates an abnormally shaped heart and no thymic shadow. What immunodeficiency should you suspect?

A. Ataxia-telangiectasia  
B. X-linked hyper-IgM syndrome  
C. Wiskott-Aldrich syndrome  
D. DiGeorge syndrome  
E. Leukocyte adhesion deficiency
23. A 12 month-old infant was diagnosed with X-linked agamaglobulinemia, a recessive B-cell deficiency after having had multiple sinopulmonary tract infections such as otitis media, sinusitis, and pneumonia. What is an appropriate treatment for him?

A. Plasmaphoresis  
B. Intravenous immunoglobulin  
C. Chemotherapy  
D. High dose steroids  
E. Enzyme replacement therapy

24. A mother of a 6-year-old girl states that her daughter’s academic performance has decreased during the last year. Her teacher notices her staring frequently throughout the day. Sometimes she seems “off in her own world” and does not respond to questions. An EEG examination reveals a 3-Hertz generalized spike and wave pattern. What seizure type is this patient most likely to have?

A. Absence  
B. Tonic–clonic  
C. Myoclonic  
D. Salaam attacks  
E. Complex partial

25. A 2.5 year old boy is seen because of a second febrile seizure. The two episodes occurred 4 months apart and described as generalized tightening of the body followed by jerking involving all four extremities and lasting 3 to 5 minutes each time. On both occasions the temperature was 38.8°C. At this time, your recommendation would be:

A. Further tests including EEG and MRI scan  
B. Treatment with phenobarbital  
C. Treatment with valproate  
D. Admit to hospital for cardiac respiratory monitoring  
E. Education and counseling for the family

26. The skills of kicking a ball and jumping in place are gross motor milestones that occur at which age?

A. 15 months  
B. 18 months  
C. 24 months  
D. 30 months  
E. 36 months

27. Based on orientation to child development, when would you tell parents the highest risk of accidental poisoning in children is present?

A. 6 months  
B. 1 year  
C. 2 years  
D. 4 years  
E. 6 years
28. Which of the following is a frequent manifestation of enterovirus infection?

A. Ataxia  
B. Intussusception  
C. Parotitis  
D. Herpangina  
E. Renal failure

29. A 6-year-old girl is hospitalized after a convulsion. On examination she is alert and without distress. On her skin you notice the presence of cafe-au-lait spots, a Shagreen patch, and subungual fibromas. What is the most likely diagnosis?

A. Neurofibromatosis  
B. Sturge–Weber syndrome  
C. McCune-Albright syndrome  
D. Addison's disease  
E. Tuberous sclerosis

30. A 15-month old male is brought to the pediatrician because he seems much smaller than his two older brothers were at that age. He has been generally healthy except for 2 episodes of otitis media and occasional "cold". He began walking at 11 months and can now say "mama" "dada" and names of his brothers. What is the most likely appropriate next step?

A. Perform a Danver Development screening test  
B. Ask the mother to complete a 3 day diary of all the food that the child has eaten  
C. Send blood for quantitative immunoglobulins  
D. Plot his height and weight on growth chart and compare to previous charts  
E. Obtain a sweat chloride test

31. A 1-month-old infant is seen because of prolonged jaundice. He was born at home after a normal pregnancy. On examination you notice a jaundice of the skin. His liver is not enlarged. There is a white pupillary reflex in both eyes, and the urine examination is positive for reducing substances. What is the most likely diagnosis?

a. Sepsis  
b. Glucose-6-phosphate dehydrogenase deficiency  
c. Phenylketonuria  
d. Viral hepatitis  
e. Galactosemia

32. Which of the following statements about neuroblastoma is true?

a. Neuroblastoma is a benign tumor of the neural crest cells that form the adrenal cortex and the paraspinal parasympathetic ganglia  
b. The majority of neuroblastoma tumors occur in the thoracic cavity  
c. Neuroblastoma is the most common solid malignant tumor in infancy  
d. In neuroblastoma of the abdomen, displacement of the kidney and distortion of the calyceal system often occurs  
e. Most patients are treated with surgery alone because distant metastases are rare
33. No red reflex is seen on fundoscopic examination of a newborn. Which is the most likely diagnosis?

a. Retinoblastoma  
b. Congenital cataract  
c. Pigmentary keratitis  
d. Congenital glaucoma  
e. Toxocariasis

34. A neonate born at 28 weeks' gestation is now 2 weeks of age. Nasogastric feeds are started. Forty-eight hours after starting feeds, the neonate develops a distended abdomen, bloody stool, pneumatosis intestinalis, and free air on abdominal radiograph. Laboratory studies reveal thrombocytopenia. The child becomes persistently hypotensive despite maximal medical therapy. The most likely diagnosis is:

a. Necrotizing enterocolitis  
b. Sepsis  
c. Aspiration pneumonia  
d. Malrotation  
e. Jejunal atresia

35. A 12-year-old male adolescent presents with a 1-month history of fever, weight loss, fatigue, night sweats, and pain and localized swelling of the midproximal femur. Which of the following is the most likely diagnosis?

a. Ewing's sarcoma  
b. Osteosarcoma  
c. Chronic osteomyelitis  
d. Benign bone tumor  
e. Eosinophilic granuloma

36. An afibrile 5-year-old girl presents with tachycardia at 220 beats per minute. On ECG a regular narrow-complex tachycardia is seen. The rhythm converts with one dose of adenosine intravenously to normal sinus rhythm with pre-exitation (delta waves) noted throughout the precordial leads. There is no cardiomegaly on chest X-ray. The tachycardia is most likely consistent with:

a. Long Q-T syndrome  
b. Wolf-Parkinson-White syndrome  
c. Sinus tachycardia  
d. Atrial flutter  
e. Atrial fibrillation

37. A 5-year-old boy presents with prolonged fever and a new 1/6 systolic ejection murmur heard best at the right upper sternal border. On extremity examination, splinter hemorrhages and petechia are noted. Which of the following is the most likely diagnosis based on clinical description?

a. Endocarditis  
b. Rheumatic heart disease  
c. Kawasaki disease  
d. Pericardial effusion  
e. Dilated cardiomyopathy
38. A 6-week-old breast-fed infant is seen appearing quite well. His mother states that for the last week the infant has had numerous periods of inconsolable crying lasting few hours each. Nothing seems to help. Most of the spells occur in the late afternoon and evening and between the episodes the infant looks and feeds well. What is the most likely diagnosis?

a. Otitis media  
b. Intussusceptions  
c. Milk protein intolerance  
d. Colic  
e. Celiac disease

39. A previously healthy 2-wk-old now has progressive lethargy. Physical examination reveals muscle rigidity, opisthotonos posture, periods of hypertonicity, and flaccidity. Laboratory data reveal Hypoglycemia, metabolic acidosis, and cerebral edema. Plasma levels of leucine, isoleucine, and valine are elevated. The most likely diagnosis is:

a. Hartnup disease  
b. Maple syrup urine disease  
c. Phenylketonuria  
d. Homocystinuria  
e. Galactosemia

40. Short stature and growth failure may be the presenting complaints for which of the following conditions?

a. Juvenile idiopathic arthritis  
b. Insulin-dependent diabetes mellitus  
c. Crohn's disease  
d. Acute leukemia  
e. Familial Mediterranean Fever

41. A 16 year old female patient present with short stature and no secondary sexual characteristics. Which diagnosis should be mostly?

a. Turner syndrome  
b. Isolated growth hormone deficiency  
c. Cushing disease  
d. Familial short stature  
e. Addison disease

42. A 3 year old girl is diagnosed with new onset insulin dependent diabetes mellitus. Which of the following laboratory findings is consistent with diabetic ketoacidosis?

a. Hypoglycemia  
b. Hypercarbia  
c. Ketones in urine  
d. Increased venous blood pH  
e. Decreased BUN
43. An infant who was born at home presents to your office at 3 days for check up. The teenaged mother did not receive prenatal care. You notice bilateral purulent discharge from the eyes of the baby. There is marked eyelid edema and conjunctival swelling. What is the most likely pathogenic agent?

a. Chlamydia trachomatis   
b. Neisseria gonorrhea   
c. Group B streptococcus   
d. Toxoplasma gondii   
e. Treponema pallidum

44. Which of the following clinical presentation is most consistent with an infant with pyloric stenosis?

a. Projectile non bilious emesis   
b. Bilious emesis   
c. Bloody diarrhea   
d. Violent episodes of intermittent colicky pain and emesis   
e. Right lower quadrant abdominal tenderness

45. A 4-year old boy presented with a 5 day history of generalized edema. On examination you notice puffy eyes, scrotal edema and ascites. Urinalysis reveals a specific gravity of 1.020, PH 7.0, 4+ proteinuria and is otherwise unremarkable. Serum cholesterol is 648 mg/dl (elevated, albumin is 2.3 g/dl(low), C3 is 83 mg/dl (normal) and serum creatinine 0.3 mg/dl.

What is the next step in managing this child?

a. Perform kidney biopsy   
b. Begin therapy with amoxicillin   
c. Begin therapy with oral prednisone   
d. Admit the patient for intravenous fluids   
e. Start peritoneal dialysis

46. A 19-year old female you have followed for 10 years in your practice has recently married, she and her 22-year old husband are planning to start a pregnancy. You advice her to start taking folic acid. This is important to prevent:

a. Prematurity   
b. Skull defects   
c. Chromosomal defects   
d. Neural tube defects   
e. Osteopenia

47. A 6 day old infant is reported to have an abnormal screening test for congenital hypothyroidism, the most likely etiology for this result is:

a. Maternal graves' disease treated with propylthiouracil   
b. Maternal antithyropin antibodies   
c. Iodine deficiency   
d. Dysgenetic thyroid gland   
e. The newborn screen was performed at 12 hours of age
48. A 3-year old boy is brought to the emergency room with complaint of persistent rhinorrhea for the past 6-weeks. Otherwise the patient has been asymptomatic on examination, you note that the patient has mouth breathing and has dark circles under his eyes. In the nose you find watery discharge and edematous, swollen, bluish mucous membrane without erythema. 

The most likely diagnosis is:

a. Chronic upper respiratory infection
b. Sinusitis
c. Nasal foreign body
d. Allergic rhinitis
e. CSF leak

49. A previously healthy 18-month-old has been playing in a separate room from his family. The family notes the sudden onset of coughing which resolved in a few minutes, subsequently the patient appears to be normal except for increased amounts of drooling and refused to take foods orally. Which of the following is the most likely explanation for this toddler’s condition?

a. Severe gastro esophageal reflux
b. Foreign body in the air-way
c. Croup
d. Epiglottitis
e. Foreign body in the esophagus

50. A previously healthy and fully immunized 13 year-old boy presents with 2-week history of nonproductive cough and low-grade fever. On examination you note normal respiratory rales are deleted at the bilateral lung bases. Which of the following is the most likely cause of pneumonia in this adolescent?

a. Pneumocystis carinii
b. Staphylococcus aureus
c. Group B streptococcus
d. Haemophilus influenzae type B
e. Mycoplasma pneumonia
20.09.2012:

1. A 6 years old boy has stool in his underwear daily. He was toilet trained at 2 without difficulty. Over the last 2 years he had developed chronic constipation. The fecal soiling developed over the last 3 months. He is otherwise normal. Examination reveals stool in rectal vault.
   Initial management should include which of the following?
   a. barium enema followed by rectal biopsy
   b. time out from school when he has stool in his underwear
   c. family consulting
   d. clear fecal impaction and short term stool softener use
   e. daily enemas for 4 weeks

2. A 2 year old child has multiple episodes of brief shrill cry followed by a prolonged expiration and apnea. He was born after normal pregnancy and delivery. Growth and development are normal. The first episode occurred immediately after the mother refused to give the child some juice; the child became cyanotic, unconscious, and had generalized clonic jerks. A few moments later the child awakened and had no residual effects. Physical examination is normal. Which of the following is most likely diagnosis?
   a. Seizure disorder
   b. Drug ingestion
   c. Hyperactivity with attention deficit
   d. Pervasive development disorder
   e. Breath-holding spell

3. A 5-month-old child with poor growth presents to the ER with generalized tonic-clonic seizure activity of about 30-minute duration that stops upon the administration of lorazepam. Which of the following information gathered from the mother will be most helpful?
   a. The child has had rhinorrhea
   b. The child is developmentally normal, as are his siblings
   c. The mother has been diluting the infant’s formula to make it last longer
   d. number and type of pets
   e. The mother is single and unemployed

4. Full term newborn infant is having episodes of cyanosis and apnea which are worse with attempting to feed but seems better with crying. Which of the following is most important next step to quickly establish the diagnosis?
   a. Echocardiogram
   b. Ventilation perfusion scan
   c. Passage of catheter into nose
   d. Hemoglobin electrophoresis
   e. Bronchoscopic evaluation of palate and larynx

5. 3 month old child is been crying at the same time each day, you suspect colic. What is true about colic?
   a. onset at 3 month and peak at 6 months
   b. almost all cases are due to lactose intolerance
   c. typical at afternoon and evening
   e. with any degree of abdominal distension should have CT abdomen
6. 3 year old has persistent rhinorrhea for the last past 6 weeks. Otherwise the patient has been asymptomatic. On physical examination you notice mouth breathing and dark circles under the eyes. In the nose, watery discharge and edematous boggy bluish mucous membrane with no erythema. Most likely diagnosis:

a. chronic bronchitis
b. sinusitis
c. nasal foreign body
d. allergic rhinitis
e. CSF leak

7. 5 year old immunized girl is seen in the emergency department because of fever, sore throat and respiratory distress that has developed in the last 3 hours. She is drooling, holding her neck in a hyperextended position, she has mild stridor but does not have barky cough. The patient most likely to have:

a. viral croup
b. spasmodic cough
c. epiglottitis
d. bacterial tracheitis
e. asthma

8. A 9 mounts boy, previously healthy and normally gaining weight was recently discharge from the hospital. The hospitalization was due to a severe rotavirus diarrhea that requires rehydration. 4 days later the baby still has loss stools. He is now drinking his regular cow’s milk formula well. On physical examination he is happy and well hydrated. Repeat rotavirus test is negative. What is the reason for the baby's continued diarrhea?

a. cow milk protein allergy
b. starvation diarrhea
c. secondary lactose intolerance
d. viral gastroenteritis
e. cystic fibrosis

9. a mother brings her 2 year old baby for regular checkup. She is confused about which position to put her baby to sleep. With regard to infant sleeping position, how should you consult the mother?

a. place the baby on the belly
b. place the baby on the side
c. elevate head of the baby's crib
d. elevate the foot of infant crib
e. place on the back

10. The most common neurological sequela associated with bacterial meningitis, and usually presents at the time of initial infection is?

a. mental retardation
b. chronic seizure disorder
c. impaired vision
d. impaired hearing
e. behavioral disturbances

11-THE MOST COMON CAUSE OF VIRAL MENINGOCEPHALITIS IN CHILDREN IS:

A-ENTEROVIROS
B-HERPES SIMPLEX VIROS
C-ARBOVIROS
D-MUMPS VIROS
E-RESPIRATORY VIROS
12-A 12 YR OLD BOY PRESENTS WITH A 1 YR HISTORY OF WORRING POLYUROA AND A 2 TO 3 WEEKS HISTORY OF NAUSEA, FATIGUE AND MALAISE. SERUM CREATININ IS 4.0 MG. BICARBONATE 15 MG, URINALYSIS SHOWS SPECIFIC GRAVITY OF 1.004, TRACE LEUKOCYTES, TRACE BLOOD, AND NO PROTEIN, WITH 3-5 WBS PER HIGH POWER FIELD, 3-5 BBC PER HIGH POWER FIELD, AND NO RBC CASTS. WHICH OF THE FOLLOWING IS THE MOST LIKELY DIAGNOSIS:

A-ACUTE POST STREPTOCOCCAL NEPHRITIS  
B-CHRONIC INTERSTITIAL NEPHRITIS  
C-MINIMAL CHANGE NEPHROTIC SYNDROM  
D-ACUTE INTERSTITIAL NEPHRITIS  
E-CHRONIC GLOMERONEPHRITIS

13-TRISOMY 21 IS ASSOCIATED WITH:

A-MALROTATION  
B-HYPOTONIA  
C-CLEFT PALATE  
D-RENAL DISEASE  
E-PER CAVUS

14-PERCAUSE OF SPLENIC DYSFUNCTION AND AN INCREASED RISC OF BACTERIAL INFECTION, CHILDREN WITH SICKLE CELL ANEMIA SHOUD PLACED ON PROPHYLACTIC PENICILIN VK BY 4 WEEKS. AGE CHILDREN WITH SICKLE CELL ANEMIA ARE PARTICULARLY SUSCEPTIBLE TO:

A-GRAM NEGATIVE RODS  
B-ENCAPSULATED ORGANISMS  
C-FUNGAL INFECTION  
D-VIRAL INFECTION  
E-STAPHLOCOCUS AUREUA

15-YOU HAVE JUST GIVEN A 10 YR OLD AN INJECTION OF POLLEN EXTRACT AS PRESCRIBED BY HIS ALLERGIST IN HIS CHEST. YOU NOTE THAT HIS FACE IS FLASHED AND HIS VOICE SOUNDS MUFFLED AND STRAINED. WHICH OF THE FOLLOWING IS THE FIRST PRIORITY IN MANAGIG THIS EPISODE OF ANAPHYLAXIS:

A-ENDOTRACHEAL INTUBATION  
B-INTRAMUSCULAR INJECTION OF DIPHENHYDRAMINE  
C-ADMINISTRATION OF INHALED BRONCHODILATOR  
D-INTRAMUSCULAR INJECTION OF EPINEPHRINE  
E-ADMINISTRATION OF INTRAVINOS CORTICOSTEROIDS

16-A 15 YR OLD GIRL WITH SHORT STATURE, NECK WEBBING AND SEXUAL INFANTILISM IS FOUND TO HAVE COARCATION OF AORTA. A CHROMOSOMAL ANALYSIS IS LIKELY TO DEMONSTRATE WHICH OF THE FOLLOWING:

A-MUTATION AT CHROMOSOME 15 Q 21.1  
B-TRISOMY 21  
C-45 XO KARYOTYPE  
D-DEFECT AT CHROMOSOME ANALYSIS  
E-NORMAL CHROMOSOME ANALYSIS:
17-A 2 MONTH OLD BOY IS SEEN FOR NONBILIOUS VOMITING AFTER HE HAD BEEN BREASTFEEDING WELL UNTIL 2 WEEKS AGO, WHEN VOMITING WORSENED. ON PHYSICAL EX HE HAS JAUNDANCE AND GASTRIC PERISTALTIC WAVES ARE SEEN ON THE ABDOMEN. BLOOD TEST REVEAL HYPOKALEMIC, HYPOCHLOREMIC ALKALOSIS. THE MOST LIKELY DIAGNOSIS IS:

A-ACUTE HEPATITIS
B-DUODENAL ATRESIA
C-UTI
D-PYLORIC STENOSIS
E-MILK ALLERGY

18-YOU ARE SEEING A 10 YR OLD BOY WITH COMPLAINT OF DOUBLE VISION ESPECIALLY IN THE AFTERNOON. HE TIRES FASTER THAN HIS CLASSMATS IN GYM CLASS DUE TO MUSCLE FATIGUE WITHOUT RESPIRATORY SYMPTOMS. HIS PUPILS AND VISUAL ACUITY ARE NORMAL BUT YOU NOTICE A DISTINCT PTOSIS. THE MOST LIKELY DIAG IS:

A-PITUITARY TUMOR
B-AMBLYOPIA
C-BOTULISM
D-MYASTHENIA GRAVIS
E-TICK PARALAYSIS

19-A 4 MONTH OLD CHILD WITH VITAMIN D DEFICIENCY RICKETS WOULD BE EXPECTED TO SHOW ALL OF THE FOLLOWING EXCEPT:

A-CRANIOTABES
B-BOWLEG
C-ROSARY
D-LOW SERUM PHOSPHATE LEVELS
E-HIGH ALKALINE PHOSPHATASE LEVELS

20-WHICH OF THE FOLLOWING CAUSES OF CONGINITAL INFECTION IS ASSOCIATED WITH CATS:

A-CYTOMEGALOVIROS
B-RUBEELA
C-TOXOPLASMA GONDO
D-SYPHILIS
E-PARVOVIROS B 19


Pseudotumor cerebri

22. 4 day old infant, noted to be sucking on a honey-filled pacifier. You caution the mother against its isr because its contents can cause:

Infantile botulism

23. Infant 8 day old, high TSH and low T4. If this condition IS left untreated:

Prolonged jaundice
24. Complication of hypernatremic dehydration IS:

Cerebral edema.

25. you are evaluating an Obese, 10 years old boy for diabetes. He has strong Family history of type2 diabetes mellitus. His mother is concern about recent symptoms of polyuria and polydipsia. What of the following is a diagnostic for diabetes mellitus:

a. Non fasting plasma glucose of 210 mg/dl
b. fasting plasma glucose of 110 md/dl
c.2-hour glucose during glucose tolerance test of 165mg/dl
d. acanthosis nigricans on neck
e. symptomes alone are enough to make the diagnosis.

26. Hb 8.5 mcv110fl, reticulocyt count 0.5. Most likely diagnosis is:

Vitamin B12 deficiency

27. Women O positive give birth at term infant A positive. Ht 55% , bilirubin 12 mg/dl. Wich of the following lab findings ABO hemilytic disease:

a positive coombs test

28. 1 years old, failur to thrive, frequent large voids of diluted urine, excessive thirst and episods of dehydration without vomiting and diarea. Over the years family members reports similar history . The most likely diagnosis is:

Diabete insipidus.

29.10 years old , Is having "cold" for 14 days, purulent nasal discharge, facial pain. Most likely diagnosis:

Maxillary sinusitis

30. A 6 month infant with large foul smelling stools Is not gaining weight.

Chloride 68 ????

31. A 5 month old child regularly regurgitates large portions of her feeds. PH probe study showed significant periods of low esophageal PH. The child has normal growth and no other significant past medical history. Which is the best management at this point:

a. barium swallow and upper (GL) gastrointestinal series
b. oral reflux medications
c. esophageal manometry
d. close observation only
e. surgical correction

32. a 6 week old is admitted with jaundice, total Bilirubin is 12mg/dl with direct Bilirubin 5mg/dl. What is most likely the disorder?

a. ABO incompability
b. biliary atresia
c. Rh incompability
d. Gilbert disease
e. breast-milk jaundice
34. A 2 year old boy has Tetralogy of Fallot. Today he arrives with acute febrile illness. On examination, he complains of headaches, lethargy, has nystagmus and ataxia. What will be the most appropriate first test to order?

a. Urine drug screen  
b. Blood culture  
c. Lumbar puncture  
d. CT of brain  
e. Echocardiogram

41. A 2 year old boy is seen because of pallor. His mother sees him drinks 4 glasses of cow's milk a day. A CBS reveals a hemoglobin of 8.2 g/DL and a MCV of 65 fl. Which of the following is compatible with this patient?

A. Decreased red blood cell distribution  
B. Decreased serum ferritin  
C. Increased reticulocyte count  
D. Increased serum iron level  
E. Increased white blood cell count

42. Which of the following reflexes is normally absent in a newborn?

A. STARTLE (moro)  
B. Hand grasp  
C. Crossed adductor  
D. Asymmetric tonic neck  
E. Parachute

43. A 2 year old boy is admitted to the hospital with high fever for 6 days, swelling of the hands and feet, scarlatiniform changes of the tongue, generalized edema, macular rash, and thrombocytosis. Which of the following is the best initial management?

A. Cardiac catheterization  
B. IVIG & aspirin orally  
C. Naproxen orally  
D. I.V pulse corticosteroids  
E. Methotrexate orally

44. A 9 month old girl presents to the ER with respiratory distress, grunting, and cyanosis. You start O2 by face mask, but the child is still in significant respiratory distress and become apnoic. The best next step is?

A. Start chest compression  
B. Perform Heimlich maneuver, maybe the child aspirate something  
C. Obtain blood gas  
D. Send the child for RX-chest  
E. Start bag - valve mask ventilation with 100/100% O2

45. A 5 year old boy presents with a history of grossly bloody urine, puffy eyes & headache for 1 day. He has been well with fever & sore throat about 10 days which resolved with out treatment; most likely diagnosis:

A. Acute cystitis  
B. IgA nephropathy  
C. Acute pyelonephritis  
D. Postinfaction glomerulonephritis  
E. Benign hematuria
46- 10 years old female with fever, pain, swelling in her left elbow for 2 days & right knee for 3 days, today her right knee is OK. The arthritis was preceded by a 3 days history of fever & sore throat 2 weeks ago. Laboratory results reveal un elevated antistreptolysin. The most likely diagnosis is?

A- S.L.E  
B- idiopathic R.A  
C- acute rheumatic fever  
D- gonococal arthritis  
E- psoriatic arthritis

47- Which of the following cancer occurs primarily during childhood?

A- Breast cancer  
B- Renal cell cancer  
C- Wilms tumor  
D- Thyroid cancer  
E- Colon cancer

48- The most important extramedullary site of relapse in childhood acute lymphoblastic leukemia is?

A- Adrenal glands  
B- kidney  
C- lung  
D- heart  
E- Central Nervous System

49- Very-low-birth-weight (< 1500 g) infant are best describes as?

A- predominantly growth restricted  
B- predominantly PREMATURE  
C- predominantly postdate  
D- the result of maternal illness  
E- the result of placental infraction

50- An 18 year old female, you have followed for 6 years, has recently married, she & husband are planning to start a pregnancy. You advise her to start taken folic acid, this is important to prevent?

A- prematurity  
B- skull defects  
C- chromosomal defects  
D- neural tube defects  
E- osteopenia
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11. You are seeing a 4 week infant who appears jaundiced he is growing well without any problem and is exclusively breastfed, his physical examination is notable only for some scleral icterus and jaundice to the appear chest your next course of action would be?

a. abdominal ultra sound examination  
b. fractionated serum bilirubin  
c. observation with follow up appointment in 1 month  
d. liver function tests urine culture

12. what would be the best first line management in preventing exacerbations in patient with chronic asthma?

a. inhaled albuterol (ventolin)  
b. leukotriene inhibitors  
c. antiimmunoglobulin E  
d. inhaled corticosteroids  
e. cromolyn sodium

13. You are seeing a 12 year old female with h fever arthritis oral ulcers malar rash and photo sensibility you suspect she may have an immunologic disease, which of the following tests would be most specific for her disease:

a. antiendomesial antibody  
b. anti double stranded DNA  
c. anti strepolysin antibody  
d. serum immunoglobulines levels

14. Which of the following co morbidity complications is associate with overweight in adolescents?

a. slipped capital femoral epiphysis  
b. hypoglycemia  
c. angina  
d. osteomalasia  
e. fat necrosis

15. nasal polyps in children:

a. may cause serous otitis  
b. are common in early infancy  
c. may cause suffocation or apnea  
d. are associate with cystic fibrosis  
e. are most often cancerous

16. Which of the following causes of congenital infection is associate with cats?

a. cytomegalovirus  
b. rubella  
c. toxoplasma gondi  
d. syphilis  
e. parvovirus B19
17. Patient who should receive prophylaxis for pneumocystis carini pneumonia more than others include those with:

a. X-linked agammaglobulinemia
b. HIV infection
c. chronic granulomatous disease
d. sickle cell disease
e. congenital neutropenia

18. A worried mother calls into report that her 2 days old newborn is bleeding from her bottom, her prenatal and birth history were unremarkable. On physical examination you noticed a bloody serosanguinous fluid oozing from the vagina. There is no bruising or petechia. The most likely diagnosis is:

a. hemophilia A
b. child abuse
c. birth trauma
d. hemangioma of the vulva
e. withdrawal bleeding

19. A 10 years old white female presents with pain and swelling of the right elbow, accompanied with fever of 39°C, she reports that 3 days ago she had painful swelling of the left ankle that subsided this morning. 2 weeks ago she had sore throat. Laboratory results reveal elevated sediment rate, a negative antinuclear antibody, and an elevated anti-streptolysine. The most likely diagnosis is:

a. SLE
b. juvenile idiopathic arthritis
c. acute traumatic fever
d. gonococcal arthritis
e. septic arthritis

20. A 12 months old boy is examined because of refusal to walk. He started to walk at 10 months and has been doing well until this point. On physical examination he is moderately ill child with fever of 39.2°C, externally rotated left hip with limit to passive and active motion. The CRP level is high. The most likely diagnosis is:

a. osteomyelitis of the left femur
b. septic arthritis of the left knee
c. legge perthes disease
d. septic arthritis of left hip
e. ewing sarcoma of the left femur.

21. A 3 years-old boy presents to an urgent care unit with 3 days history of abdominal pain and difficulty walking. Abdominal findings include blood pressure of 120/80 mm Hg, diffuse abdominal tenderness, purpuric rash of hands and ankles, and diffuse periarticular tenderness and swelling of the ankles. The most likely diagnosis is:

a. Systemic lupus erythematosus
b. Kawasaki disease
c. Juvenile rheumathid arthritis
d. Henoch-Schonlein purpura
e. Stevens-Johnson syndrome
22-A 10 years-old boy present to clinic routine preparticipation sports physical. He reports no recent illness or unusual symptoms. On examination you hear a distinct short systolic ejection murmur. It is loudest at the left lower sternal border and is low pitched and somewhat musical nature. When the patient sits upright the murmur is less intense. Which of the following is the most likely diagnosis?

a-Aortic valve regurgitation  
b- Ventricular septal defect  
c-Atrial septal defect  
d- Pulmonary valve stenosis  
e-Vibratory innocent murmur

23-Trisomy 21 is most commonly associated with:

a-Malrotation  
b-Atrioventricular canal  
c-Cleft palate  
d-Renal failure  
e-Sensory neural hearing loss

24- What is the most significant serious complication arising from Kawasaki disease?

a-Coronary aneurisms  
b-Kidney failure  
c-Gallbladder stones  
d-Gastrointestinal bleeding  
e-Hypertension

25- A 20 months-old toddler is seen in the emergency department because of an 8 hours history of difficult breathing. Previously he had been perfectly well. During supper he began having paroxysmal coughing and wheezing. He has not had any previous similar episodes. He has moderately increased work of breathing. On auscultation the wheezing is heard only over his right chest. His vital signs are: temperature 37°C, pulse 136, respiratory rate 60. The most likely diagnosis is:

A. Asthma  
B. Cystic fibrosis  
C. Pneumonia  
D. Foreign body aspiration  
E. Peanut allergy with anaphylaxis

26- A 10 months-old infant has poor weight gain and persistent cough. The mother describes the child as having very large, foul smelling stools for months. Which of the following diagnostic modalities is likely to result in correct diagnosis of the child?

a-CT examination of the chest  
b-Serum immunoglobulins  
c-PPD. Skin test  
d-Inspiratory and expiratory chest X-ray  
e-Sweat chloride test

27- A 15 years-old girl with short stature, neck webbing and sexual infantilism is found to have heart murmur, and weak femoral pulse. Which of the following is the most likely diagnosis?

a-Achondroplasia  
b-Turner Syndrome  
c-Di George Syndrome  
d-Congenital hypothyroidism  
e-Celiac disease
28-a 6 year-old is hospitalized for observation because of short period of unconsciousness after fall from playground swing. He had developed unilateral papillary dilatation, focal seizures, recurrence of depressed consciousness and hemiplegia. Which of the following is the most appropriate measure at this time?

a-spinal tap  
b- CT scan of the head  
c-rapid fluid hydration  
d-naloxone  
e-bilateral burr holes

29-6 year-old boy present with the sudden set of ataxia which of the following is the most likely cause?

a-drug intoxication  
b- agenesis of corpus callosus  
c-ataxia telangiectasia  
d-muscular dystrophy  
e-Friedrich Ataxia

30-a 3 year-old boy parent’s complain that their child has difficult walking Tha child perfomed adequately until a few months ago when the family notical an increased inward curvature of the lower spine as he walks and gait became wadding On examination he has anlargedcalves. Which of the following is the most likely diagnosis?

a-spina bifida oculta  
b-muscular dystrophy  
c-brain tumor  
d-Guillain Barre syndrome  
e-Botulism

31- A 14-year-old girl awakens with a mild sore throat, low-grade fever, and a diffuse maculopapular rash. During the next few hours, she develops tender swelling of her wrists and redness of her eyes. On examination there is marked swelling with mild tenderness of her posterior cervical and occipital lymph nodes. Four hours later the rash has vanished. Which of the following is the most likely diagnosis?

a. Measles  
b. Roseola  
c. Erythema multiforme  
d. Rubella  
e. Erythema infectiosum

32- Which of the following conditions is contraindicated to a diagnostic lumbar puncture?

a. Thrombocytopenia  
b. Bulging fontanelle  
c. Lumbar puncture 2 days before  
d. Marked uncooperativeness on the part of the patient  
e. Significantly elevated WBC count consistent with bacteremia Correct
33- 2 weeks ago, 2 year old boy developed diarrhea, which has persist to the present time despite dietary management. His stools have been watery, pale and frothy without traces of blood. He has been febrile. Examination of his stool is likely to reveal which of the following?

a. Salmonella sonnei  
b. Enterobius vermicularis  
c. Cryptosporidium jejuni  
d. Toxoplasma gondii  
e. Rotavirus

34- An 18 month child presents with a brief, generalized tonic-clonic seizure. He is now postictal and has a temperature of 40°C. During the lumbar puncture (which ultimately proves to be normal), he has a large, watery stool that has both blood and mucus in it. Which of the following is the most likely diagnosis in this patient?

a. Salmonella  
b. Enterovirus  
c. Shigella  
d. Campylobacter  
e. Rotavirus

35- 12 years old ashkenazy jewesh girl has mild anemia, leukopenia and thrompocytopenia. Physic examinations reveals an enlarged spleen. An x-ray of the femur is described as appearing to be “Erlenmeyer flask”. Bone marrow examination shows abnormal cells. Which of the following the most likely diagnosis?

a. Tay-sachs disease  
b. Gaucher disease  
c. Mucopolysaccharidosis  
d. Canavan disease  
e. Glycogen storage disease

36- Which of the following cancer has the highest incidence in young children (<7 years)?

a. Ewing sarcoma  
b. Hodgkin disease  
c. Testicular cancer  
d. Retinoblastoma  
e. Osteosarcoma

37- A12 month-old female infant with failure to thrive is brought to the office. Her parents note that she is very fussy and often spits up after feeding. She also has two loose foul-smelling stool each day. Which of the following foods can she eat safely without aggravating her symptoms?

A) Rice  
B) Wheat  
C) Oats  
D) Barley  
E) Rye
39- An infant born 35 weeks gestation to a mother with no parental care is noted to be jittery and irritable and having difficulty feeding. You note coarse tremors on examination with high pitched cry. Diarrhea and enuresis. You suspect the infant is withdrawing from which of the following?

a. Alcohol  
b. Marijuana  
c. Heroin  
d. Cocaine  
e. Tobacco

40- A primiparous woman whose blood type is O positive gives birth at term to an infant who has A-positive blood and a hematocrit of 55%. A total serum bilirubin level obtained at 36 hours of age is 12 mg/dL. Which of the following additional laboratory findings would be characteristic of ABO hemolytic disease in this infant?

a. A normal reticulocyte count  
b. A positive direct Coombs test  
c. Crescent-shaped red blood cells in the blood smear  
d. Elevated hemoglobin  
e. Petechiae

Q41 - a 3 year old boy is evaluated because of pallor and weakness. Laboratory tests reveal microcytic and hypochromic anemia. The ferritin level is low. Which of the following is the most likely diagnosis?

a. folate deficiency  
b. thalassemia minor  
c. aplastic anemia  
d. iron deficiency  
e. vitamin B12 deficiency

Q42 - a 6 year old boy is examined because of nightly bedwetting. The boy has never had a prolonged period of nighttime dryness and never has "accidents" while awake. He has no dysuria and his urinary steam is normal. What is the most common cause of his primary nocturnal enuresis?

a. urinary tract infection  
b. vesicoureteral reflux  
c. psychological problem  
d. normal developmental variant  
e. unstable bladder
Q43 - a 5 year old boy presents with a history of grossly bloody urine, puffy eyes and headache for a day. He has been a well child but did have a fever and sore throat 10 days ago, which resolved without treatment. The most likely diagnosis is:

a - acute cystitis  
b - Ig A nephropaty  
c - acute pyelonephritis  
d - postinfectious glomerulonephritis  
e - benign hematuria

Q44 - which of the following is regarded as a known complication of treatment with total parenteral nutrition (TPN)?

a - sepsis  
b - renal failure  
c - chronic diarrhes  
d - vitamin A deficiency  
e - irreversible athropy of the mucosa of the small intestine Correct

Q45 - a 3 month old infant presents for a well child evaluation. Which of the following would be a cause for concern in the infant?

a - regurgitation of 15-30 ml of formula 3 times a day  
b - one bowel movement every other day  
c - 3 bowel movements per day  
d - liver span of 5 cm  
e - hemoccult-positive stool

Q46 - during routine screening CBC, a 1 year old is noted to have pronounced eosinophilia. Which of the following is the most likely explanation?

a - bacterial infections  
b - chronic allergic rhinitis  
c - fungal infections  
d - helminth infestation  
e - tuberculosis

Q47 - an 17 year old male is seen in the student clinic for urinary frequency, dysuria and urethral discharge. Which of the following is not likely to explain this condition?

a - herpes simplex  
b - Escherichia coli UTI  
c - chlamydial urethritis  
d - syphilis  
e - HIV infection

Q48 - a 6 week old baby presents to the office. His weight is still near his birth weight. He had a normal gestation and delivery and has not had any signs of illness. The physical examination is normal. A diagnosis of failure to thrive (FTT) is made. Which of the following is indicated?

a - immediate hospitalization and extensive laboratory tests.  
b - increasing the caloric content of formula and frequent weight measurements  
c - starting solid foods since formula is not resulting in good growth.  
d - report the child to the health services and immediate placement in foster care  
e - switching formula to a different cow’s based formula
Q49 - you are evaluating a 5 year old for the first time. His height just below the 5th percentile. Previous growth chart reveals that since 9 months his weight and height are just below the 5th percentile. His mother height is 155cm and his father’s height is 163. History and physical examination is otherwise normal. What is the most likely diagnosis?

a - constitutional growth delay  
b - growth hormone deficiency  
c - noonan syndrome  
d - familial short stature  
e - hypothyroidism

Q50 - a 15 month old male is brought to the pediatrician because he seems much smaller than his two older brothers were at that age. He has been generally healthy except for 2 episodes of otitis media and occasional "colds". He began walking at 11 months and can now say "mama" "dada" and names of his brothers. What is the most appropriate next step?

a - perform a denver development screening test.  
b - ask the mother to complete a 3 day diary of all the food that the child has eaten.  
c - send blood for equantitative immunoglobulins  
d - plot his height and weight on growth chart and compare to previous charts.  
e - obtain a sweat chloride test.

51 . a 4 year old presents with a dry scaling rash wish recurs intermittently. The family history is positive for asthma ,allergy and eczma. Treatment of his eczma includes which of the following?.

a . keeping the skin scrupulously clean with baths twice daily  
b . allergy testing and allergy shots  
c . a strict elimination diet  
d . steroid cream and moisturizing lotion  
e . oral steroid

52 . a teenager who gets stung by a bee develops urticaria within 30 minutes of the sting this reaction is most likely mideted by ?

a . complement C3  
b . IgE antibodies  
c . neutrophilis  
d . T cells  
e . Ig A

53 . a 1 month female is examined because she spits up about a tablespoon of milk-like material after each feed. it does not come out forcefully and contains no blood or bile. she takes 50 cc of formula every 2-3 hours the spitting up often occurs after she is placed on her back in the crib the physical examination and growth percentiles are normal .the most likely diagnosis is ?

a . pyloric stenosis  
b . volvulus  
c . gastroesophageal reflux  
d . gastroenteritis  
e . tracheoesophageal fistula

54. malrotation with volvulus is most likely to be present in which of the following patients?

a . 15 months old with severe paroxysmal abdominal pain and vomiting  
b . 15 year old sexually active girl with lower abdominal pain  
c . 3 day old term infant with bilious emesis .lethargy and abdominal distention  
d . 4 day old premature ( 33 w ) baby who just started nasogastric feedings he has abdominal distention bloody stools and thrombocytopenia  
e . 7 year old girl with abdominal pain vomiting fever diarrhea
55. In female which of the following events signifies the onset of puberty?

a. Menarche
b. Growth spurt (height)

56. A full term neonate is noted to have circumoral cyanosis and twitching of his left hand at 12 hours of age on physical examination he is found to have an absent pupillary response to light and a small penis which of the following is the most likely diagnosis:

a. Hypocalcemia
b. Hypoglycemia
c. Congenital hypothyroidism
d. Congenital heart disease
e. Idiopathic epilepsy

57. A 14 year old adolescent female has insulin dependent diabetes mellitus for the past 7 years she now has a hemoglobin A1C of 14.9% this laboratory test indicates which of the following?

a. Her glucose control is poor
b. She does not have insulin dependent diabetes mellitus
c. She has entered the honeymoon phase of her diabetes
d. She has an underlying infection
e. She is demonstrating the somogy phenomenon Correct

58. A newborn infant has mild cyanosis, diaphoresis, poor peripheral pulses, hepatomegaly and cardiomegaly. Respiratory rate is 60 breaths per minute and heart rate is 250 bpm the child most likely has congestive heart failure caused by which of the following?

a. A large atrial septal defect and valvular pulmonic stenosis
b. Transposition of great vessels and ventricular septal defect
c. Total anomalous pulmonary venous return
d. Hypoplastic left heart syndrome
e. Paroxysmal atrial tachycardia

59. A 6 year old girl underwent removal of a craniopharyngioma 3 mo. previously she is on a thyroid replacement regimen but her mother reports she is very fatigued the next step would be to?

a. Increase the dose of her thyroid medication
b. Schedule a growth hormone stimulation test
c. Measure ACTH and cortisol
d. Obtain an M.R.I study of her hand
e. Measure IGF-1 and IGFBP-3

60. A 20 mo. old child has fever, irritability and refusal to move his right lower extremity. Physical examination reveals a swollen and tender right knee that resists passive motion which of the following is the most important test to confirm the impression of septic arthritis?

a. Examination of joint fluid
b. X-ray of the knee
c. Erythrocyte sedimentation rate
d. Complete blood count
e. Blood culture
11. B
12. D
13. B
14. A
15. D
16. C
17. E
18. E
19. C
20. D
21. D
22. E
23. B
24. A
25. D
26. E
27. B
28. B
29. A
30. B
31. D
32. A
33. E
34. C
35. B
36. D
37. A
38. C
39. B
40. D
41. D
42. D
43. D
44. E
45. E
46. D
47. C
48. B
49. D
50. D
51. D
52. B
53. C
54. C
55. D
56. B
57. A
58. E
59. C
60. A
29. A 6 year old girl is sent home from summer camp with a fever of 38.5°C, stiff neck, photophobia and headache.
LP shows WBC 380 cells/mm³ with 65% polymorphonucleat cells and 35% lymphocytes, normal protein and glucose level,
negative gram stain. Which pathogen is most likely to cause her symptoms:
   a. Nisseria meningitidis.
   b. Strep. pneumonia.
   c. Enterovirus.
   d. Borrelia burdorferi.
   e. Mycobacterium tuberculosis.

31. A 10 year -old girl has had a cold for 14 days prior to the visit, she has developed a fever of 39°C, purulent
discharge, facial pain, and daytime cough. Examination of the nose after topical descongestants shows pus in the
middle meatus. Which of the following is themost likely diagnosis?
   a. brain abscess
   b. maxillary sinusitis
   c. streptococcal throat infection
   d. retrofaringeal abscess
   e. middle ear infection

32. Boy of 2 years-old, who developed noisy breathingon inspiration, marked retractions of the chest wall, flaring of the nostrils
, and barking cough, He has had mild apper respiratory infection for the past 2 days
Which of the following is the most likely diagnosis?
   a. Asthma
   b. epiglotitis
   c. bronchiolitis
   d. viral croup
   e. foreing body in the right bronchus

33. In which of the following a 10 years-old patient would isolation of pseudomona Aeruginosa from the sputum be likely?
   a. Child with tetralogia of Fallot undergoing cardiac repair
   b. Child with fibrosis cystic who has moderate cough severe lung desease
   c. a previously well child presenting with temperature of 40°C, a left lower lobe infiltrate, and white blood cell
count of 20.000/m3
   d. Child with asthma previouslu under good control, who presents with wheezing unresponsive to bronchiodilators
   e. An adolescent who has recently been using hot tub

34. 2 month old child is seen at your clinic for the first time. The child was born at home , and this is the first well child visit.
Risck factorsfor infant botulism that should be communicated to the pearents include:
   a. gardening
   b. home construction
   c. frozen vegetables
   d. honey
   e. all of the above
35. A 15 years-old white girl develops bloody diarrhea on the 6 day of hospitalization for therapy of presumed bacterial pneumonia. She has received intravenous Ampicillin. Fever and tachypnea resolved and her oxygenation now is normal. In fact, she was scheduled for discharge. Which of the following actions would be most appropriate?

a. Switch the antibiotic to third generation cephalosporins
b. Discontinue Ampicillin
c. Obtain ventilation-perfusion scan
d. Obtain CT scan of the abdomen
e. Add erythromycin or doxycycline

36. Newborn develops sepsis and shock, the pathogen that most commonly causes systemic and focal infection in newborn is:

a. Staphylococcus Aureus
b. Group A streptococci
c. Group B streptococci
d. Escherichia coli
e. Herpes simplex virus

37. Which of the following tumors is associated with Epstein-Barr virus infection?

a. Kaposi sarcoma
b. Burkitt lymphoma
c. Neuroblastoma
d. Wilms tumor
e. Carcinoma of colon

38. Which of the following cancers occurs primarily during childhood?

a. Breast cancer
b. Renal cell cancer
c. Wilms tumor
d. Prostate cancer
e. Colon cancer

39. A 4 year-old boy with anemia has a bone marrow biopsy that shows 4% blasts. No blasts are seen on peripheral blood smear. Finding on physical examination and another studies are normal. Most likely diagnosis?

a. Acute Lymphoblastic leukemia
b. Acute myelogenous leukemia
c. Chronic myelogenous leukemia
d. Preleukemia Syndrome
e. This is a normal bone marrow biopsy

40. Most important extramedullary site of relapse in childhood acute lymphoblastic leukemia (ALL):

a. Adrenal glands
b. Kidney
c. Heart
d. Lung
e. Central nervous system
41. The developmental appropriate age of child who scribbles, walks alone, speaks one real word and pretends to drink from a cup is:
   a. 7 months.
   b. 13 months.
   c. 20 months.
   d. 24 months.
   e. 30 months.

42. The developmental appropriate age of child who rolls back to front, has a thumb finger grasp, self inhibits to “no” and bangs two cubs is:
   a. 8 months.
   b. 12 months.
   c. 15 months.
   d. 3 months.
   e. 18 months.

43. A 10 years old girl has had diplopia, ptosis and weakness of her neck flexors for 2 months. Symptoms are worse in the evening and usually less severe awaking on the morning. No fasciculation or myalgia, her deep tendon reflexes are normal. The most likely diagnosis:
   a. Hysterical weakness.
   b. Muscle dystrophy.
   c. Spinal muscular atrophy.
   d. Botulism.
   e. Myasthenia Gravis.

44. A 4 year old boy is evaluated for his first generalized tonic-clonic seizure which lasted 10min. No history of illness or fever and findings on examination after the seizure are completely normal. The most appropriate management is:
   a. Begin therapy with Carbamazepine.
   b. Order EEG.
   c. Order CT scanner of the brain.
   d. Order MRI of the brain.
   e. Order psychometric testing.

45. A 15 months old girl is evaluated for a 10 min long generalized seizure associated with a temperature of 40°C. Which of the following factors in the list is most likely to increase the risk of future seizures?
   a. Apgar 3-5.
   b. Family history of epilepsy.
   c. Clinical evidence of roseola.
   d. Female gender.
   e. Presence of 2-café au lait spots.
46. A 3 months old infant presents for a well-child evaluation. Which of the following complaints would be a cause of concern?

a. Regurgitation of 15-30ml formula 3 times a day.
b. One bowel movement every other day.
c. Three bowel movements per day.
d. Liver edge palpable 2 cm below the right costal margin.
e. Hemoccult-positive stool.

47. A 3 years old hearing impaired child playing with his hearing aid. No battery can be found, and the child is noted to be drooling. The most appropriate next step in treatment would be:

a. Ensuring consumption of fluids.
b. Ipecac administration.
c. Activated charcoal administration.
d. Chest and abdominal X-ray studies.
e. Observation and follow up in 24 hours.

48. Nosebleeds in children arise most commonly from:

a. Turbinates.
b. Nasopharynx.
c. Post septum.
d. Kiesselbachs plexus (ant septum).
e. Maxillary sinus.

49. A 30 minutes old term 3-4kg baby born of spontaneous vaginal delivery is noted to have acrocyanosis. Most important next step:

a. Perform a sepsis evaluation.
b. Perform a CBC followed by a sepsis work up if neutropenia is found.
c. Keep infant warm.
d. Begin oxygen administration.
e. Hold oral feedings until acrocyanosis resolves.

50. Bilateral and multiple retinal hemorrhages, presenting in the sixth week of life in a previously normal lethargic neonate, without any other physical finding. Are most likely due to:

a. Birth trauma.
b. Nuchal cord.
c. Vacuum extract.
d. Being large for gest age.
e. Child abuse.

51. Very low birth weight <1500 gr infants are best described:

a. predominantly growth restricted
b. predominantly premature
c. predominantly post dates
d. the result of maternal illness
e. the result of placental infarction
52. A 3 year old boy presents to your office with sudden onset of cola colored urine, progressive facial swelling over the past 3 days, and decreased urine volume over the past day. On examination: blood pressure 130/80 mmHg, periorbital edema, bibasilar rales, and ankle swelling. His urinalysis is remarkable for 3+ hematuria, 1+ proteinuria, 100 red blood cells, and red blood cell casts, his serum electrolytes are normal and the serum albumin is 3.2 g/l. This clinical presentation is most consistent with:

a. acute renal failure
b. acute pyelonephritis
c. nephrotic syndrome
d. acute glomerulonephritis
e. chronic renal failure

53. A 3 year old boy presents to an urgent care clinic with a 3 day history of abdominal pain and difficulty walking. Abnormal findings include blood pressure of 120/80 mmHg diffuse abdominal tenderness. Purpuric rash of the hands and ankles and diffuse periarticular tenderness and swelling of the ankles. The most likely diagnosis is:

a. systemic lupus erythematosis
b. Kawasaki’s disease
c. juvenile rheumatoid arthritis
d. henoch-schonlein purpura
e. stevens johnson syndrome

54. A 3 year old girl presents acute onset of lethargy and pallor the child has bloody diarrhea for 5 days that cleared one day prior to presenting to your office, she also notes acute onset of cola colored urine. On examination the patient is pale and lethargic pressure 120/80 mmHg. The most appropriate next step:

a. urinalysis
b. x ray of the abdomen
c. midstream urine culture
d. blood cell count and smear
e. prothrombine time

55. 1 month female infant is presented with chief complaint of poor feeding and lethargy, the parents report that the child was well until 3 days earlier when poor feeding began pulse rate is 280 beats/min, respiratory rate is 50/min blood pressure is 80/50 mmHg. Physical examination shows a gallop rhythm and an enlarged liver palpable 2-3 cm below the right costal margin. The most appropriate diagnostic test for this patient would be:

a. chest radiograph
b. CBC complete blood count
c. ECG
d. arterial blood gases
e. blood culture

56. 2 month old infant with supraventricular tachycardia a initial management:

a. vagal stimulation
b. cardioversion
c. defibrillation
d. digitalization
e. intravenous verapamil
57. A previously healthy 7 year old girl has a 3-wk history of fever, myalgias, and appositive blood culture for staphylococcus aureus. The past medical history is negative including a normal camp physical examination 6-mo ago, which did not reveal any heart murmur. After repeating a blood culture, the next step in her evaluation should be:

a. chest radiograph
b. complete blood count
c. echocardiogram
d. bone scan
e. dental clinic appointment

58. The most frequent presenting manifestations of pheochromocytoma in children is:

a. night mares
b. abdominal pain
c. polyuria and polydipsia
d. weight loss
e. hypertension

59. A 7 day is admitted to the hospital for evaluation of vomiting and dehydration, physical examination is normal except for minimal hyperpigmentation of the nipples. Serum sodium and potassium concentrations are 120 meq/l (low) and 9 meq/l (high), respectively. Which of the following is the most likely diagnosis:

a. pyloric stenosis
b. congenital adrenal hyperplasia
c. secondary hypothyroidism
d. panhypopituitarism
e. hyperaldosteronism

60. A 6-wk has gained no weight since birth. Her skin appears mottled, and an indirect bilirubin level is measured at 15 mg/dl (high) her extremities are cold and her temp. is 35c, the most likely diagnosis is:

a. kernicterus
b. sepsis
c. galctosemia
d. hypothermia
e. hypothyroidism

61. A 12 years Jewish girl suffer from anemia, leukopenia, thrombocytopenia, large spleen on x-ray femur show erlenmeyer flask, abnormal bone marrow the most likely diagnosis?

a. tay-sachs disease
b. gunker disease
c. mucopolysaccheridosis
d. canavan disease
e. glycogen storage disease
62. The disease pass through mother affect sons and daughter in variable manifestation in affect sibling. most likely?

a. mitochondrial inheritance  
b. multifactorial inheritance  
c. x-linked recessive inheritance  
d. autosomal rcessive  
e. enviromentaly induce

63. RAST determinds?

a. bronchial reactivity serotonin  
b. bronchial reactivity after inhalation bronchial provocation test  
c. the proportion to the allergic immunoglobulin  
d. antigen specific serum ige concentration  
e. overall allergic risk profile based on absolute eosinophil, total ige and skin test

64. A 12 years boy complain from sneezing, clear rhinorrhea, itching physical exam reveals boggy pale nasal edema clear discharge most likely diagnosis?

a. foreign body  
b. vasomotor rhinitis  
c. netrophilic rhinitis  
d. nasal mastocytosis  
e. allergic rhinitis

65. 3 year old female pt. coughing and wheezing what the strong risk factor for persistent asthma in toddler with recurrent wheezing?

a. eczema  
b. colic  
c. living on farm  
d. female gender  
e. OM with effusion

66. What the effective screening test for T cell function?

a. absoult lymphocyte count  
b. flow cytometry for CD4 (helper) + CD8 (cytotoxic)  
c. respiratory burst assey  
d. candida skin test  
e. mump AB titer after mumps vaccination

67. Infection typical to pt. with cellular immunodeficiency?

a. plasmodium vivax  
b. strep. Pneumonia  
c. staphy. Aureus  
d. pneumocyçoisitis carini pneumonia  
e. hemephilus influenza
68. A 4 year white female pt. joint swelling with multiple joints for 6 months slow to move in morning, move as if stiff for the first hour of the day, very active child, no rash, very little limitation of range of motion, ESR is 4. What is the diagnosis?

a. Hypermobility Syndrome
b. Dermatomyositis
c. SLE
d. JRA
e. HSP

69. Component of diagnostic criteria SLE in children?

a. Leukocytosis (more than 15,000 WBC)
b. Persistent proteinuria
c. Subcutaneous nodule
d. False-positive heterophile test
e. Erosive arthritis involving two or more peripheral joints

70. Newborn, congenital heart block, most likely etiology?

a. GB strep.
b. Neonatal Echovirus infection
c. Gestational DM
d. Maternal lupus
e. Gray baby syndrome

71. Regarding resuscitative efforts in a child, the most important goal is:

a. Restoration of age-appropriate heart rate.
b. Appropriate movement of the chest wall.
c. Auscultation of equal breath sounds in both lungs field.
d. Adequate oxygen delivery and utilization for the body tissues.
e. Palpation of equal pulses in all four extremities.

72. Which statement is true relative to childhood atopic dermatitis?

a. The prevalence of atopic dermatitis is decreasing.
b. It's usually caused by dietary protein allergy.
c. The condition usually improves by age 5 years.
d. Atopic dermatitis is associated with dry skin.
e. Atopic dermatitis is usually asymptomatic.

73. A 2 day old well-appearing full-term white neonate experience multiple firm, yellow-white, 1-2 mm pustules or papules with a surrounding erythematous flare on the trunk. Wright strain of the lesion shows numerous eosinophils. The most likely diagnosis:

a. Erythema toxicum.
b. Pustular melanosis.
c. Acropustulosis.
d. Eosinophilic pustular folliculitis.
e. Herpes simplex virus infection.
74. A 2-year old boy is noted to be drinking from a container filled with kerosene. He immediately coughs, becomes tachypnic, and is brought to the hospital. The best approach to his treatment is to:

a. Induce emesis.
b. Perform nasogastric tube lavage.
c. Instill mineral oil.
d. Administer steroids.
e. None of the above.

75. A previously healthy 5-month-old infant develops bronchiolitis. On the fourth day of illness she is noted to have bulging, opaque, white ear drums bilaterally. Which of the following treatment regimens is the most appropriate to institute?

a. High dose oral amoxicillin.
b. Intramuscular Ceftriaxone.
c. Oral Cefixime.
d. No initial antibiotic treatment.
e. Oral azithromycin.
86. A preterm baby 27 week 1050 gr, was ventilated post delivery due to RDS and his condition improved to 85%O2 after 1.5 hour of surfactant is given the expected change in blood gases is:

a. decrease bicarbonate  
b. increase pco2  
c. increase po2  
d. metabolic acidosis  
e. respiratory acidosis

87. A five days baby is sleepy and refuse to be feed for several hours, in his anamnesis (past history) was noted that he was born to a mother with g6pd deficiency in the physical exam it was revealed that he is suffering from severe jaundice specially arching around his neck during the exam it was revealed that he is suffering from apnea and seizures followed by asystole and all CPR failed, what is the clinical test that should be performed at the age of two days to avoid such complication?

a. bilirubin level  
b. serum sodium  
c. serum potassium  
d. serum  
e. serum calcium level

88. In asymptomatic infant is diagnosed with congenital CMV infection by urine culture taken at the age of 3 days, parents are requiring regarding future complication, which of the following correct?

a. autism is expected  
b. possible progressive neural hearing impairment  
c. blindness by age of year is expected  
d. chronic liver failure is expected most prominent liver injury  
e. cardiac defect is most common isolated finding

89. Twelve year old child is being followed in clinic for asthma, his treatment is inhaler but he is still coughing you are considering whether to increase the steroid dosing, which of the following will assist with decision making:

a. pulmonary function test  
b. chest x-ray  
c. serum IgE levels  
d. CBC with differential  
e. skin test

90. Which of the following is considered a risk for a sudden death syndrome:

a. pertussis vaccine  
b. milk energy  
c. lying down in cold environment  
e. prone position
91. A 9 year old examined in clinic for right otitis with purulent discharge, she has been treated 3 times previously for otitis in the past. Additional history child has a chronic cough for years and even had pneumonia 3 times in the past. Which of the following may assist in identifying the syndrome in which these findings are common:

a. assess signs of maturity
b. urin analysis and urinary add blood protein
c. assess child is breathing with an open mouth
d. assess tonsil size
e. heart auscultation

92. A 2 year old has surgery for bowel obstruction, the cause is thick meconium with no other anatomic abnormality. Which of the following tests should be performed?

a. sweat test
b. abdom US to rule out other malformations
c. barium enema to rule out chronic malformations
d. barium swallow to rule out proximal malformation
e. rectal biopsy

93. A 9 year old child is being examined for bilateral knee and right elbow pain and mild swelling. On the posterior aspect of the thighs and buttocks she has mildly raised rash that does not disappear when compressed. What should the family be recommended:

a. there is no need for follow up if the rash resolves
b. follow blood press and urinalysis
c. complement and IgA levels should be tested
d. the child should be admitted for treatment with high dose methylprednison
e. oral penecillin treatment for 10 days should be given

94. A 4 year old checked in clinic for paraorbital and paratibial swelling, on physical exam there is pitting edema to the level of the knees with normal blood pressure, urinalysis protein plus 4, traces of blood. Lab normal, creatinin, low albumin and elevated cholesterol. Which is correct regarding the child's disease:

a. tow days of albumin infusion are recommended
b. kidney biopsy and steroids
c. macroscopic hematuria will follow
d. in most cases no reacurance after treatment
e. no increased risk for infectious diseases

95. The parents of a 5 year old notice he is snoring during sleep. The child has problems staying awake in preschool and has behavior problems, the father allsows snors. On physical exam large tonsils with no exudat. What is the next step?

a. laryngoscopy
b. sleep lab
c. apnea ambulatory monitoring
d. telemetry
e. arterial blood gas testing
96. Regarding resuscitative efforts, the most important goal is?

a. Restoration of age-appropriate heart rate  
b. Appropriate movement of the chest wall  
c. Auscultation of equal breath sounds in both lung fields  
d. Adequate oxygen delivery and utilization for the body tissue  
e. Palpation of equal pulses in all four extremities

97. A 5-year-old is noted by the parents to snore at night. The child has also had problems staying awake in preschool and has had behavioral problems. The father also snores. Physical examination of the child reveals large, pink, nonexudative tonsils. The most appropriate next step is?

a. Laryngoscopy  
b. Sleep laboratory  
c. Ambulatory apnea monitoring  
d. Telemetry  
e. Arterial blood gas analysis

98. Infant botulism is suspected in a 2-month-old infant. What is the best test to confirm the diagnosis?

a. Lumbar puncture  
b. CT scan  
c. Muscle biopsy  
d. Electromyography  
e. Stool simple

99. An 8-year-old boy is having repeated episodes of minimal change nephrotic syndrome. One every episode was treated with prednisone. Till the proteinuria resolved however it recurred immediately after treatment cessation for which of the following is the boy increased risk for?

a. Reduced fertility  
b. Chronic renal failure  
c. Wilms tumor  
d. Osteoporosis  
e. E-deafness

100. A 1-year-old infant is having an intermittent rash in the face in extremity folds that itches mostly at night, his brother had a similar rash during infancy that has resolved. What is the most probably diagnosis?

a. Atopic dermatitis  
b. Scabies  
c. Seborrheic dermatitis  
d. Contact dermatitis  
e. Psoriasis

101. Which of the following is correct regarding an immune deficient in a child?

a. Antibiotics should be avoided  
b. Live attenuated vaccine can be given to a patient with agammaglobulinemia  
c. Agammaglobulinemia is clinically symptomatic at 1-3 months  
d. Di George syndrome involves B cell deficiency  
e. Patient with only IgA deficiency may be asymptomatic
102. A 1.5 year old is brought to the clinic by his parents due to lack of appetite and palor. On physical examination his weight is 7 kg HR-120, Hgb-7, MCV- 60 , MCH- 19, WBC-5300, PLT- 200000. What is the diagnosis?

a. gluten sensitivity (celiac)
b. parvovirus B19
c. ALL
d. Gaucher disease
e. Thallasemia major

103. An 8 day old infant is brought to the ER because of palor and increase bleeding following circumcision. Hgb-7, MCV-90, WBC- 5600, PLT-340000, PT- 98%, PTT- 100 sec. Which is the most likely diagnosis that cause the prolonged PTT?

a. factor XIII
b. factor VII
c. factor X
d. factor VIII
e. factor XII

104. A 5 year old brought by his parents to the ER due to fever, weakness and abdominal pain for the last 2 weeks. The boy is usually healthy. He looks ill, liver is palpated 4 cm and the spleen 5 cm below the rib-cage. On CBC: hgb-5, MCV-80, WBC-34000, PLT- 24000, reticulocytes- 0.5%. What test will assist the diagnosis?

a. direct coombs test
b. coagulation panel
c. bone marrow aspiration
d. abdominal US/CT
e. chest X ray

105. A 4 year old boy is referred for evaluation due to abdominal distension. Abdominal US demonstrate a mass of the left kidney. What is the diagnosis?

a. Burkitts lymphoma
b. neuroblastoma
c. clear cell sarcoma
d. adenocarcinoma
e. Wilms tumor

106. A 2.5-years-old toddler is bought to the ER by his parents due to general seizure at home that lasted about a minute. At the ER his temperature is 39.5 and acute otitis is identified. His physical examination is otherwise normal (including neurologic examination). What is the next step at the ER?

a. head CT
b. LP
c. EEG
d. Observation for a few hours
e. Blood gases, lactate
107. Sever hypotonia without tendon reflex is identified on routine examination of a 2 months-old infant. What is the most probable diagnosis?

a. Werding-tloffman (spinal muscular) atrophy
b. Tay-Sacki
c. Canavan
d. Krabbe
e. Neurofibromatosis type 1

108. Which of the following is the most likely diagnosis of 3-years-old boy that run in circles, avoids eye contact, and does not talk?

a. ADHD
b. CD
c. Dyslexia
d. Infantile autism
e. Mental retardation

109. The treatment of cyanotic spell in a child with tetralogy of Fallot include all of the following except:

a. Oxygen delivery
b. Ice bag over the face
c. Calming down the child
d. Morphine
e. Phenylephrine

110. A 3 years-old boy referred for evaluation of recurrent nasal bleeding for past 2 weeks, on CBC: PLT-3,000 which of the following is not associated with the diagnosis of acute immune thrombocytopenia purpura (ITP)?

a. Neutropenia (absolute neutrophil count=200)
b. Viral infection a month prior to admission
c. Iron deficiency anemia (Hgb=9)
d. Mild spleen enlarge (2 cm below the rib cage)
e. Blood urine

1. A 12-year-old boy is complaining of fever, fatigue, sore throat, and abdominal pain for 10 days. On physical examination there are tonsils exudates, diffuse lymphadenopathy, and enlarged spleen up to 3 cm under the rib cage. 2 days ago throat swab was sent for culture and moxypen (amoxicillin) treatment initiated, the cultures are negative but in the meantime a diffuse rash appeared. What is the fastest and simplest test that will support the most probable diagnosis?

a. Blood cultures
b. Blood smear
c. Repeated throat swab
d. Urinalysis

2. An 8-month infant arrives to the ER due to fever, vomiting, and somnolence that started today. The infant appears ill and somnolent and on examination he has bulging fontanelle and nuchal rigidity. There are no other abnormal findings. On CBC - 25000 mostly neutrophils, Hgb-11, PLT -320000. What are the most likely diagnosis, investigations, and treatment?

a. Viral meningitis, stool cultures, blood cultures, L.P, antibiotics
b. Bacterial meningitis, L.P, dexamethasone, immediately followed by antibiotics
c. Bacterial meningitis with meningismus, head CT, L.P, antibiotics according to results
d. The beginning of roseola infantum, L.P, decision based on results
3. A usually healthy with up to date immunizations 3.5 year old girl is having fever and cough for 2 days. On physical examination, saturation is normal with decreased air sounds and crepitus over the base of the right lung. On CBC, WBC-19000 with 80% PMN. Chest X RAY demonstrates right lower lobe infiltrate. Which of the following is the recommended first choice treatment?

a. Azithromycin (Azinil)
   b. Ceftriaxone
   c. Amoxicillin-clavulanate (Augmentin)
   d. i/v Gentamycin
   e. Amoxicillin (Moxypen)

4. A 3 year old child is having fever 40 c, bloody diarrhea. Which of the following complications is not likely??

a. confusion, headache and seizures
   b. hemolysis, anemia and reduced kidney function
   c. electrolytes abnormalities, mainly hyponatremia
   d. Gram negative bacteria, growth on stool culture
   e. Dyspnea and pneumonia

5. A baby is born at 40 weeks term following a pregnancy with no medical observation or tests performed by the mother-the baby 1.9 Kg, ead diameter 28 cm, and there is purpuric rash and enlarged spleen and liver, thrombocytopenia, increased liver enzymes, head U.S -calcification around the ventricles. What is the most probable intrauterine infection??

a. EBV
   b. Varicella
   c. Parvovirus B19
   d. CMV
   e. Syphilis

6. Which of the following children should be admitted for urinary tract infection?

a. a 1 year child that also passed diarrhea X3 today
   b. a 6 year girl complaining of flank pain
   c. a 5 year girl with a history of UTI at the age of 1 year
   d. a 3 week old infant with fever 38.5c
   e. a 4 year girl with fever of 39c, with burning sensation and urinary urgency

7. A 4 year old boy is brought to the ER with high fever and swelling of the right eye. The eye is shut with swelling and redness of the eyelid. The ophthalmologist finds conjunctival edema with yellowish discharge and the eye ball movements are limited. What is the most appropriate therapeutic approach?

a. i.v. antibiotic and orbital and nasal cavities CT scan
   b. oral antibiotic and antibiotic eye drops
   c. i.v. antibiotic without imaging
   d. i.v. antibiotic and right orbital US
   e. urgent surgery to save the right eye

8. A 2 year child is admitted for high fever, difficulty in eating and drooling. On examination, there is a right torticollis. With right submandibular lymphadenopathy. The parents describe his voice as “blurry”. Inspection of the right pharynx reveals tonsils exudates. What is the appropriate treatment?

a. neck imaging and initiate in treatment
   b. initiate oral penicillin
   c. tube feeds due to difficulty in eating
   d. initiate fluid support (for mononucliosis)
   e. immediate intubation
9. A usually healthy 6-month-old infant has a 5 days of fever up to 40°C and no other complaints. For the past 24 hours there is a maculopapular rash over the face and body. Today the fever is decreasing. What is the most likely diagnosis?

a. measles
b. varicella
c. roseola infantum
d. Kawasaki
e. scarlet fever

10. An infant has swallowed several pills at his grandmother’s house. He is found unconscious and later develops a seizure. On ECG there is QRS widening. What did he most likely swallow?

a. ibuprofen
b. carbamazepine
c. tricyclic antidepressant
d. oral hypoglycemic agent
e. salicylates

12. Which of the following is correct about type 1 diabetes?

a. Incidence is constantly increasing.
e. similar incidence in Western countries

13. A 5-year-old boy diabetic, prot+1 ketons+4 gluc+4:

a. ketoacidosis
b. meckle diverticle

c. meckle diverticle

17. A 1-month-old comes to the ER with distended abdomen, vomiting, metabolic alkalosis:

a. Diagnosis with abdominal US
b. Diagnosis will show nephrologic dysfunction
c. Examination will show a palpable olive abdomen
d. The patient can be without jaundice

18. A 10-year-old child is going under an upper endoscopy test for a complaint of epigastric pain, ulcers were found:

a. the ulcer are all a cause of H. pylori
b. pain will be showed immediately after meals
c. iron deficiency anemia can accompany
d. pain while sleeping is atypical
e. no antibiotic therapy is needed

19. A 2-year-old male with FTT, diarrhea, distended abdomen, in blood test was found to be positive to TransGlutaminase Antibody:

a. higher incidence in trisomy 21
b. start gluten free diet
c. constipation canceled the suspected diagnosis
d. avoid rice
e. biopsy will be normal
20. 15 year old with mononucleosis 2 weeks ago, comes now to your office the mom complaint of restless and apathy and bilious vomiting of the child, for a correct diagnosis:

a. abdominal ultra sound
b. administer Ampicillin immediately
c. bowel retraction
d. 60% chance of recurrence
e. The more probable diagnosis is meckel’s diverticulum

23. which of the following is CORRECT regarding normal development of a 2 year old child?

a. independently copies an image
b. gets dressed without sentences
c. uses two word sentences
d. identifies colours
e. draws a circled human face

24. Which of the following that seem as advanced progress of neurological development is suspicious of significant pathology and requires investigation??

a. steady seating at the age of 6 months

25. a 2 month old girl has a rapidly growing hemangioma involving the perioral region bilaterally. With symmetric extension into the chin and neck. She was born 8 week premature with an other wise benign medical history. The most appropriate next step in patient management is?

a. laser surgery
b. skin biopsy
c. reassurance that the lesion will go away on it’s own
d. inhaler prescription
e. ENT evaluation
1. B
2. B
3. C,E
4. E
5. D
6. D
7. A
8. A
9. C
10. C
11. 
12. A
13. A
14. 
15. 
16. 
17. A
18. C
19. A
20. A
21. 
22. 
23. C
24. A
25. E
1. The most common neurological sequelae associated with bacterial meningitis in children is:

A. mental retardation  
B. chronic seizure disorder  
C. impaired vision  
D. impaired hearing  
E. behavioral disturbance  

2. The most common cause of viral meningoencephalitis in children is:

A. An enterovirus  
B. Herpes simplex virus  
C. An arbovirus  
D. dmumps virus  
E. A respiratory virus  

3. A 12-year old girl experiences acute monocular blindness of 2 days duration past medical history reveals that she has had headaches for the past 3 years that she cannot characterize one brief episode of diplopia, and one episode of parasthesias of the feet. The episodes were hot related in time, did non occur in immediate proximity to the headache, and resolved spontaneously. Finding of physical examination, including the funduscopic examination, are unremarkable other than reduced visual acuity. The most important diagnostic step is to perform:

A. CT scan  
B. MRI  
C. A electroencephalogram (EEG)  
D. peripheral nerve conduction test's  
E. A sural nerve biopsy  

4. Which of the following is the etiology in most cases of myasthenia gravis?

A. inheritance as a recessive trait .  
B. inheritance as an X- linked trait .  
C. postinfectious usually after either influenza or chickenpox.  
D. autoimmune disorder  
E. idiopathic  

5. A 3-year old boy presents to an urgent care clinic with a 3-day history of abdominal pain and difficulty walking. Abnormal findings include blood pressure of 120 /80 mm Hg.diffuse abdominal tenderness and swelling of the ankles. The most likely diagnosis is:

A. Systemic lupus erythematosus  
B. Kawasaki's disease  
C. Juvenile rheumatoid arthritis  
D. Henoch-schoenlein purpura  
E. Stevens-johnson syndrome
6. A 12 year old boy presents with 1 year history of worsening polyuria and a 2 to 3 wk history nausea fatigue and malaise serum creatinine is 4.0 mg dl bicarbonate is 15 mg dl. Urinalysis shows specific gravity of 1.004 trace leukocytes trace blood and no protein with 3-5 WBCs per high-power field, 3-5 RBCs per high-power field and no RBC casts which of the following is the most likely diagnosis?

A. acute poststreptococal glomerulonephritis  
B. chronic interstitial nephritis  
C. minimal-change nephritic syndrome  
D. acute interstitial nephritis  
E. chronic glomerulonephritis

7. Trisomy 21 is associated with?

A. malrotation  
B. endocardial cushion defect  
C. cleft palate  
D. renal disease  
E. sensonynural hearing loss

8. What is the most significant complication arising from Kawasaki disease?

A. coronary aneurysms  
B. kidney failure  
C. gallbladder hydrops  
D. gastrointestinal bleeding  
E. hypertension

9. Which of the following medication groupings most appropriate for a patient older than 5 years with moderate persistent asthma?

A. none  
B. a daily low dose inhaled corticosteroid  
C. a daily low dose inhaled corticosteroid and a long acting inhaled beta 2 agonist  
D. a daily oral corticosteroid  
E. a daily medium dose inhaled corticosteroid and inhaled nedocromil

10. Peripheral pulmonic stenosis patent ductus arteriosus, retinopaty, cataracts, hepatosplenomagaly, jaundice and nerve deafness are the clinical manifestation typically associated with which of the following congenital defects?

A. toxoplasmosis  
B. syphilis  
C. rubella  
D. cytomegalovirus  
E. hiv

11. A newborn has a dysmorphic feature. The pregnancy was complicated by a breach presentation. He shows decreases movements, polyhydramnios, hypotonia, flat face, flat occiput, epicanthal folds and abdominal distention. The cause of this is:

A. Trisomy 13  
B. Trisomy 18  
C. Edward syndrome  
D. Trisomy 8  
E. Trisomy 21
12. An 11 year old girl is examined because of fatigue, arthralgia and malar rash. Laboratory reveals positive anti nuclear antibodies. You suspect SLE. What test if positive with be the most specific for diagnose SL:

A. Anti- smith antibodies  
B. Anti double strand antibodies  
C. Anti phospholipid antibodies  
D. Anti cardiolipin antibodies  
E. Antinuclear antibodies

13. An 18 month girls is examine because of a blood streak stools .the stool is grossly positive for hemoccult blood test. She complain of constipation. What is the most likely the diagnosis:

A. Anal fissure  
B. Peptic ulcer  
C. Mallory Weiss syndrome  
D. IBD  
E. Necrotizing enterocolitis

14. Galactosemia, a disorder of carbohydrate metabolism, is inherited in an autosomal recessive pattern. What are the risk of galactosemia in parents who are both carriers of the disorder:

A. 100  
B. 75  
C. 50  
D. 25  
E. 10

15. A 3 yr old present to the pediatrician with fever, pallor, anorexia, joints pain, petechiae and hepatosplenomegaly. The most likely the diagnosis is:

A. Acute lymgenous leukemia  
B. Acute Myelogenous Leukemia  
C. Juvenile chronic myelogenous leukemia  
D. Aplastic anemia  
E. Osteosarcoma

16. Neonate born at 28 weeks gestation is now 2 weeks of age. Nasagastric feeds are started. 48 hours after starting feeds the neonate develops a distended abdomen, bloody stool, pneumatosis intestinalis, and free air on abdomen radiograph. Laboratory studies reveal thrombocytopenia. The child becomes hypotensive. The most likely diagnosis is:

A. intestinal obstructions  
B. aspiration pneumonia  
C. malrotation  
D. necrotizing enterocolitis  
E. jejunal atresia
17. You are called to delivery room for a routine birth. The infant cries when the cord is cut. You examine the child under the warmer and notice that when he stops crying, his chest heaves and he turns blue. You are unable to pass the nasogastric tube through the nose for suctioning. Which condition is the most likely causing the infant's respiratory distress?

A. choanal atresia  
B. vocal cord paralysis  
C. subglottic stenosis  
D. recurrent laryngeal nerve damage  
E. laryngeal web

18. A 6-month old male infant presents to the pediatrician with arresting heart rate of 50 beat per minute. Physical examination reveals no rash, and there is no history of rash. On chest radiograph there is no cardiomegaly. The family history reveals maternal system lupus erythematosus. Which of the following diagnoses is the most likely cause of bradycardia?

A. lyme disease  
B. congenital complete heart block  
C. sinus node dysfunction  
D. cardiomyopathy  
E. sinus bradycardia

19. A 12 month-old infant present with hemoglobin level of 7.5 and hematocrit 22% the mean corpuscular volume 65 and the adjusted reticulocyte count is 1%. What is the most likely cause of the anemia in this child?

A. iron deficiency  
B. chronic disease  
C. transient erythrocytopenia of childhood  
D. talassemia  
E. parvovirus b19 aplastic crisis

20. Feeding between 6-12 months of age characterized by:

A. willing to be fed by a stranger  
B. struggle for independence  
C. the infant uses a spoon for feeding  
D. poor weight gain reflectus a disease  
E. the infant object to holding a spoon

21. Growth between 6 and 12 years is characterized by annual weight and height increments of:

A. 3.5 kg, 6 cm  
B. 6 kg, 3.5 cm  
C. 5 kg, 10 cm  
D. 10 kg, 5 cm  
E. 1.5 kg, 5 cm

22. Regarding resuscitative efforts in children, the most important goal is:

A. restoration of age appropriate heart rate  
B. appropriate movement of the chest wall  
C. auscultation of equal breath sounds in both lung fields  
D. adequate oxygen delivery and utilization of the body tissues  
E. palpation of equal pulses in all four extremities
23. A 9 month old boy is brought to the emergency room in limp and unresponsive state. Initial examination shows a pulse rate of 35/min and occasional irregular breaths. After initiation of cpr (including tracheal intubation) delivery of oxygen via positive - pressure breaths and chest compression, multiple attempts to insert an intra - venous line fail. The most appropriate next step in management should be:

A. obtain an arterial blood gas sample
B. place in intraosseous needle and administer fluids and intropic agents
C. obtain a "state" head ct study to evaluate reasons for unresponsiveness
D. place transthoracic cardiac pacemaker
E. place a thoracostomy tube to evacuate a possible pneunothorax

24. The most recommended treatment for severe combined immunedeficiency is:

A. gene therapy
B. monthly iv gammaglobulin
C. monthly iv gammaglobulin and interferon-&(gama)
D. monthly iv gammaglobulin and il-8-monoclonal antibody
E. stem cell transplantation

25. Delayed separation of the umbilical cord after birth suggests which of the following types of immune deficiency:

A. b-cell defect
B. t-cell defect
c)combined b and t cell defect
C. phagocytic function defect
D. complement component deficiency

26. A 12-yr old white girl present with arthralgia of the knees and elbow and swollen hands of 6 months duration. She has intermittent fever and has lost 7.5 kg in weight. Other than swollen joints, findings on physical examination are normal. 3 years earlier, she was found to have thrombocytopenia and was diagnosed with ITP. In addition, one summer, she had severe sunburn, and 2 tears ago she had mouth sores. Today she has a hematocrit of 25%, positive combs test, and the urinalysis shows multiple RBC. The most common likely diagnosis is:

A. juvenile rheumatoid arthritis
B. ITP
C. evans syndrome
D. periarteritis nodosa
E. SLE

27. A 75-yr boy develops progressive symptoms of fever, lassitude, arthralgias, headache and abdominal pain. Physical examination shows hepatosplenomegally. Further questioning discovers that he and his family live in a rural area and consume unpasteurized dairy products in their diet. The the most likely etiologic agent of this illness is:

A. actinomyces
B. bartonella hensallae
C. brucella
D. francisella tularensis
E. Yersinia enterocolitica
28. A 5-yr old boy is noted by the parents to snore at night. The child has also had problems staying awake in preschool and has had behavioral problems. The father also snores. Physical examination of the child reveals large, pink, nonexudative tonsils. The most appropriate next step is:

A. laryngoscopy
B. polysomnography
C. ambulatory apnea analysis
D. telemetry
E. arterial blood gas analysis

29. The appropriate initial therapy of severe obstructive sleep apnea syndrome in a child is:

A. adenotonsillectomy
B. tracheostomy
C. parapharyngeal muscle surgery
D. theophylline
E. bilateral positive airway pressure

30. A 7 months-old girl present with temp. 38.3 BP 70/30 mmHg, diffuse petechia first noted 4 hours before presentation. Platelets count 88,000/mm3, and white blood cell count of 43,000/mm3 with 23% neutrophils and 42% bands. The infant has received all recommended vaccination. Which of the following is the most likely bacterial etiology of this presentation?

A. staphylococcus aerus
B. streptococcus pneumonia
C. neisseria meningitides
D. haemophillus influenza type b
E. coli o 157:h7

31. A 10 mo-old child presents to the emergency department with a 4 day history of fever, with temp. 39 c, and watery diarrhea, just experienced a generalized seizure. What is the most common syndrome?

A. Salmonela gastroenteritis
B. Aeromonas gastroenteritis
C. Shigella gastroenteritis
D. Rotavirus gastroenteritis
E. Drug ingestion

32. A 10 years old child presents to the office with unilateral conjunctivitis, that has been present for 5 days. You palpate an enlarged periauricular node on the same side. She has no history of recent travel, but her family introduced a kitten approximately 2 months ago. The most likely etiologic agent responsible for her condition:

A. Borrelia burgdorferi
B. Francisella tularensis
C. Bartonella hensalea
D. Staphylococcus aureus
E. Toxoplasma gondii
33. A 2 mo-old infant is suspected of having infant botulism. Which is the best means to confirm the diagnosis?

A. Lumber puncture  
B. CT-scan  
C. muscle biopsy  
D. electromyography  
E. fecal specimen

34. Which of the following is true?

A. ulcerative colitis is typically characterized by rectal sparing  
B. crohn’s disease is typically characterized by skip lesions  
C. ulcerative colitis typically involves the terminal ileum  
D. ulcerative colitis is typically characterized by transmural disease  
E. crohn’s disease is typically characterized by crypt abscesses

35. A 9 mo-old infant accidentally ingests unknown quantity of digitalis. Which is the most significant noncardiac manifestation of toxicity in this child?

A. fever  
B. dizziness  
C. vomiting  
D. visual disturbances  
E. urticaria

36. A 12 years old boy comes to the emergency department at midnight with a complaint of severe scrotal pain since 7 p.m. there is no history of trauma. Which of the following is the most appropriate first step in his management?

A. order surgical consult immediately  
B. order radioisotope scan as an emergency  
C. order urinalysis and gram stain for bacteria  
D. arrange for an elective ultrasound examination  
E. order elective ultrasound examination

37. A 6 yr old boy whose past medical history is positive for three urinary tract infections, presents with a blood pressure of 150/90 mmhg. He is likely to exhibit which of the following symptoms or signs?

A. multiple cranial nerve palsies  
B. headaches  
C. hyporeflexia  
D. increased urinary output  
E. right ventricular hypertrophy

38. A 6 yr old girl underwent removal of craniopharyngioma 3 months previously. She is on thyroid replacement regimen but her mother reports she is very fatigued. The next step would be:

A. increase the dose of her thyroid medications  
B. schedule a growth hormone stimulation test  
C. measure ACTH and cortisol  
D. obtain MRI study of her head  
E. measure IGF - 1 and IGFBP - 3
39. During routine screening CBC, a 1 yr old child is noted to have pronounced eosinophilia. Which of the following is the most likely explanation?

A. bacterial infection  
B. chronic allergic rhinitis  
C. helmith infestation  
D. tuberculosis

40. A 6 month old infant has been exclusively fed a commercially available infant formula. Upon introduction of fruit juices, the child develops jaundice, hepatomegally, vomiting, lethargy, irritability and seizures. Test for urine reducing substances are positive. Which of the following is likely to explain the child's condition?

A. tyrosinemia  
B. galactosemia  
C. fructose intolerance  
D. alpha 1 anti tripsin deficiency  
E. glucose 6 phosphate dehydrogenase deficiency.

41. 1 mo child is admitted during hot weather after generalized seizure. Head CT is normal. Family members state that recently they have started to dilute the child's formula in order to add water to his diet. Most probably the seizures was caused by:

A. Hyperthermia  
B. Child neglect  
C. Hypernatremia  
D. Hyponatremia  
E. Convulsions associated increased temperature

42. All of the following are important in the investigation of tall patients except:

A. Family analysis  
B. Plasma factor IGF-1  
C. Homocustin  
D. Chromosomal analysis  
E. Long fatty acids

43. A 12 y, girl, complains on muscle cramps and tingling in hands and feet that are not related to effort. When she grasps a door handle she can't release the grasp due to hand spasm. The most important lab analysis is:

A. Blood glucose determination  
B. Blood calcium  
C. EMG  
D. Nerve conduction velocity  
E. Arterial blood gas

44. A 16 y girl complains on headaches for the past 13 months, and visual changes for the past 2 weeks. Now she has galactorrhea. Last menstrual period was 4 mo ago. The galactorrhea is most probably due to:

A. Stress of amenorrhea  
B. Elevated prolactin level  
C. Elevated estrogen level  
D. Migren  
E. Adrenal insufficiency
45. A 14 y girl is admitted with vaginal bleeding which is longer and heavier than her usual menstruation which is irregular and started 13 mo ago. She is pale, tachycardic. Your next step in diagnosis:

A. Start medroxyprogesteron (provera)
B. Start conjugated estrogen (premarin)
C. Hct determination
D. Estrogen level determination
E. Platelets n’ determination

46. A 9 y, girl, was admitted with developmental delay and regression after normal development until 6 mo. Responds with fear to loud noise, macrocephalus. On examination decreased visual contact, cherry red spots on retina. The diagnosis is probably:

A. Tay Sachs
B. Goucher’s disease
C. Fabry’s disease
D. Galactosemia
E. Glycogen storage disease type 1

47. A 5 mo, prominent motor delay, hypotonia and cardiomegaly. CK-860U/l. DIAGNOSIS:

A. Spinal muscular atrophy
B. Hypothyroidism
C. Prader willi
D. Pompe’s disease
E. Dawn syndrome

48. Which of the following is an advantage of skin tests (Skin prick test -SPT) compared with the RAST to identify specific IgE?

A. SPT are not influenced by antihistamin administration
B. Sensitivity of SPT is higher than RAST
C. SPT are semi quantitative
D. SPT are associated with low risk of allergoc reaction
E. SPR are not influenced by demographics

49. Which is LEAST LIKELY physical sign on examination of child with moderate asthma?

A. Tachypnea
B. Wheezing
C. Clubbing
D. Decreased air conduction on auscultation in right middle lung loe
E. Increased size of antero-posterior chest

50. Nurse states that a newborn baby girl, 3.5 kg after repeated C-section was breathing heavily/hoarsely after 10 min. After birth, on examination there were no heavy breathing, breathing rate- 36/min. O2 saturation-96%. The child is reactive. Next step:

A. Sepsis investigation
B. Chest x-ray
C. Observation, and if the heavy breathing will start again, hospitalization in new born ICU.
D. Surfactant therapy
E. Positive end expiratory pressure through nasal mask
1. A 5-mo-old infant develops signs of respiratory distress after coughing and sneezing for 3 days. He has marked subcostal and intercostal retractions and a respiratory rate of 80 breaths/min. Breath sounds are markedly diminished on both sides. Diffuse crackles can be heard bilaterally. There is no stridor. Arterial oxygen saturation in 100% oxygen by non-rebreather mask is 80%. The skin is pale and peripheral arterial pulses are weak.
Which of the following is the most appropriate immediate course of action?

A. Administration of corticosteroids
B. Intubation of the trachea and mechanical ventilation
C. Sampling of arterial blood and measurement of arterial pH and blood gases
D. Administration of normal saline
E. Administration of diuretics

2. A 2-yr-old boy is seen for his routine check-up, 4 weeks after an episode of bilateral acute otitis media that resolved uneventfully with antibiotic treatment. He seems generally well, but his mother reports that he is not hearing as well as usual. On pneumatic otoscopy, both his eardrums appear amber, opaque, and retracted, and both are immobile. Otherwise his ENT examination is unremarkable.
Which of the following treatment regimens is the most appropriate to institute at this time?

A. A 10-day course of amoxicillin
B. A 10-day course of amoxicillin-clavulanate
C. Short-course treatment with azithromycin
D. Observation without treatment for at least 2 more mo
E. Referral for consideration of myringotomy and tube insertion

3. Conductive hearing loss is:

A. Common in children with chronic ear fluid
B. A permanent condition related to nerve damage
C. Always associated with ossicular abnormalities
D. An uncommon complication of otitis media
E. Unlikely when an intact tympanic membrane is present

4. A 2-mo-old girl has a rapidly growing hemangioma involving the perioral region bilaterally, with symmetric extension onto the chin and anterior neck. She was born 8 wk premature with an otherwise benign medical history, although her parents wonder if she may be developing asthma.
The most appropriate next step in patient management is:

A. Laser surgery
B. Skin biopsy
C. Reassurance that hemangiomas will go away on their own
D. Inhaler prescription
E. ENT evaluation

5. A 6-mo-old infant is presented for evaluation of a tuft of thick black hair located on the sacrum. The child’s mother states that the lesion has been present since birth and seems to be asymptomatic, and the child is otherwise healthy. The most appropriate next step in management is:

A. Reassurance that the lesion will resolve spontaneously in time
B. MRI of the spinal cord
C. Referral to a plastic surgeon for excision
D. Counseling of the parents regarding melanoma risk
E. Watchful waiting
6. A blonde, blue-eyed girl was admitted at 2.5 mo of age with severe emesis to rule out pyloric stenosis. She had poor development, eczema, and a musty odor. The most likely diagnosis is:

A. Wiskott-Aldrich syndrome
B. Galactosemia
C. Cystinosis
D. Phenylketonuria (PKU)
E. Biotinidase deficiency

7. A previously healthy 2-wk-old now has progressive lethargy. Physical examination reveals muscle rigidity, opisthotonos posture, periods of hypertonicity, and flaccidity. Laboratory data reveal hypoglycemia, metabolic acidosis, and cerebral edema. Plasma levels of leucine, isoleucine, and valine are elevated. The most likely diagnosis is:

A. Hartnup disease
B. Maple syrup urine disease
C. Phenylketonuria
D. Homocystinuria
E. Galactosemia

8. Which of the following cancers has the highest incidence in young children (<7 yr of age)?

A. Ewing sarcoma
B. Hodgkin disease
C. Testicular cancer
D. Retinoblastoma
E. Osteosarcoma

9. Which of the following cancers is the most closely associated with Epstein-Barr virus?

A. Osteosarcoma
B. Non-Hodgkin lymphoma (Burkitt lymphoma)
C. Ewing sarcoma
D. Wilms tumor
E. Hepatoblastoma

10. An adolescent girl who is a cheerleader comes to you with a painful bump below her right knee. She denies fever or trauma. Which of the following is the most likely diagnosis?

A. Legg-Calvé-Perthes disease
B. Osteoid osteoma
C. Osgood-Schlatter disease
D. Osteochondritis dissecans
E. Osteomyelitis of the tibial tubercle

11. A 9-mo-old boy is brought to the emergency room in a limp and unresponsive state. Initial examination shows a pulse rate of 35/min and occasional irregular breaths. After initiation of CPR (including tracheal intubation), delivery of oxygen via positive-pressure breaths, and chest compressions, multiple attempts to insert an IV line fail. The most appropriate next step in management should be to:

A. Obtain an arterial blood gas sample
B. Place an intraosseous needle and administer fluids and inotropic agents
C. Obtain a "stat" head CT study to evaluate reasons for unresponsiveness
D. Place a transthoracic cardiac pacemaker
E. Place a thoracostomy tube to evacuate a possible pneumothorax
12. A 12-yr-old girl experienced diarrhea, which lasted for 3 days, 2 wk before manifesting progressive weakness and inability to walk. She has intermittent tingling of her fingers and toes. Physical examination reveals marked peripheral muscle weakness without atrophy or fasciculations. The deep tendon reflexes are absent in her ankles and 1+ at her knees. Findings on the sensory examination are normal. Motor involvement is symmetric. The most likely diagnosis:

A. Transverse myelitis  
B. Guillain-Barré syndrome  
C. Polio  
D. Myasthenia gravis  
E. Mononeuritis multiplex

13. A 10 year-old girl has had diplopia and ptosis and weakness of her neck flexors for 2 mo. symptoms are worse in the evening and are usually less severe on awakening in the morning. she has no fasciculations or myalgias, and her tendon reflexes are 1-2+. The most likely diagnosis is?

A. Hysterical weakness  
B. Muscular dystrophy  
C. Spinal muscular atrophy  
D. Botulism  
E. Myastenia gravis

14. A 12-yr-old boy with cystic fibrosis experiences an acute exacerbation and is admitted for intravenous antibiotic therapy. Sputum culture reveals Pseudomonas aeruginosa. The antibiotic recommended for treatment is:

A. Ampicillin-sulbactam  
B. Ceftazidime  
C. Cefotetan  
D. Ceftriaxone  
E. Ciprofloxacin

15. All of the following are features of scarlet fever except:

A. Pastia lines  
B. Desquamation  
C. White strawberry tongue  
D. Red strawberry tongue  
E. Impetigo (Preauricular lymphadenopathy)

16. Months old refuses to walk; began walking at the age of 10 months. Presents with 39 degrees fever, appears moderately-ill, rotated left hip with limitation to passive and active movement; most likely causing pathogen:

A. Neisseria  
B. Adenovirus  
C. Staphylococcus  
D. Group A streptococci  
E. Group B streptococci

17. Sickle cell anemia become asplenic infection risk?

A. Gram negative  
B. Encapsulate
18. A 7-days old infant is found to have a significant elevated total bilirubin, but is otherwise well. The fractionated bilirubin reports direct of 3mg/dl and indirect 6mg/dl. The most like diagnosis?

A. Breast milk jundice  
B. Hereditary  
C. Congenital infection.  
D. Gilbert  
E. Spherocytosis

19. A newborn develops sepsis and shock. The pathogen that most commonly causes systemic and focal infections in the newborn is:

A. Staphylococcus aureus  
B. Group A streptococci  
C. Group B streptococci  
D. Escherichia coli  
E. Herpes simplex virus

20. Which of the following is associated with a poorer prognosis for persons presenting with meningococcal disease?

A. Presence of petechiae for <12 hr  
B. Meningitis  
C. Thrombocytosis  
D. Leukocytosis  
E. Low circulating levels of tumor necrosis factor

21. A previously healthy 18-month-old has been in a separate room from his family. The family notices the sudden onset of coughing, which resolves in a few minutes. Subsequently, the patient appears to be normal except for increased amounts of drooling and refusal to take foods orally. Which of the following is the most likely explanation for this toddler’s condition?

A. Severe gastroesophageal reflux  
B. Foreign body in the airway  
C. Croup  
D. Epiglottitis  
E. Foreign body in the esophagus

22. You have just given a 10 year-old boy an injection of pollen extract as prescribed by his allergist. You are about to move on the next patient when the boy starts to complain about nausea and a funny feeling in his chest. You note that his face is flushed and his voice sounds muffled and strained. Which of the following is the first priority in managing this episode of anaphylaxis?

A. Preparation for endotracheal intubation  
B. administration of oxygen  
C. subcutaneous injection of 1:1000 epinephrine  
D. intramuscular injection of diphenhydramine  
E. administration of corticosteroids

23. A 15 year-old girl with short stature, neck webbing, and sexual infantilism is found to have. A chromosomal analysis likely would demonstrate which of the following?

A. Mutation at chromosome 15q21.1  
B. Trisomy 21  
C. XO karyotype  
D. Defect at chromosome 4q16  
E. Normal chromosome analysis
24. A 5-year-old is noted by the parents to snore at night. The child has also had problems staying awake in preschool and has had behavioral problems. The father also snores. Physical examination of the child reveals large, pink, nonexudative tonsils. The most appropriate next step:

A. Laryngoscopy  
B. Polysomnography  
C. Ambulatory apnea monitoring  
D. Telemetry  
E. Arterial blood gas analysis

25. A 4-year-old boy is in the office for a routine health maintenance evaluation. His examination is normal except for multiple deep dental cavities. You plan on referring him for dental evaluation. His mother tells you he has a “heart condition”. Which of the following needs antibiotic as prophylaxis treatment?

A. VSD repaired 8 months ago  
B. Tetralogy Of Fallot  
C. History of uncomplicated Kawasaki disease  
D. Tranposition of great vessels  
E. Ostium secundum arterial septal defect

26. A 4-year-old white girl has had joint swelling in multiple joints for over 6 mo. She is slow to move in the morning and moves as if stiff for the first hours of the day. Thereafter, she is a very active child. She has no rash and very little limitation of range of motion. Her erythrocyte sedimentation rate is 4. The most likely diagnosis is:

A. Hypermobility syndrome  
B. Dermatomyositis  
C. SLE  
D. JRA  
E. Henoch-Schönlein purpura

27. Of the following signs of cancer, the most likely to occur in children is:

A. Abnormal discharge from a body orifice  
B. Change in a mole or wart  
C. Focal neurologic deficit  
D. Cough, hoarseness, or difficulty swallowing  
E. Change in urination or defecation pattern

28. A 12-yr-old white girl presents with arthralgias of the knees and elbow and swollen hands of 6 months’ duration. She has had intermittent fever and has lost 15 lb. Other than swollen joints, findings on physical examination are normal. Three years earlier, she was found to have thrombocytopenia and was diagnosed with idiopathic thrombocytopenic purpura (ITP). In addition, one summer she had severe sunburn, and 2 yr ago she had mouth sores. Today she has a hematocrit of 25% and a positive result on a Coombs test, and the urinalysis shows multiple red blood cells. The most likely diagnosis is:

A. JRA  
B. ITP  
C. Evans syndrome  
D. Periarteritis  
E. SLE
29. A 13-year-old develops fever, malaise, sore throat, and a dry, backing cough over several days. He does not appear to be particularly sick, but his chest examination is significant for diffuse rales and rhonchi. The chest radiograph is shown below. Which of the following is the most likely pathogen?

A. Staphylococcus aureus  
B. Mycobacterium tuberculosis  
C. Haemophilus influenzae  
D. Streptococcus pneumoniae  
E. Mycoplasma pneumonia

30. A 9-year-old patient asthmatic patient uses albuterol 3 times per week, for the last 10 days she had wheezing day and night. Increased the inhaler to 3-4 times a day. On examination there is a diffuse wheezing with moderate substernal retraction, next step in management:

A. order chest XR to assess for pneumonia  
B. Systemic steroids  
C. Lekutriens  
D. Low dose inhalation steroids  
E. Start 5 days course of systemic corticosteroid

31. Milk Cow allergy?

D. Check reducing agents in stool  
E. Change his diet to an alternative protein source

32. A 12-month-old female infant with failure to thrive is brought to the office. Her parents note that she is very fussy and often spits up after feedings. She also has two loose foul-smelling stools each day. Which of the following foods can she eat safely without aggravating or inducing her symptoms?

A. Rice  
B. Wheat  
C. Oats  
D. Barley  
E. Rye

33. A 6-year-old girl underwent removal of a craniopharyngioma 3 mo previously. She is on a thyroid replacement regimen, but her mother reports she is very fatigued. The next step would be to:

A. Increase the dose of her thyroid medication.  
B. Schedule a growth hormone stimulation test  
C. Measure ACTH and cortisol  
D. Obtain an MRI study of her head  
E. Measure IGF-1 and IGFBP-3

34. A 10-year-old boy receiving vincristine for treatment of a malignancy has developed the syndrome of inappropriate antidiuretic hormone secretion (SIADH), a known complication of this therapy. All of the following parameters would be decreased in this patient except:

A. Urine production rate  
B. Serum osmolality  
C. Intravascular volume  
D. Uric acid  
E. Serum sodium
35. A mother and her 14½-yr-old daughter come to you because the girl has not begun to menstruate. Her medical history and findings on the complete physical examination are normal. Breast development and pubic hair have been present for 18 months and are normal. Which of the following would be the most appropriate next step in the management of this patient?

A. Reassurance that she probably will begin menstruating within the year
B. Laboratory evaluation for systemic disease
C. Urinary estriol determination
D. Buccal smear
E. Referral for psychologic counseling

36. A newborn infant spends about 40 min with the mother but then falls asleep and does not respond to the mother's voice. Which of the following statements regarding this lack of activity is true?

A. It is suggestive of sepsis
B. It is suggestive of sedation
C. It is normal
D. It represents a seizure
E. It is due to apnea

37. A 4-yr-old boy is noted to have stereotypic body movements and poor verbal and nonverbal communication, with absence of empathy. At daycare, he has not made any friends. The most likely diagnosis is:

A. Attention deficit hyperactivity disorder
B. Dysthymic syndrome
C. Deaf-mutism
D. Autism
E. Cerebral palsy

38. The probable age of a child who rolls back to front, has a thumb-finger grasp, self-inhibits to "no" and bangs two cubes is:

A. 10-12 mo
B. 7-8 mo
C. 12-15 mo
D. 3-4 mo
E. 15-18 mo

39. m/o, feeding intolerance, poor weight gain and large tongue; large posterior fontanelle and umbilical herni.

Next step:

A. Abdominal radiography
B. CBC and blood culture
C. Barium swallow test
D. Serum TSH level
E. Admission for FTT work-up

40. Small mandible on x-ray no thymos:

B. Di-George syndrome
41. A mother brings her 3 years old son with Down-syndrom to the clinic because his gums have been bleeding in the last week. She reports that he has been less energetic than usual. Exam reveals that the child has a temperature of 37.8°C orally, pallor, splenomegaly, gingival, which of the following is most likely?

A. Aplastic anemia  
B. Left shift  
C. Leukemia  
D. Leukoid reaction

42. A 30 hour-old full term infant has face and chest jaundice, he is breast feeding well. And has an otherwise normal exam. His bilirubin level is 16.5 mg/dl. Which is the following is the most appropriate course of action?

A. Stop breast feeding and give formula  
B. Start phototherapy  
C. Phototherapy  
D. Plasma exchange

43. Cystic Fibrosis (CF) vitamin supplement?

A. Vitamin B  
B. Folate  
C. Vitamin C  
D. Vitamin D  
E. Vitamin B12

44. A 18 mo-old already walked now stopped walking, blow legs cause?

A. Primary hyperparathyroidism  
B. Rickets

45. D. Obtain a urine culture by catheter and start antibody

46. A 14 year-old healthy girl has a urinalysis as part of her well child visit. Urine dipstick testing show specific gravity 1.014, Ph-6, and 2+ proteinuria and is negative for blood, microscopic examination of the urine is unrevealing the most appropriate next step in diagnosis is to?

B. Dip stick mid-stream morning  
C. 24 hours protein collection  
D. Measure the urine protein to creatinine ratio in a first morning voided sample

47. Child came to ER with an epileptic seizure, he is known to have epilepsy and had received valproic acid 30 min at home, he is still seizing on arrival- what is the next management?

A. Intubation  
B. That you should make an IV access and give anticonvulsant,  
C. Lorazepam  
D. Stabilize airway and provide 100% O2
48. You are seeing a 10-year-old boy for his well-child checkup and notice that he is hypertensive. He has otherwise been doing well when looking back through his old chart, you realize that his previous blood pressure were normal. What would be your next course of action?

B. Urinalysis
C. Ultrasound
D. Rechecking his blood pressure in 1 week
E. Basic hormonal and metabolic panel

49. Which of the following autoantibodies is most specific for SLE? (Which of the following tests would be most specific in the diagnosis of SLE):

A. Anti-ribonucleic acid (RNA)
B. Anti-double-stranded DNA antibody
C. Anti-nuclear
D. Anti-double-stranded deoxyribonucleic acid (dsDNA)
E. Anti-ribonucleoprotein

50. A 14-yr-old girl presents with vaginal bleeding that is more prolonged and profuse than her usual periods, which are irregular and first started 13 mo ago. She has pallor and tachycardia. The next step in her evaluation is to:

A. Administer medroxyprogesterone (Provera)
B. Administer conjugated estrogens (Premarin)
C. Determine the hematocrit
D. Determine the estrogen level
E. Determine the platelet count
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1- an 8-mo-old girl is brought to your office with complaint that she has development delay. her head is enlarged, and she feeds poorly and does not focus. you examine that baby and find her hypotonic and unable to sit. she has considerable head lag. ad head circumference is above the 95 th percentile. which of the following disease would consider the most probable diagnosis ?

a.birth asphyxia  
b. familial hydrocephalus  
c.rubella infection in utero  
d.canavan disease  
e.hunler disease

2- a serios complication of the treatment of hypernatremic dehydration is ?

a. cerebral thrombosis  
b. cerebral edema  
c. hypoglycemia  
e. none of the above

3- the best feeding protocol for a temperamentally irregular infant is ?

a. a fixed schedule  
b. one based on the parent's schedule  
c. every 1-2 hr  
d. one based on demand  
e. 60 min for each feeding

4- during examination of an 8-mo-old child, the difficulty of optimal chest auscultation is due primarily to ?

a. recent meal with gastric distention  
b. rapid respiratory rate  
c. stranger anxiety  
d. transmited nasal sounds  
e. pliable chest wall

5- which of the following is a known complication of vascular ring?

a. renal failure  
b. heart failure  
c. cardiac arrhythmia  
d. tracheomalacia  
e. constipation

6- a 5-yr-old with AIDS who is receiving zidovudine, lamivudine, and ritonavir presents with rapid respiratory rate progressive dyspnea of 2 days duration. there is no fever. the chest radiograph reveals bilateral diffuse alveolar disease. the most important diagnostic test whoud be?

a. CT scan of the chest  
b. pharyngeal swab for viral and bacterial cultures  
c. blood gas profile  
d. serum lactate dehydrogenase level  
e. bronchoalveolar lavage for cytology
7- A 6-yr-old girl who was previously healthy presents with a 1-wk history of nocturnal perianal itching
there are no other symptoms, and findings on physical examination are normal. the most appropriate therapy is?
   a. bacitracin ointment to the perianal area
   b. diphenhydramine of mebendazole repeated in 2 wk
   c. a 2-wk course of amoxicillin/clavulanate
   d. ketoconazole, in a single dose

8- A 4-mo-old child with vitamin D deficiency rickets would be expected to show all of the following except?
   a. craniotabes
   b. bowleg
   c. rosary
   d. low serum phosphate levels
   e. high alkaline phosphatase levels

9- A 5-yr-old boy who lives in an urban area is hospitalized because of low grade fever, flaccid
paralysis of both legs, sensory changes, and absent ankle deep tendon reflexes. the child received
only two immunizations with oral poliovaccine (OPV), at the ages of 2 and 6 mo. the most probable diagnosis is?
   a. acute paralytic poliomyelitis due to wild poliovirus
   b. paralysis due to nonpolioenteroviruses
   c. vaccine-associated poliomyelitis
   d. guillain-barre syndrome
   e. tick-bite paralysis

10- which of the following may be a manifestation of enterovirus infection?
   a. ataxia
   b. intussusception
   c. parotitis
   d. herpangina
   e. renal failure

21- A 20-month-old child is brought to the ed because of fever and irritability and refusal to move his right knee
that resists passive motion.
   which of the following is the most important test to confirm the impression of septic arthritis:
   a. x-ray of the knee
   b. examination of the joint
   c. erythrocyte sedimentation rate
   d. complete blood count and differential
   e. blood culture

22- As apart of your anticipatory guidance to new parents of healthy newborn you suggest putting the child in
which of the following position for sleep?
   a. supine position
   b. prone position
   c. seated position
   d. trendelenburg position
   e. a hammock
23- a mentally retarded 14-year old boy has a long face, large ears, micropenis, and large testes. Chromosome analysis is likely to demonstrate which of the following?

a. trisomy 21  
b. trisomy 18  
c. trisomy 13  
d. fragile x syndrome  
e. williams syndrome

24- another wishes to breast-feed her newborn infant, but is worried about medical conditions that would prohibit her from doing so. You counsel her that of her listed conditions which of the following is a contra indication to breast-feeding?

a. upper respiratory tract infection  
b. cracked and bleeding nipples  
c. mastitis  
d. inverted nipples  
e. hiv infection

25- a full-term infant is born after a normal pregnancy delivery however is complicated by marginal placental separation. At 12 hours of age, the child although appearing to be in good health, passes a bloody meconium stool. For determining the cause of the bleeding, which of the following diagnostic procedures should be performed first?

a. a barium enema  
b. an apst test  
c. gastric lavage with the normal saline  
d. an upper gastrointestinal series  
e. a platelet count prothrombin time and partial thromboplastin time

26- during a regular checkup of an 8-year-old child you note a loud first heart sound with a fixed and widely split second heart sound at the upper sternal border that does not change with respirations. The patient is otherwise active and healthy. Which of the following heart lesions most likely explains these findings?

a. atrial septal defect (ASD)  
b. ventricular septal defect (VSD)  
c. isolated tricuspidal regurgitation  
d. tetralogy of fallot  
e. mitral valve prolapse

27- a 2 year-old child has a 2 week history of splitting fevers which have been as high as 40. She has spindle-shaped swelling of finger joints and complains of upper sternal pain. When she has fever, the parents note a faint salmon-colored rash that resolves with the resolution of the fever. She has had no conjunctivitis or mucositis, but her heart sound are muffled and she has increased pulsus paradoxus. Which of the following is the most likely diagnosis?

a. acute rheumatic fever  
b. juvenile rheumatoid arthritis  
c. toxic synovitis  
d. septic arthritis  
e. osteoarthritis
28- A 12-yr-old girl is hospitalized in intensive care. She has a foley catheter and a urine culture is positive for enterococcus. In addition to removing the catheter, which antibiotics is the recommended agent for treatment of enterococcus infections?

a. penicillin  
b. ampicillin  
c. clindamycin  
d. erythromycin  
e. vancomycin

29- A 10 month -old infant has poor weight gain, a persistent cough and a history of the several bouts of pneumonitis. The mother describes the child as having very large foul-smelling stools for months. Which of the following diagnostic maneuvers is likely to result in the correct diagnosis of this child?

a. CT of the chest  
b. serum immunoglobins  
c. TB skin test  
d. Inspiratory and expiratory chest x-ray  
e. Sweat chloride test

30- Previously healthy active 18 month-old child presents with unilateral nasal obstruction and foul-smelling discharge. The child's examination is otherwise unremarkable. Which of the following is the most likely diagnosis?

a. Foreign body  
b. Nasal polyps  
c. Frontal sinusitis  
d. Deviated septum  
e. Choanal atresia

31. A 5 year old child with iron deficiency and severe episodes of grossly bloody (maroon) stools. Which is the most likely explanation for his anemia?

B: Meckel diverticulum.

32. A 7 month old child receives chronic total parenteral nutrition for short gut syndrome. Which is the most typical complication of total parenteral nutrition?

A: Sepsis

33. A 14 year old girls with a 9 month history of diarrhea, abdominal pain (periumbilical and postprandial), weight loss and blood in stool. What is the most likely diagnose?

C: Chron's disease

34. Two weeks after a viral syndrome a 2 year old develops bruising and petechia more prominent over both legs. Examination shows no hepatosplenomegaly or lymph node enlargement. Blood tests show normal haemoglobin, haematocrit and WBC count and 15,000 Thrombocytes. What is the most likely diagnosis?

D: Idiopathic thrombocytopenic purpura
35. On a routine screening for complete blood test a 1-year-old noted to have a microcytic anemia. A follow-up hemoglobin electrophoresis demonstrates increased concentration of hemoglobin A2. The child is most likely to have?

B: Beta thalassemia trait.

36. Given folic acid to a pregnant woman prevents the child from having which defect?

D: Neural tube defect.

37. A 5-year-old boy has bloody urine, puffy eyes, and headache for one day. He had fever and a sore throat 10 days ago which resolved without treatment. What is the most likely diagnosis?

D: Post infectious glomerulonephritis.

38. A 18-month-old has 10 hours of fever and irritability. CSF 2000 WBC 90% polymorphonuclear. Spinal fluid is depressed. He is treated with Cefotaxim and Vancomycin. 8 hours after treatment he gets general convulsions. What is the next step?

D: Order sodium serum concentration.

39. A 6-year-old girl comes to the hospital after convulsion. She is alert without distress. On her skin you notice café-au-lait spots, a Shagreen patch and periungual fibromas. Which is the most likely diagnosis?

E: Addison disease

40. Which of the following is an effective screening test for T-cell function?

- a. Absolute lymphocyte count
- b. Flow cytometry for CD4 (helper) and CD8 (cytotoxic) T cell
- c. Respiratory burst assay
- d. Candida skin test
- e. Mumps antibody titer after mumps vaccination

41. Which of the following is a complication of intravenous immunoglobulin (IVIG) Therapy?

- a. Anaphylaxis
- b. Renal failure
- c. Transmission of HIV
- d. Hepatic toxicity
- e. Hyperglycemia

42. The treatment of choice for a 3-years-old boy suffering from acute otitis media is:

- a. Azythromycin
- b. Gentamycin
- c. Chloramphenicol
- d. Erythromycin
- e. Amoxicillin
43. The state laboratory calls your office telling you that a newborn infant, now 8 days old, has an elevated thyroid stimulating hormone (TSH) and low thyroxin (Tn) on his newborn screen. If this condition is left untreated, the infant is likely to demonstrate which of the following in the first few months of life?

a. Hyperreflexia  
b. Hyperirritability  
c. Diarrhea  
d. Prolonged jaundice  
e. Hyperphagia

44. A 18-years-old girl has hepatosplenomegaly, an intention tremor, disartria, dystonia and deterioration of her school performance, she also developed abnormal urine with excess glucare, protein and uric acid, she has a several-year history of elevated liver enzymes of unknown etiology. Which of the following best explains her condition?

a. Galactosemia  
b. α1-antitrypsin deficiency  
c. Gilbert syndrome syndrome  
d. Dubin Johnson  
e. Wilson disease

45. A 12-years-old boy has scent, long, slightly pigmented pubic hairs, slight enlargement of his penis, a pink texture and enlarged scrotum, He is most likely at Which tanner stage?

a. 1  
b. 2  
c. 3  
d. 4  
e. 5

46. An 18-years old male collage student is seen in the student health clinic for urinary frequency, dysuria, and urethral discharge. Which of the following is likely to explain this condition?

a. Herpex simplex  
b. Escherichia coli urinarytract infection  
c. Clamydial urethritis  
d. Syphilis  
e. Hiv infection

47. Allergy to Which of the following food products is the most common in children?

a. Peanut  
b. Sesame  
c. Egg  
d. Fish  
e. Cow's milk

48. An 8-years old next action?

a. Explain that is a mild side effect of the drug.  
b. Give the child oral anti histamine.  
c. Inject corticosteroids IV  
d. Inject epinefrin IM  
e. Intubate and start mecchenical ventilation
49. The parents -----------next action ?

a. Secondary bacterial infection  
b. Bathing with tepid water  
c. Application of steroid scream before the emollient Cool,  
d. Humid ambient temperatures  
e. Excessive use of Lubrification

50. A 1-month old infant who is otherwise and well and asymptomatic, has been brought in because of a rash. The child has inflammatory scalp scale which has a combination of greasy, yellow and erythematous features, as well as inflammation of the neck, axillary and inguinal creases. The most likely diagnosis is?

a. Atopic dermatitis  
b. Seborrheic dermatitis  
c. Psoriasis  
d. Langerhans cell histiocytosis  
e. Candidiasis

1. D  
2. B  
3. D  
4. C  
5. D  
6. E  
7. C  
8. B  
9. D  
10. D  
11. 25. B  
12. 26. A  
13. 27. B  39. E  
14. 28. B  40. D  
15. 29. E  41. A  
16. 30. A  42. E  
17. 31. B  43. D  
18. 32. A  44. E  
19. 33. C  45. B  
20. 34. D  46. C  
23. D  37. D  49. A  