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 child having fever 38.9°C, no accompanying symptoms, urinalysis shows 1+ leukocytes 10 WBC per high - power field and moderate bacteria. What is a 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. Homes construction 
C. Frozen vegetables 
D. Honey 
E. Eggs
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. Mikel 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. Dermatomiosites

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

a. Cytomegaloviruses
b. Rubella
c. Toxoplasma gondii
d. Syphilis
e. Parvoviruses B 19

---

65. E  83. A
66. D  84. C
67. C  85. D
68. B  86. C
69. A  87. D
70. C  88. D
71. C  89. B
72. E  90. D
73. B  91. C
74. E  92. E
75. A  93. B
76. D  94. B
77. C  95. B
78. B  96. C
79. B  97. D
80. C  98. B
82. E  100. C
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 be 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 by 2 years old son develop noisy breathing inspiration, marked retraction of chest, flaring nostril, barking sound, mild upper respiratory 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. A 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, Wt 4 Kg taken 360 ml formula 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
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?

- Chlamydia trachomatis
- Neisseria gonorrhoea
- Group B streptococcus
- Toxoplasma gondii
- Treponema pallidum

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

- Projectile non bilious emesis
- Bilious emesis
- Bloody diarrhea
- Violent episodes of intermittent colicky pain and emesis
- 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 is 0.3 mg/dl. What is the next step in managing this child?

- Perform kidney biopsy
- Begin therapy with amoxicillin
- Begin therapy with oral prednisone
- Admit the patient for intravenous fluids
- 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:

- Prematurity
- Skull defects
- Chromosomal defects
- Neural tube defects
- 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:

- Maternal graves’ disease treated with propylthiouracil
- Maternal antithyropin antibodies
- Iodine deficiency
- Dysgenetic thyroid gland
- The newborn screen was performed at 12 hours of age
6. A 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. A 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 barking cough. The patient most likely to have:

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

8. A 9 months boy, previously healthy and normally gaining weight was recently discharged 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 years 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 common cause of viral meningoencephalitis in children is:

A-ENTEROVIROS  
B-HERPES SIMPLEX VIROS  
C-ARBOVIROS  
D-MUMPS VIROS  
E-RESPIRATORY VIROS
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 described 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, u have followed for 6 years, has recently married, she & husband are planning to start a pregnancy. u 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
1. D
2. E
3. C
4. C
5. C
6. D
7. C
8. C
9. E
10. D
11. A
12. B
13. B
14. B
15. D
16. C
17. D 31. D
18. D 32. B
20. C 34. D
22. Infantile botulism 36.
23. Prolonged jaundice 37.
24. Cerebral edema 38.
27. A ported for IM/IV test 41.
29. Maxillary sinusitis 43. B 49. B
30. Chloride 58 44. E 50. D
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- Ventriculo 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 she has been perfectly well. During supper she began having paroxysmal coughing and wheezing. She has not had any previous similar episodes. He has moderately increased work of breathing. On auscultation wheezing is heard only over his right chest. His vital signs: Temperature 37C, 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
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. abdomen 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 urianalysis
c. complement and IgA levels should be tested
d. the child should be admitted for treatment with high dose methylprednisone
e. oral penicillin treatment for 10 days should be given

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

a. two days of albumin infusion are recommended
b. kidney biopsy and steroids
c. macroscopic hematuria will follow
d. in most cases no reoccurrence 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 also snores. On physical exam large tonsils with no exudate. What is the next step?

a. laryngoscopy
b. sleep lab
c. apnea ambulatory monitoring
d. telemetry
e. arterial blood gas testing
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 inotropic 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 pneumothorax

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

A. gene therapy
B. monthly iv gammaglobulin
C. monthly iv gammaglobulin and interferon-&(gama)
D. monthly iv gammaglobulin and il-8-moniclonal 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 years 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 old 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 most likely etiologic agent of this illness is:

A. actinomyces
B. bartonella hensallae
C. brucella
D. francisella tularensis
E. Yersinia enterocolitica
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
35. On a routine screening for complete blood test a 1-year-old noted to have a microcytic anemia. A follow-up hemoglobin electrophoresis demonstrated increased concentration of hemoglobin A2. The child is most likely to have?

B: Beta thalassemia trait.

36. Given folate 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 the skin you notice café-au-lait spots, a Shagreen patch and periungual fibromas. What 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, disarthria, dystonia and deterioration of her school performance, she also developed abnormal urine with excess glucose, 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 testure 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. Herpes simplex
b. Escherichia coli urinary tract 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 mechanical ventilation