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(A treatise for NEET)

Sakshi Arora • Taruna Mehra

Volume 2

- Medicine • Surgery • Ophthalmology
- Obstetrics & Gynecology • Pediatrics • Dermatology
- Anesthesia • Radiology • Psychiatry

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JAYPEE

JAYPEE's
TRIPLE
'A'
(A treatise for NEET)

Contents

PEDIATRICS

Section A

1. Neonatology 3
2. Growth and Development 13
3. Nutrition in Health and Disease 18
4. Fluid and Electrolytes 25
5. Disorders of Gastrointestinal System 29
6. Immunization, Infectious Diseases and Worm Infestation 36
7. Hematological Disorders 45
8. Disorders of Cardiovascular System 51
9. Disorders of Respiratory System 60
10. Disorders of Kidney and Urinary Tract. 65
11. Disorders of Endocrine System 73
12. Disorders of Neuromuscular System 79
13. Metabolic Disorders 87
14. Genetic Disorders 90
15. Childhood Malignancies 96
16. Miscellaneous 101

Section B

Practice Questions **107**

(Comprising of Questions from Recent Exams and NEET Pattern Questions)

DERMATOLOGY

Section A

1. Anatomy of Skin, Cosmetics and Skin Care 123
2. Appendageal Disorders 125
3. Pigmentary Disorders 129
4. Allergic Disorders and Dermatitis (Eczema) 130
5. Papulosquamous Disorders 137

6. Papulovesicular/Vesicobullous Disorder and Immunologically-Mediated Diseases 142
7. Systemic Diseases with Prominent Cutaneous Features, Photosensitivity Disorders and Cutaneous Drug Eruptions 148
8. Leprosy (Hensen's Disease) 154
9. Fungal Infections, Scabies and Pediculosis 160
10. Venereal (Sexually Transmitted) Diseases 165
11. Genodermatoses 170
12. Malignant and Deficiency Diseases of Skin 173

Section B

Practice Questions **176**
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

GYNECOLOGY

Section A

1. Anatomy of Female Genital Tract 187
2. Reproductive Physiology and Hormones in Females 190
3. Menopause and HRT 194
4. PCOD, Hirsutism and Galactorrhea 197
5. Congenital Malformations 200
6. Sexuality and Intersexuality 202
7. Infections of Genital Tract 206
8. Urogynecology 211
9. Infertility 216
10. Contraception 220
11. Uterine Fibroid 229
12. Endometriosis and Dysmenorrhea 232
13. Disorders of Menstruation 235
14. Gynecological Oncology 241
15. Gynecological Diagnosis and Operative Surgery 258
16. Miscellaneous 263

Section B

Practice Questions **266**
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

OBSTETRICS

Section A

1. Obstetrics Anatomy Including Pelvis and Fetal Skull 273
2. Placenta and its Abnormalities 277
3. Physiological Changes During Pregnancy and Endocrinology in Pregnancy 279
4. Diagnosis of Pregnancy and Antenatal Care 284
5. Fetus 288
6. Normal Labor 290
7. Induction of Labor and Trial of Labor 294
8. Abortion and MTP 296
9. Ectopic Pregnancy 300
10. Trophoblastic Diseases Including Choriocarcinoma 305
11. Antepartum Hemorrhage 309
12. Postpartum Hemorrhage and Uterine Inversion 313
13. Multifetal Pregnancy 316
14. Medical, Surgical and Gynecological Illness Complicating Pregnancy 319
15. Preterm Labor, PROM and Postdated Pregnancy 338
16. Intrauterine Death 341
17. Malpresentations 343
18. Contracted Pelvis 348
19. Obstructed Labor, Dystocia and Rupture Uterus 350
20. Fetus, Newborn and IUGR 353
21. Fetal Malformations 357
22. Drugs in Pregnancy and High Risk Pregnancy 359
23. Diagnosis in Obstetrics 363
24. Pharmacotherapeutics 369
25. Operative Obstetrics 373
26. Down Syndrome 378
27. Puerperium and its Abnormalities 381
28. Miscellaneous 385

Section B

Practice Questions **389**

(Comprising of Questions from Recent Exams and NEET Pattern Questions)

RADIOLOGY

Section A

1. Physics and Techniques 395
2. Systemic Radiodiagnosis 400
3. Diagnostic Features and Specific Signs 422
4. Investigation of Choice 427
5. Principles of Radiotherapy 430

Section B

Practice Questions **439**
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

SURGERY

Section A

1. Endocrine Surgery 451
2. Hepatobiliary Pancreatic Surgery 481
3. Gastrointestinal Surgery 535
4. Urology 624
5. Cardiothoracic Vascular Surgery 662
6. Plastic Surgery 695
7. Neuro Surgery 712
8. Head and Neck 727
9. Oncology 743
10. Others 753

Section B

Practice Questions **789**
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

OPHTHALMOLOGY

Section A

1. Anatomy and Development of Eye 803
2. Optics and Refraction 805
3. Diseases of Conjunctiva 809
4. Diseases of Cornea 813

5. Diseases of Sclera 820
6. Diseases of Uveal Tract and Vitreous 822
7. Diseases of Lens 827
8. Glaucomas 833
9. Diseases of Retina 838
10. Neuro-ophthalmology 845
11. Disorders of Ocular Motility 852
12. Disorders of the Eyelid 856
13. Disorders of Lacrimal Apparatus 859
14. Disorders of Orbit 861
15. Ocular Injuries 864
16. Tumors of the Eye 867
17. Ocular Therapeutics 871
18. Methods in Ophthalmology 874
19. Systemic Ophthalmology 877
20. Community Ophthalmology 881

Section B

Practice Questions **884**
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

PSYCHIATRY

Section A

1. Signs and Symptoms in Psychiatry 907
2. Psychoanalysis, Ego and Defense Mechanisms 912
3. Cognitive Disorders 917
4. Substance Related Disorders 922
5. Schizophrenia 927
6. Other Psychotic Disorders/Delusional Disorders 933
7. Mood Disorders 937
8. Anxiety Disorders 943
9. Somatoform Disorders 948
10. Sexual Disorders 951
11. Eating Disorders 953
12. Normal Sleep and Sleep Disorders 955
13. Personality Disorders 957
14. Pediatric Psychiatry 960
15. Drugs and Side Effects 964
16. Electroconvulsive Therapy 970
17. Miscellaneous 972

Section B

Practice Questions **975**
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

ANESTHESIA

Section A

1. Anesthesia Equipments and Ventilation 987
2. Inhalational Anesthetics 993
3. Intravenous Anesthetics 999
4. Local Anesthetics and Blocks 1004
5. Neuromuscular Blockers 1009
6. Spinal, Epidural and Caudal Anesthesia and Opioids 1013
7. Preoperative Preparations and Intraoperative Management 1017
8. Clinical Anesthesia 1021
9. Anesthetic Complications and Management 1027

Section B

Practice Questions **1032**
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

MEDICINE

Section A

1. Hematology 1041
2. Cardiovascular System 1066
3. Gastrointestinal System 1091
4. Respiratory System 1102
5. Kidney and Urinary Tract 1115
6. Liver and Biliary Tract 1131
7. Endocrinology 1143
8. Connective Tissue Disorders 1158
9. Nervous System 1169
10. Acid-Base Disorders 1188
11. Genetic Disorders 1191
12. Miscellaneous 1196

Section B

Practice Questions **1209**
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

PEDIATRICS



Section A

1. Neonatology 3
2. Growth and Development 13
3. Nutrition in Health and Disease 18
4. Fluid and Electrolytes 25
5. Disorders of Gastrointestinal System 29
6. Immunization, Infectious Diseases and Worm Infestation 36
7. Hematological Disorders 45
8. Disorders of Cardiovascular System 51
9. Disorders of Respiratory System 60
10. Disorders of Kidney and Urinary Tract 65
11. Disorders of Endocrine System 73
12. Disorders of Neuromuscular System 79
13. Metabolic Disorders 87
14. Genetic Disorders 90
15. Childhood Malignancies 96
16. Miscellaneous 101



Section B

Practice Questions 107
(Comprising of Questions from Recent Exams and NEET Pattern Questions)

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Section A

Chapter 1

NEONATOLOGY

A. Normal New Born
B. Primitive Reflexes
C. Low Birth Weight
D. Respiratory Distress
E. Congenital Diaphragmatic Hernia
F. Bronchopulmonary Dysplasia
G. Resuscitation
H. Neonatal Jaundice and Kernicterus
I. Neonate of Diabetic Mother
J. Miscellaneous

JAYPEE BROTHERS

NEONATOLOGY (QUESTIONS)

A. NORMAL NEW BORN

1. **The appropriate approach to a neonate presenting with vaginal bleeding on day 4 of life is:** (AI 05)
   a. Administration of vitamin K
   b. Investigation bleeding for disorder
   c. No specific therapy
   d. Administration of 10 ml/kg of fresh frozen plasma over 4 hours

   Ref: Ghai 8/e p172

2. **Neonatal MCV:** (PGI Nov 09)
   a. 90-110
   b. 110-125
   c. 125-135

   Ref: Ghai 8/e p322; 7/e, p296, 298

3. **A full term baby, exclusively breast fed, at the end of 1 week was passing golden yellow stools and was found to have adequate hydration with normal systemic examination. The weight of the baby was just same as it was at birth. The pediatrician should now advise:** (AIIMS May 02)
   a. Give oral solution with breast feeding
   b. Start top feeding
   c. Investigate for lactic acidosis
   d. Reassure the mother that nothing is abnormal

   Ref: Ghai 6/e, p4

4. **Normal finding in term neonate:** (PGI Dec 02, Dec 98)
   a. Erythema toxicum
   b. Epstein's pearl
   c. Bilateral cryptorchidism
   d. Subconjunctival hemorrhages
   e. Erythema nodosum

   Ref: Ghai 8/e p138

5. **Most common cause of delayed puberty in males is:** (AI 08)
   a. Kallamann syndrome
   b. Klinefelter syndrome
   c. Constitutional
   d. Prader-willi syndrome

   Ref: Ghai 8/e p535; Oski's 4/e, p2083

6. **The pincer grasp with the index finger and the thumb is attained by an infant by the age of:** (MP PG 2009)
   a. 3 months
   b. 6 months
   c. 9 months
   d. 12 months

   Ref: Ghai 8/e p49-55; 7/e p28

7. **Upper segment to lower segment ratio at birth is:** (J & K PG 2011)
   a. 1.3
   b. 1.5
   c. 1.7
   d. 1

   Ref: OP Ghai 8/e p11

8. **Kangaroo mother care is necessary till baby attains a weight of:** (J & K PG 2011)
   a. 1500 gms
   b. 2000 gms
   c. 2500 gms
   d. 3000 gms

   Ref: OP Ghai 8/e p148

9. **Gestational age of a new born baby can be assessed by which one of the following scoring system:**
   a. Sarnat and Sarnat **(J & K PG 2010)**
   b. Downeys
   c. Silvermans
   d. New Ballards

   Ref: OP Ghai 8/e p125

B. PRIMITIVE REFLEXES

10. **A 3 month baby will have:** (PGI Nov 09)
    a. Pincer grasp
    b. Head control
    c. Sitting with support
    d. 2 words with meaning
    e. Rolling over

    Ref: Ghai 8/e, p49

11. **Moro reflex disappears at:** (AI 07; PGI June 98)
    a. 5 months
    b. 3 months
    c. 7 months
    d. 6 months

    Ref: Nelson 18/e, p2439; Ghai 8/e p142

12. **Persistence of Moro's reflex is abnormal beyond the age of:** (AIIMS May 07)
    a. 3rd month
    b. 4th month
    c. 5th month
    d. 6th month

    Ref: Ghai 8/e p142; Nelson 18/e p2439

13. **All of the following reflexes are present at birth except:** (AI 07; PGI June 98)
    a. Rooting reflex
    b. Symmetrical tonic neck reflex
    c. Asymmetrical neck reflex
    d. Crossed extensor reflex

    Ref: Nelson 18/e p2439; Ghai 8/e p142

14. **Moro's reflex is abnormal after:** (DNB 2007)
    a. 4 weeks
    b. 10 weeks
    c. 12 weeks
    d. 20 weeks

    Ref: OP Ghai peds 8/e p210

15. **Persistent moro's reflex at 12 weeks indicates:** (Feb DP PGMEE 2009)
    a. Normal child
    b. Brain damage
    c. Hungry child
    d. Irritable

    Ref: Ghai 8/e p143

Ans. **1.** c. No specific therapy **2.** a. 90-110 **3.** d. Reassure the... **4.** a, b and d
5. c. Constitutional **6.** c. 9 months **7.** c. 1.7 **8.** c. 2500 gms
9. d. New Ballards **10.** b. Head control **11.** d. 6 months **12.** d. 6th month
13. b. Symmetrical tonic... **14.** d. 20 weeks **15.** a. Normal child

JAYPEE BROTHERS

16. Persistent moro's reflex at 12 weeks indicates: (Feb DP PGMEE 2009)
a. Normal child
b. Brain damage
c. Hungry child
d. Irritable

Ref: Ghai 8/e p143

17. Which of the following is not present at birth? (Kerala PG 08)
a. Parachute reflex
b. Moro reflex
c. Tonic neck reflex
d. Rooting reflex

Ref: Ghai 8/e p133; Nelson, 17/e p1979, Table 584-2 18/e p2439, Table 594-2

C. LOW BIRTH WEIGHT

18. All of the following are features of prematurity in a neonate, except: (AI 06)
a. No creases on sole
b. Abundant lanugo
c. Thick ear cartilage
d. Empty scrotum

Ref: Ghai 8/e p124; 7/e p129; Nelson 18/e p703; 17/e p525

19. Small for date baby is: (PGI June 00)
a. < 10 percentile for the gestational age
b. < 50 percentile for gestational age
c. < 2000 gm
d. < 2500 gm

Ref: Ghai 8/e p155; 7/e p129

20. A women delivered a baby of 2.2 kg weight her IMP is not known. To know the maturity of baby, following are used: (PGI June 03)
a. Sole crease
b. Ear cartilage
c. Breast nodule
d. Anterior fontaneue
e. Weight of the baby

Ref: Ghai 8/e p155

21. Full term, small-for-date babies are at high-risk of: (AI 00)
a. Hypoglycemia
b. Intraventricular hemorrhage
c. Bronchopulmonary dysplasia
d. Hyperthermia

Ref: Ghai 8/e p179; 7/e p129

22. Retinopathy of prematurity is commonly predisposed by: (AIIMS June 00)
a. Less gestation age
b. Low birth weight
c. O2 toxicity
d. Carbohydrate excess

Ref: Nelson 18/e p2423, 2603 and 17/e p2113; ROP, p709, 2598-2600; Ghai 8/e p666; 7/e p130

23. Loss of pulmonary surfactant in premature infant: (Nov 08)
a. Pulmonary edema
b. Collapse of alveoli
c. Elastic recoil of lungs
d. All of above

Ref: Nelson 17/e p575, 18/e p732; Ghai 8/e p373

24. Retrolental fibroplasias has association with: (AIIMS May 02)
a. Prolonged labor
b. Intrauterine infection
c. Meconium aspiration
d. Low birth weight

Ref: Ghai 8/e p155; Meharban Singh 6/e p404

25. True about LBW is: (DNB 2009)
a. Less than 1800 gms
b. Less than 2000 gms
c. Less than 2500 gms
d. Less than 3000 gms

Ref: OP Ghai 8/e p310

26. Low birth weight (LBW) baby is the one whose birth weight is: (MP PG 2010)
a. Less than 1800 gms
b. Less than 2000 gms
c. Less than 2500 gms
d. Less than 3000 gms

Ref: Ghai 8/e p124; Nelson's 18/e p702

27. A very low birth weight is a newborn whose weight, in grams, is less than: (MP PG 2010)
a. 1000
b. 1500
c. 2000
d. 2500

Ref: Ghai 8/e p124; Nelson's 18/e p702

D. RESPIRATORY DISTRESS

28. With reference to RDS, all of the following statements are true except: (AI 02; PGI Dec 99)
a. Usually occurs in infants born before 34 weeks of gestation
b. Is more common in babies born to diabetic mothers
c. Leads to cyanosis
d. Is treated by administering 100% oxygen

Ref: Ghai 8/e p169; 7/e p144-146, 6/e, p166-167; Nelson 18/e p731-740 and 17/e p575-578

29. Most common sign of acute hypoxia in neonates: (AI 09)
a. Tachycardia
b. Bradycardia
c. Cardiac arrest tachypnea
d. Ventricular arrhythmia

Ref: Nelson 18/e p718, 719; Ghai 8/e p166

Ans. **16.** a. Normal child **17.** a. Parachute reflex **18.** c. Thick ear cartilage **19.** a. < 10 percentile for...
20. a, b and c **21.** a. Hypoglycemia **22.** a. Less gestation age **23.** All of above
24. d. Low birth weight **25.** c. Less than 2500 gms **26.** c. Less than 2500 gms **27.** b. 1500
28. d. Is treated by... **29.** b. Bradycardia

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30. Nile blue sulfate test is done to detect: (AIIMS Nov 06)
a. Maturity of kidney
b. Maturity of liver
c. Maturity of lungs
d. Maturity of skin
Ref: Meharban Singh 6/e, p42-43; Dutta p420

31. Neonatal apnea is seen in all except: (Nov 08)
a. Prematurity
b. Hyperglycemia
c. Hypoglycemia
d. Hypercalcemia
e. Hyperthermia
Ref: OP Ghai 8/e p164; 7/e p146

32. Which of the following are signs of neonatal respiratory distress syndrome: (PGI June 01)
a. Intercostal retraction
b. RR > 60/min
c. Absence of cyanosis
d. PH < 7.2
e. A linear streak on CXR
Ref: Ghai 8/e p137; 7/e p144-146; Nelson 18/e p723; 17/e p575-577

33. Neonate at 2 hours age develops moderate respiratory distress, in terms of increased respiratory rate (70/m), chest indrawing and grunting. Which is the best management:
a. Surfactant therapy and mechanical ventilation
b. Intubation and mechanical ventilation (AIIMS Nov 09)
c. Facemask with CPAP
d. 100% O2 and and head box
Ref: Ghai 8/e p169

34. A 3 kg term baby delivered by cesarian section develops respiratory distress soon after birth. The liquor was meconium stained. Breathing rate is 90/ minute. Correct statements: (PGI Dec 04)
a. Transient tachypnea of newborn
b. Meconium aspiration syndrome
c. Reticulonodular shadows in X-ray chest
d. Surfactant production
e. Oral feeding started early
Ref: Ghai 8/e p170; Nelson 18/e p742-743 and 17/e p583-584

35. Respiratory distress in newborn is defined when:
a. Respiration rate >60/min (PGI June 04)
b. Intercostal recession
c. Aspiration> 20 ml
d. Hypoxemia
e. Reticulonodular shadow in CXR
Ref: Ghai 8/e p169; 7/e p144-147; Nelson 18/e p723 and 17/e p575-577

36. Newborn baby of term gestation, developed respiratory depression after 6 hours. What will suggest HMD?
a. Receipt of antenatal steroids
b. Air bronchogram in CXR
c. Term gestation
d. Onset after 6 hours
Ref: Ghai 8/e p169; Nelson's, 18/e p731-5

37. True about RDS are all except:
a. Develops 6 hours after birth
b. Air bronchogram seen
c. Cyanosis seen
d. Prenatal steroids given
Ref: Ghai 8/e p169; Nelson's, 18/e p731-5

38. A child 30 weeks preterm presents with moderately severe respiratory distress with grunting after 2 hours. Respiratory management.
a. Nasal CPAP
b. Surfactant with mechanical ventilation
c. Intubation
d. Warm oxygen
Ref: Nelsons. 18/e p731-5, OP Ghai 8/e p169; 7/e p144

39. In a postoperative ward newborn developed respiratory depression in ward. It can be caused by?
a. Opioid
b. Propofol
c. Diazepam
d. Ketamin
Ref: Care of newborn Meharban singh,6/e p79; 8/e p168

40. A neonate with scaphoid abdomen with respiratory distress has: (Karnataka PG 2010)
a. Congenital pyloric stenosis
b. Volvulus
c. Congenitae Diaphragmatic hernia
d. Choanal atresia
Ref: Ghai 8/e p138, 178

E. CONGENITAL DIAPHRAGMATIC HERNIA

41. A child presented with severe respiratory distress two days after birth. On examination he was observed to have a scaphoid abdomen and decreased breath sounds on the left side. He was managed by prompt endotracheal intubation. After ET tube placement the maximal cardiac impulse shifted further to the right side. What should be the next step in management? (AI 09)
a. Confirm the position of endotracheal tube by chest X-ray
b. Remove tube and reattempt intubation
c. Nasogastric tube insertion and decompress the bowel
d. Chest X-ray to confirm diagnosis
Ref: Ghai 8/e p138, 178; 7/e p153; Nelson 18/e p731, 740

Ans. **30.** c. Maturity of lungs **31.** b, d and e **32.** a, b and d **33.** a. Surfactant therapy...
34. a and b **35.** a and b **36.** b. Air bronchogram... **37.** a. Develops 6 hours...
38. a. Nasal CPAP **39.** a. Opioid **40.** c. Congenitae... **41.** c. Nasogastric tube...

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42. A child presented with respiratory distress was brought to emergency with bag and mask ventilation. Now child is intubated. Chest X-ray shows right-sided deviation of mediastinum with scaphoid abdomen. His pulse rate is increased. What is the next step? (AIIMS Nov 07)

a. Endotracheal intubation
b. Put a nasogastric tube
c. Surgery
d. End tidal CO2 to confirm intubation

Ref: Ghai 8/e p178; 7/e p153

43. A neonate having congenital diaphragmatic hernia developed respiratory distress. Breath sounds were decreased on the left side. After bag and mask ventilation, ET tube was put and the maximal cardiac impulse shifted to the right side. What should be the next step in management:

a. Confirm the position of endotracheal tube by X-ray chest
b. Remove tube and reattempt intubation (AI 08)
c. Nasogastric tube insertion
d. Chest X-ray

Ref: Nelson 18/e p748; Ghai 8/e p178

44. A Newborn weighing 1000 g is born at gestational age of 30 weeks with respiratory distress after 2-3 hours of birth. What are the diagnostic possibilities: (PGI June 01)

a. Diaphragmatic hernia
b. Cong. bronchopulmonary cysts
c. Bronchopulmonary dysplasia
d. HMD
e. Pulmonary haemorrhage

Ref: Ghai 8/e p179; 7/e p153; Nelson 18/e p731-740 and 17/e p575–578

45. Newborn with APGAR score of 2 at 1 min. and 6 at 5 min. has respiratory distress and mediastinal shift diagnosis is:

a. Congenital adenomatoid lung disease (PGI Dec 00)
b. Pneumothorax
c. Diaphragmatic hernia
d. Transient tachypnea of newborn
e. HMD

Ref: Nelson 18/e p731-740; 17/e, 575–578; Ghai 8/e p176

46. A newborn baby had normal APGAR score at birth and developed excessive frothing and choking on attempted feeds. The investigation of choice is: (AIIMS May 03)

a. Esophagoscopy
b. Bronchoscopy
c. MRI chest
d. X-ray chest and abdomen with the red rubber catheter passed per orally into esophagus

Ref: Ghai 8/e p178-179; 7/e p151; Nelson 18/e p1541 and 17/e p1219-1220

47. A new born baby has been referred to the casualty as a case of congenital diaphragmatic hernia. The first clinical intervention is to: (AIIMS May 03)

a. Insert a central venous pressure line
b. Bag and mask ventilation
c. Insert a nasogastric tube
d. Ventilate with high frequency ventilator

Ref: Nelson 18/e p746-749; 17/e p1353-1355; Schwartz 7/e p1720; Ghai 8/e p179

F. BRONCHOPULMONARY DYSPLASIA

48. A male born at term after an uncomplicated pregnancy, labor and delivery develops severe respiratory distress within a few hours of birth. Results of routine culture were negative. The chest roengogram reveals a normal heart shadow and fine reticulonodular infiltrates radiating from the hilum. ECHO findings reveal no abnormality. Family history reveals similar clinical course and death of a male female sibling at 1 month and 2 months of age respectively. The most likely diagnosis is: (AI 08)

a. Neonatal alveolar proteinosisy
b. Total anomalous pulmonary venous circulation (TAPVC)
c. Meconium aspiration syndrome
d. Diffuse herpes simplex infection

Ref: Nelson 18/e p1820-1821; Ghai 8/e p176

49. A newborn female child, weight 3.5 kg, delivered by uncomplicated delivery, developed respiratory distress immediately after birth. On chest X-ray ground glass appearance was seen. Baby put on mechanical ventilation and was give surfactant but condition of baby deteriorates and increasing hypoxemia was present. A full term female sibling died within a week with the same complaints. ECHO is normal. Usual cultures are negative. Your diagnosis is:

a. Total anomalous pulmonary vein connection
b. Meconium aspiration syndrome (AIIMS Nov 08)
c. Neonatal pulmonary alveolar proteinosis
d. Disseminated HSV infection

Ref: Nelson 18/e p1821-1822; Ghai 8/e p168; 176

50. 3.5 kg term male baby, born of uncomplicated pregnancy, developed respiratory distress at birth, did not responded to surfactant, ECHO finding revealed nothing abnormal, X-ray showed ground glass appearance and culture negative. APGARS 4 and 5 at 1 and 5 minutes. History of one month female sibling died before. What is the diagnosis?

a. TAPVC (AIIMS June 08)
b. Meconium aspiration
c. Neonatal pulmonary alveolar proteinosis
d. Diffuse herpes simplex infection

Ref: Nelson 18/e p2185, Harrison 16/e p1696; Gahi 8/e p172

Ans. **42.** b. Put a nasogastric... **43.** c. Nasogastric tube... **44.** a, b and d **45.** a, b and c
46. d. X-ray chest... **47.** c. Insert a nasogastric... **48.** a. Neonatal alveolar... **49.** c. Neonatal...
50. c. Neonatal pulmonary...

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G. RESUSCITATION

51. A 5-year-old child is rushed to casualty reportedly electrocuted while playing in a park. The child is apneic and is ventilated with bag and mask. There are bums on each hand. What will be the next step in the management: (AIIMS Nov. 05, 04)

a. Check pulses
b. Start chest compressions
c. Intubate
d. Check oxygen saturation

Ref: Nelson 18/e p395; 17/e p281, 286–288; Ghai 8/e p125

52. A 6 months old child having severe dehydration comes to the casualty with weak pulse and unrecordable BP Repeated attempt in gaining IV access has failed. The next best step is: (AIIMS May 01)

a. Try again
b. Jugular vein catheterization
c. Intraosseous IV fluids
d. Venesection *Ref: Bailey and Love 24/e p290; Ghai 8/e p714*

53. A child presented in the casualty with fever, unconscious and papilloedema. What next to be done: (PGI Nov 08)

a. Intubation
b. Oxygenation
c. CT scan
d. Lumber puncture

Ref: Ghai 8/e p710; 7/e p535-536

54. Best artery to palpate for pulse in infants is: (PGI Dec 00)

a. Femoral artery
b. Radial artery
c. Carotid artery
d. Brachial artery

Ref: Morgan's Anesthesia 3/e p936; Ghai p710; 712

55. Which among the following is a helpful characteristic in neonatal resuscitation: (Kerala PG 10)

a. APGAR Score
b. Colour
c. Cry
d. Heart rate *Ref: Ghai 8/e p126; Nelson 18/e p679*

56. A neonate on bag and mask ventilation in cardio pulmonary resuscitation. The heart rate is 60-100 per munute. Next treatment is: (UP PG 2010)

a. Continue ventilation and start adranaline
b. Continue ventilation and start chest compressions
c. Continue chest compressions and ventilation
d. Stop chest compressions and continue ventilation

Ref: OP Ghai 8/e p714; 7/e p99

57. A ratio of lung inflation to chest compression in cardiopulmonary resuscitation is: (UP PG 2010)

a. 1:5
b. 2:5
c. 1:15
d. 2:15 *Ref: Ghai 8/e p714; 7/e p691-92; Nelson 18/e p389*

58. The following modes of ventilation may be used for weaning of patients from mechanical ventilation except: (UP PG 2010)

a. Pressure support ventilation (PSV)
b. Control mechanical ventilation (CMV)
c. Assist control ventilation (ACV)
d. Synchronized intermittent mandatory ventilation (SIMV)

Ref: Ghai 7/e p701-03; A yadav 4/e p205

59. The first medication that may be required in the resuscitation of baby with prolonged birth asphyxia is: (J & K PG 2010)

a. Sodium bicarbonate
b. Adrenalin in 1:10000 dilution
c. Calcium gluconate
d. 25% dextrose *Ref: OP Ghai 8/e p166, 126*

H. NEONATAL JAUNDICE AND KERNICTERUS

60. Drugs that can be used in kernicterus: (PGI June 09)

a. Barbiturates
b. Benzodiazepines
c. Phenytoin
d. Chlorpromazine
e. Carbamazepine *Ref: Ghai 8/e p172; 7/e p150*

61. A child has bilirubin of 4 mg. Conjugated bilirubin and alkaline phosphatase are normal, bile salts and bile in urine are absent. However urobilinogen in urine is raised. What is the likely diagnosis: (AIIMS Nov 01)

a. Obstructive jaundice
b. Rotor's syndrome
c. Biliary cholestasis
d. Hemolytic jaundice

Ref: Chatterjee Shinde 4/e p593; Chandrasoma 3/e p635; Ghai 8/e p172-175

62. Conjugated hyperbilirubinemia in infancy seen in:

a. Choledochal cyst (PGI Dec 04)
b. Extra hepatic biliary atresia
c. Crigler - Najjar disease
d. Gilbert disease

Ref: Already explained above; Ghai 8/e p173

63. Conjugated hyperbilirubinemia in infancy is seen in:

a. Gilbert syndrome (PGI Dec 06)
b. Crigler-Najjar syndrome
c. Dubin Johnson syndrome
d. Rotor syndrome
e. Neonatal hepatitis

Ref: Already explained above; Ghai 8/e p173

64. A term neonate with unconjugated hyperbilirubinemia of 18 mg/dl on 20 days. All are common causes except:

a. Breast milk jaundice (AIIMS May 07)
b. Congenital cholangiopathy
c. G 6PD deficiency
d. Hypothyroidism

Ref: Ghai 8/e p173-174; 7/e p147-151

Ans. **51.** a. Check pulses **52.** c. Intraosseous IV fluids **53.** All of these **54.** b. Radial artery
55. d. Heart rate **56.** d. Stop chest... **57.** d. 2:15 **58.** b. Control mechanical...
59. b. Adrenalin in 1:1000... **60.** a. Barbiturates **61.** d. Hemolytic jaundice **62.** a and b
63. c, d and e **64.** b. Congenital...

JAYPEE BROTHERS

65. Late onset hemorrhagic disease of newborn is characterized by all of the following features except: (AI 06)
a. Usually occurs in cow-milk-fed babies
b. Onset occurs at 4-12 weeks of age
c. Intracranial hemorrhage can occur
d. Intramuscular vitamin K prophylaxis at birth has a protective role

Ref: Nelson 18/e p773-774; 17/e p606–607; Ghai 8/e p148

66. Which of the following is the principal mode of heat exchange in an infant incubator? (AI 06)
a. Radiation
b. Evaporation
c. Convection
d. Conduction

Ref: Ghai 8/e p173; 7/e p150

67. In unconjugated hyperbilirubinemia, the risk of kernicterus increases with the use of: (AI 05)
a. Ceftriaxone
b. Phenobarbitone
c. Ampicillin
d. Sulfonamide

Ref: Harrsion 16/e p1818; KDT 5/e, p644; Ghai 8/e p173

68. What should be measured in a newborn who presents with hyperbilirubinemia: (AI 00)
a. Total and direct bilirubin
b. Total bilirubin only
c. Direct bilirubin only
d. Conjugated bilirubin only

Ref: Meharban Singh 6/e p241; Ghai 8/e p172

69. Unconjugated hyperbilirubinemia in neonate is seen in all of the following except: (AI 98)
a. Physiological jaundice
b. Dubin Johnson syndrome
c. Hypothyroidism
d. Hemolytic anemia

Ref: Ghai 8/e p172; Nelson 18/e p1677; 17/e p592-596, 1321

70. Which mechanism in phototherapy is chiefly responsible for reduction in serum bilirubin? (AIIMS May 05)
a. Photo-oxidation
b. Photo-isomerization
c. Structural isomerization
d. Conjugation

Ref: Ghai 8/e p172; 7/e p150, 6/e p172-173; Nelson 18/e p762-764; 17/e p597-598

71. A full term, 80 hours old new born baby develops jaundice, what should be the minimum level of serum bilirubin to start phototherapy: (AIIMS June 99)
a. 20 mg%
b. 12.5 mg%
c. 18 mg%
d. 15 mg%

Ref: Ghai 8/e p173; Nelson 18/e p762-763; 17/e p597–598; Meharban Singh 6/e p252

72. A term baby developed jaundice on 3rd day up to the thigh with normal stool and urine. Mother's blood group is 'O' -ve and that of baby's 'A' +ve. The cause of jaundice is:
a. Rh incompatibility (PGI Dec 04; Dec 02)
b. Physiological jaundice
c. Extrahepatic biliary atresia
d. Sepsis
e. Glucose-6 phosphate dehydrogenase deficiency

Ref: Ghai 8/e p173; 7/e, 1147; Nelson 18/e p760-761 and 17/e p594-595

73. True about physiological jaundice in neonate: (PGI Dec 00)
a. Occurs in first 6 hours of delivery
b. Unconjugated hyperbilirubinemia
c. Neurological equel are common
d. Best treated by phototherapy
e. Starts on 2nd day of life *Ref: Ghai 8/e p172*

74. Bronze baby syndrome is due to: (PGI Dec 98)
a. Phototherapy
b. Wilson disease
c. Chloramphenicol toxicity
d. Hemochromatosis

Ref: Nelson 18/e p762, 763 and 17/e p598; Ghai 8/ep172; 7/e p150

75. The late features of kernicterus include all except:
a. Hypotonia (DP PGMEE 2009)
b. Sensorineural hearing loss
c. Choreoathetosis
d. Upward gaze palsy

Ref: Ghai 8/e p174

76. In a neonate, jaundice appears for the first time in the 2nd week. The following is not a cause: (DP PGMEE 2010)
a. Galactosemia
b. Rh incompatibility
c. Hypothyroidism
d. Breast milk jaundice

Ref: Ghai 8/e p172; Nelson 18/e p758

I. NEONATE OF DIABETIC MOTHER

77. Which of the following malformation in a newborn is specific for maternal insulin dependent diabetes mellitus?
a. Transposition of great arteries (AI 06)
b. Caudal regression
c. Holoprosencephaly
d. Meningomyelocele

Ref: Read below Ghai 8/e p179; 7/e p156

78. Infants of diabetic mother have the folio wings:
a. Macrosomia (PGI June 03)
b. Neural tube defect
c. Hyperglycemia
d. Hypocalcemia

Ref: Nelson 18/e p783, 784; Dutta-Obs 5/e, p 303, 304; Ghai 8/e p179; 7/e p156

Ans. **65.** a. Usually occurs... **66.** c. Convection **67.** a and d. **68.** a. Total and direct
69. b. Dubin Johnson... **70.** c. Structural... **71.** a. 20 mg% **72.** b. Physiological...
73. b. Unconjugated... **74.** a. Phototherapy **75.** a. Hypotonia **76.** b. Rh incompatibility
77. b. Caudal regression **78.** a, b and d

JAYPEE BROTHERS

79. Long-term complication of infants born to IDDM mother all except: (AI 95, AIIMS 98)
a. DM
b. Ketotic hypoglycemia
c. Obesity
d. Blindness

Ref: Ghai 8/e p179; 7/e p156

80. All of the following are the complications in the new born of a diabetic mother except: (AIMS May 06)
a. Hyperbilirubinemia
b. Hyperglycemia
c. Hypocalcemia
d. Hypomagnesemia

Ref: Ghai 8/e p179; 7/e p156, 6/e p180; Nelson Pediatrics 17/e p613-614

81. Macrosomia is seen in: (PGI Nov 09)
a. GDM
b. Maternal obesity
c. Maternal hypothyroidism
d. Neonatal Hyperglycemia
e. Neonatal Hypoglycemia

Ref: Dutta Obs 6/e p287; Ghai 8/e p178, 179

82. All of the following therapies may be required in a 1 hour old infant with severe birth asphyxia except: (AI 05)
a. Glucose
b. Dexamethasone
c. Calcium gluconate
d. Normal saline

Ref: Meharban Singh 6/e p106; Ghai 8/e p166

83. The most common congenital anomaly in baby born to IDDM mother is: (AIIMS Nov 06)
a. NTD
b. Cardiovascular anomalies
c. GIT anomalies
d. Pulmonary anomalies

Ref: Ghai 8/e p396; Nelson 18/e p618, 619 and 17/e p614

84. A 3.5 kg baby born to diabetic mother develops seizures at 16 hours. The most likely cause is: (DNB 2010)
a. Hypoglycemia
b. Hypoxia/Respiratory distress syndrome
c. Hypomagnesumia
d. Hypocalcemia

Ref: Ghai 8/e p210; Nelson Essentials of Pediatrics 4/e p762-766, 783, 237, 238

85. All can be seen in infant of diabetic mother except:
a. Hyperbilirubinaemia (Kerala PG 08)
b. Polycythaemia
c. Hyperglycaemia
d. Hypocalcaemia

Ref: Ghai 8/e p182; Dutta 6/e p287

J. MISCELLANEOUS

86. Hypothermia in neonate is characterized by: (PGI Dec 02)
a. Hyperactivity
b. Hypoglycemia
c. Apnea
d. ↓ed urinary output

Ref: Ghai 8/e p143; 7/e p118, 115

87. The different manifestations of hypothermia are:
a. Apnea [PGI June 06]
b. Hypoglycemia
c. Hyperglycemia
d. Tachycardia
e. Hypoxia

Ref: Ghai 8/e p143; 7/e, p115-118

88. Neonate with recurrent infection and abscess is diagnosed as kostmann syndrome (severe congenital neutropenia). What is the treatment: (AIIMS Nov 09)
a. Anti-thymocyte globulin + cyclosporine
b. Anti-thymocyte globulin + cyclosporine + gm-csf
c. G-csf
d Gm-csf

Ref: Ghai 8/e p357; Current Diagnosis and treatment-Pediatrics 19/e p827

89. True about neonatal sepsis: (PGI June 03)
a. Meningitis commonly occur lately
b. Jaundice predisposes
c. Fever
d. Jaundice is a common feature

Ref: Ghai 8/e p163; 7/e p136-137

90. Transient tachypnea of new born (TTN) is commonly seen in which of the following situations: (AIIMS May 02)
a. Term delivery requiring forceps
b. Term requiring ventouse
c. Elective cesarean section
d. Normal vaginal delivery

Ref: Nelson 18/e p741; 17/e p583; Ghai 8/e p168; 7/e p146

Ans. **79.** b. Ketotic ... **80.** b. Hyperglycemia **81.** a. GDM **82.** b. Dexamethasone
83. b. Cardiovascular... **84.** a. Hypoglycemia **85.** c. Hyperglycaemia **86.** b, c and d
87. All of the above **88.** c. G-csf **89.** a, c and d **90.** c. Elective cesarean...

JAYPEE BROTHERS

91. Characteristics radiological feature of transient tachypnea of newborn is: (AIIMS May 05)
a. Reticulogranular appearance
b. Low volume lungs
c. Prominent horizontal fissure
d. Air bronchogram

Ref: Ghai 8/e p168

92. A nonventilated preterm baby in incubator is under observation. Which is the best way to monitor the baby's breathing and detect apnea? (AI 07)
a. Infrared throraric movement study
b. Capnography
c. Nasal digital temperature monitoring
d. Impedence technique

Ref: Care of the newborn by Meharban Singh 6/e p30, 280; Ghai 8/e p180

93. Treatment for breath holding spells in a child is:
a. Give extra care and love to the child (PGI Dec 01)
b. Inflicting painful stimulus at the beginning of the attack
c. Do not give attention to the child
d. Fulfill all the wishes of the child to prevent the attack
e. Low dose barbiturates

Ref: Nelson 18/e p131 and 17/e p88

94. True about B/L CDH: (PGI June 09)
a. Exaggerated lordosis
b. B/L genu valgum
c. Waddling gait
d. Stenton's line brocken
e. Short stature

Ref: Maheshwari 4/e p212, 213; 3/e p201, 202; Ghai 8/e p284

95. A 4 kg baby born to a diabetic mother found lethargic which of the folio whig is to be done: (PGI Dec 03)
a. Reasses the baby again after 2 hours
b. Give 10% dextrose IV
c. Start oral feeding
d. Give injection insulin *Ref: Ghai 8/e p179; 7/e p157*

96. Administration of glucose solution is prescribed for all of the following situations except: (AIIMS May 06)
a. Neonates
b. Child of a diabetic mother
c. History of unconsciousness
d. History of hypoglycemia
e. Uncorrected cases may develop plagiocephaly

Ref: Ghai 8/e p179

97. All of the following groups of newborns are at an increased risk of hypoglycemia except: (AIIMS Nov 02)
a. Birth asphyxia
b. Respiratory distress syndrome
c. Maternal diabetes
d. Post-term infant

Ref: Ghai 8/e p179; Nelson 18/e p785and 17/e p506-508

98. A male child of 3.8 kg born to a diabetic mother, developded seizures 16 hours after birth. What is the probable cause:
a. Hypoglycemia (AIIMS Nov 09)
b. Hypocalcemia
c. Birth asphyxia
d. Intracranial haemorrhage

Ref: Ghai 8/e p179; 7/e p156

99. A newborn child RR 86 per minute. No nasal flaring, no lower chest or xiphoid retraction, no grunt. Abdomen lagged behind chest in movement. Silverman's score is:
a. 1
b. 2
c. 3
d. 4

Ref: Care of Newborn Meharban singh,6/e p262; Ghai 8/e p174

100. In a preterm with PDA least likely is:
a. Bounding pulses
b. NEC
c. CO_2 washout
d. Pulmonary hemorrhage

Ref: Ghai 8/e p402; Nelson. Textbook of pediatrics, 18/e p737, Neo Reviews 2010; 11: 495-502

101. Lines of blaschko are:
a. Lymphatics
b. Blood vessel
c. Nerves
d. Lines of development

Ref: Harper, John. Textbood of Pediatric Dermatology, p691; Internet

102. A neonate delivered at 38 weeks of gestation, birth weight of 2.2 kg develops intolerance to feeds on 2nd day. Physical examination reveals no abnormalities. Sepsis screen in negative. What is the next step in management?
a. Wait and watch
b. Do a 2nd sepsis screen
c. Give prophylactic antibiotics
d. X-ray abdomen

Ref: Ghai 8/e p163

Ans. **91.** c. Prominent hori... **92.** d. Impedence technique **93.** b and c **94.** All of these
95. b and c **96.** c. History of... **97.** d. Post-term infant **98.** b. Hypocalcemia
99. a. 1 **100.** C. CO_2 washout **101.** D. Lines of... **102.** b. Do a 2nd sepsis...

JAYPEE BROTHERS

103. Not a component of APGAR score is?
a. Muscle tone (DNB 2010)
b. Color of body
c. Heart rate
d. Respiratory rate *Ref: OP Ghai 8/e p137*

104. The parameters used in APGAR score include all of the following except: (MP PG 2010)
a. Respiratory rate
b. Heart rate
c. Muscle tone
d. Reflex stimulation
Ref: Ghai 8/e p126; Nelson's 18/e p679

105. Which of the following is not true about late onset Hemorrhagic disease of newborn (HDN)? (AI 2006, MHPGM-CET 2010)
a. Begins between 2-7 days of life
b. Intracranial Hemorrhage is common
c. Bilary atresia can predispose
d. Warfarin therapy is associated
Ref: Care of Newborn by Maherbansingh 6/e p336; Ghai 8/e p137

106. Bronchiolitis obliterans is caused by: (Kerala PG 08)
a. Respiratory syncytial virus
b. Adeno virus
c. H. influenza
d. Mycoplasma
Ref: Ghai 8/e p381; Nelson textbook of Pediatrics, 17/e p1422; 18/e p1781

Ans. 103. d. Respiratory rate **104.** a. Respiratory rate **105.** a. Begins between 2-7... **106.** a and b

JAYPEE BROTHERS

Salient Features

1. Authentic compendium of questions from Latest NEET/DNB Pattern, AIIMS, AI, PGI and states (Karnataka, AP, Tamil Nadu, Delhi, Rajasthan, Kolkata, Bihar, Maharashtra, MP and UP) PGMEE

2. Guaranted correct answers

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