

FAMILY MEDICINE

PAPER-III

FLM/D/18/08/III

Time: 3 hours
Max. Marks:100

Important Instructions:

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

1. A mother brings her 4-year-old child because of difficulty in retaining him in nursery school. The teacher complains he sits in a corner and refuses to interact with other children. 3+2+5
 - a) What are the possible diagnosis? What other behavioral features you will enquire about?
 - b) What is the pathogenesis?
 - c) What would the diagnosis be if the child was disruptive, indisciplined and has poor scholastic performance? How is it managed?
2. Worried parents bring a 5-year-old child who has spells in which he cries, followed by cessation of breathing. 5+2+3
 - a) Explain these spells.
 - b) How can they be differentiated form syncopal attacks?
 - c) List other conditions which may mimic epilepsy in a child.
3. A 10-year-old girl develops high fever, retro-orbital pain and in a few days collapses with bleeding gums. There are many other patients with similar illness. 4+3+3
 - a) What is the diagnosis, the etiology and pathogenesis?
 - b) What is the reason for the collapse and bleeding?
 - c) How is the definitive diagnosis made?
4. A 4-day old child discharged 48 hours ago from the PHC as normal, is noted to be jaundiced by the mother. The child had a cephalo-hematoma after delivery but was otherwise normal. 5+5
 - a) How will the family doctor manage this child if no pediatrician is available?
 - b) What would be the approach if jaundice was noted at birth?

P.T.O.

FAMILY MEDICINE

PAPER-III

5. The family doctor notes that one of the patients is noted to be below the 5th percentile in the growth chart for weight for height. 5+3+2
a) What is the approach to this child?
b) What is the importance of checking body proportions in a child?
c) How is malnutrition graded?
6. A 35-year-old lady who had 2 normal vaginal deliveries complains of urinary leakage on coughing and sneezing. 5+3+2
a) What is the diagnosis? What is the pathogenesis?
b) What is the conservative management?
c) If conservative management fails, what other treatment is available?
7. A 52-year-old woman complains of sudden feelings of coldness followed by severe sweating. 4+4+2
a) What is the most likely diagnosis, and the pathogenesis?
b) How will you manage her?
c) How should she be followed up?
8. An 18-year-old girl is brought with irregular menstrual periods. She is overweight and is worried because of extra hair growth. 2+4+4
a) What is the most likely diagnosis?
b) What is the pathogenesis?
c) What is the management plan?
9. A 30-year-old lady had a miscarriage at 2 months a year ago. She has heard about pre-natal genetic screening and comes to you for advice before conceiving. 5+5
a) Which types of women should be screened for possible genetic abnormalities? Does this woman qualify for detailed testing?
b) If the lady is married to her maternal uncle, what type of diseases, if present in the family, can be passed on to the child and in what frequency?
10. A 32-year-old woman known to have mitral stenosis seeks advice about getting pregnant for the 2nd child. 5+3+2
a) What are the problems associated with valvular heart disease during pregnancy, labour and puerperium?
b) If the cardiologist advises against pregnancy, what contraception advice will you give her?
c) Which heart diseases are well tolerated during pregnancy?
