

IAP Neonatology Chapter Fellowship Exam: January 2015

Paper II

Maximum marks 100

Time: 3 hours

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Note:

- Answer any of the ten questions
 - All marks carry equal marks.
1. A term, IUGR baby developed excessive jitteriness at 4hrs of life. On examination neonate was plethoric and had bluish discoloration of finger and toes.
 - Diagnosis of the condition and factors predisposing it. (3 Marks)
 - Impact of the condition on various systems. (3 Marks)
 - Management of condition (Preferably with algorithm). (4 Marks)
 2. A term newborn apneic, required resuscitation, umbilical cord ABG showed pH-7.0, BE – (-14). Enumerate the complications to be monitored in first 48hrs of life. Discuss about recent evidence based managements available for this condition (3+7)
 3. A 3 weeks age old infant presented with jaundice. On enquiry mother gave history of pale coloured stool and high coloured urine. Enumerate the common etiologies, diagnostic workups and supportive measures of the condition (3+4+3)
 4. A preterm born at 29weeks gestation with birth weight of 1080 gms, received surfactant and was on mechanical ventilator. On day 3 of life baby deteriorated with increasing ventilator need. What immediate steps you will take bedside. Discuss most possible causes and outline their brief management (4+6)
 5. A 28 weeks preterm with birth weight of 820 gms was born at a community health centre to a 19 years old unbooked mother with history PPRM and shifted to a tertiary care NICU at 6hrs of life. The neonate received mechanical ventilation for 12days, pharmacological treatment for PDA and also received IV antibiotics for 14 days for culture proven Klebsiella sepsis. During NICU care baby showed poor weight gain till 6weeks of age and was on oxygen till 37weeks of PMA.
 - Discuss the evidence based preventive steps which can decrease preterm birth and its complications. (5 marks)
 - Discuss the diagnostic modalities to detect sepsis in a newborn.(5 marks)

6. A term 2.5kg infant presents on day 4 for recurrent episodes of hypoglycemia. The sugars are border-line even on a GIR of 15mg/kg/min.
 - a. How will you approach the diagnosis of this case (5 marks)
 - b. What are the medications (drugs, doses, side effects) used in the management of this newborn if the Insulin glucose ration is 1.5:1 (5 marks)

7. A term healthy newborn (3.9kg) presents at 36 hours of life with jaundice, poor feeding and decreased activity. On investigations the TSB is 19mg/dl
 - a. How will approach the diagnosis of this newborn (5)
 - b. What are the stages of BIND (2.5)
 - c. How will you prevent in this newborn (2.5)

8. A preterm VLBW infant with a birth weight of 1.1kg and gestation of 29 week has a weight gain 5g/kg/day for the last 1 week in the 4th week of life.
 - a. What is the expected growth in this newborn in the fourth week of life (1.5)
 - b. What are the differentials for this weight gain in this newborn (2.5)
 - c. How to prevent post natal malnutrition in these newborns? (6)

9. A newborn infant is admitted on day 3 of life with decreasing activity, rapid breathing, cold peripheries and poor feeding for the last 12 hours
 - a. What are the differentials for this condition? (2.5)
 - b. Approach for each of the differential, its investigation and management (7.5)

10. A newborn baby aged 3 days has not passed meconium. There is fullness of the abdomen. She is crying too much. Discuss the etiology of delayed passage of stools? (5 marks). How will you investigate this infant and plan the management (5 marks)

11. You suspect in a newborn, disorder of sexual differentiation (DSD). Enumerate common causes (3). Flow chart for evaluation (7).

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