

FELLOWSHIP IN PEDIATRIC ENDOCRINOLOGY :
WINTER - 2017
SUBJECT : FELLOWSHIP IN PAEDIATRIC ENDOCRINOLOGY
PAPER – II

Day : Thursday
Date : 05/10/2017

Time : 02.00 PM TO 04.00 PM

W-2017-3413 Max. Marks : 50

N.B.:

- 1) All questions are **COMPULSORY**.
 - 2) Figures to the right indicate **FULL** marks.
 - 3) Draw neat and labeled diagrams **WHEREVER** necessary.
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Q.1 46 XY DSD (Disorder of Sexual Development). **[20]**

Q.2 Write short notes on **ANY FOUR** of the following: **[20]**

- a) Vitamin D Resistance rickets
- b) Sick day management in type 1 diabetes
- c) Approach to goiter
- d) Steroid responsive hypertension
- e) Constitutional delay in growth and puberty

Q.3 Multiple choice questions: **[10]**

- 1) HCG stimulation test will give useful information in the following
 - a) Androgen insensitivity syndrome
 - b) Hypogonadotropic hypogonadism
 - c) 5 alpha reductase deficiency
 - d) B and C
- 2) In Smith Lemli Optiz syndrome along with DSD following is seen
 - a) Obesity
 - b) Hypertrichosis
 - c) Low cholesterol levels
 - d) All of the above
- 3) In type 1 diabetes in toddlers
 - a) It is important to keep glycemic control very tight.
 - b) One insulin injection per day is ideal.
 - c) Hypoglycemic insults are best avoided.
 - d) None of the above.
- 4) Vitamin D dependent rickets type 2 is associated with following findings:
 - a) Low calcium, low calcitriol level, high PTH
 - b) Low calcium, low calcitriol level, low PTH
 - c) Low calcium, high calcitriol level, high PTH
 - d) High calcium, high calcitriol level, high PTH

P.T.O.

- 5) In diabetic ketoacidosis aggressive use of fluids
- a) Is the best way to combat dehydration?
 - b) Will prevent renal damage?
 - c) Will bring down to hyperglycemia quickly?
 - d) None of the above
- 6) In peripheral precocious puberty
- a) Tall stature is not seen
 - b) Isosexual development is rare in boys
 - c) LH, FSH values are suppressed
 - d) None of the above
- 7) A two year old girl comes with isolated breast development. Her height is 83 cm, weight is 10 kgs and blood pressure is 110/90 mm Hg.
- a) No investigations are needed.
 - b) Parents should be reassured about the benign nature of the disease.
 - c) Further investigations are warranted.
 - d) Brain MRI is a must
- 8) In thalassemia major chronic iron overload may lead to
- a) Short stature
 - b) Diabetes
 - c) Hyperthyroidism
 - d) Hypoparathyroidism
 - e) A, B and D
- 9) Craniopharyngioma
- a) Can cause hypocortisolism
 - b) Can cause precocious puberty
 - c) Can cause delayed puberty
 - d) Can cause growth hormone deficiency
 - e) All of the above
 - f) B, C and D
- 10) In growth hormone therapy
- a) 6 vs 7 injections per week makes no difference to the final outcome.
 - b) Gynecomastia is rarely seen
 - c) Type 1 diabetes is a known long term complication.
 - d) Benign intracranial hypertension is permanent.

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