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37	A	B	C	D	E
38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

PEDS

Pediatrics For Registrar

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for Ministry of Health Kuwait Medical Licensing Department **PEDS**, each with its answer key and an explanation. Answer a question before you read its key - the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **PEDS**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

SINGLE CHOICE

A 4-year-old boy presents with periorbital edema and generalized edema. Urinalysis shows 4+ protein, serum albumin is 1.8 g/dL, cholesterol is elevated, and complement levels are normal. Blood pressure is normal. What is the most likely diagnosis and appropriate first-line therapy?

- ☐ A Post-streptococcal glomerulonephritis; treat with penicillin and supportive care
- ☒ B Minimal change disease; start oral prednisone (or prednisolone) 60 mg/m²/day for 4-6 weeks
- ☐ C Membranoproliferative glomerulonephritis; start long-term cyclophosphamide
- ☐ D IgA nephropathy; start ACE inhibitor therapy

ANSWER B

WHY In a preschool-age child with the classic tetrad of nephrotic syndrome (heavy proteinuria, hypoalbuminemia, edema, hyperlipidemia), normal complement, and normal BP, minimal change disease is the most likely diagnosis (≈90% of cases under age 10). Standard first-line therapy is oral corticosteroids, typically 60 mg/m²/day for 4-6 weeks followed by tapering alternate-day dosing.

QUESTION 2

SINGLE CHOICE

A 28-day-old male infant presents with a rectal temperature of 38.6°C. He is well-appearing, feeding normally, and the physical examination is unremarkable. Which of the following is the most appropriate next step in management?

- ☐ A Reassure and discharge without investigations
- ☒ B Obtain a complete blood count, blood culture, urinalysis, and initiate empiric parenteral antibiotics after a sepsis workup
- ☐ C Obtain a urine culture only and treat with oral antibiotics if positive
- ☐ D Perform a lumbar puncture only if the blood culture is positive

ANSWER B

WHY Any febrile infant ≤ 28 days of age (some guidelines use ≤ 30 days) requires a full septic workup including blood culture, urinalysis/urine culture, and lumbar puncture for cerebrospinal fluid analysis, and admission for empiric parenteral antibiotics (commonly ampicillin plus gentamicin or ampicillin plus a third-generation cephalosporin) pending culture results. Relying on clinical appearance alone is unsafe because neonates with serious bacterial infection may appear well initially.

QUESTION 3

SINGLE CHOICE

A 6-day-old term, exclusively breastfed neonate presents with jaundice. Total serum bilirubin is 26 mg/dL. The infant is lethargic, hypotonic, and feeds poorly. Examination reveals a high-pitched cry. What is the most appropriate immediate intervention?

- ☒ **A** Initiate intensive phototherapy and prepare for an exchange transfusion
- ☐ **B** Continue breastfeeding and recheck bilirubin in 24 hours
- ☐ **C** Begin oral phenobarbital to induce hepatic bilirubin conjugation
- ☐ **D** Administer intravenous immunoglobulin (IVIG) and recheck bilirubin in 4 hours

ANSWER A

WHY A term neonate with total serum bilirubin ≥ 25 mg/dL and any sign of acute bilirubin encephalopathy (lethargy, hypotonia, poor feeding, high-pitched cry) is at high risk for kernicterus. Management requires immediate intensive phototherapy while arranging an exchange transfusion, which is the definitive treatment for acute bilirubin encephalopathy. Stopping breastfeeding alone is inappropriate at this bilirubin level; phenobarbital has a delayed onset and is not used acutely; and IVIG is used in immune-mediated hemolysis, not for direct neurotoxicity.

QUESTION 4

SINGLE CHOICE

A 14-month-old child presents with bowing of the legs, frontal bossing, and widened wrists. Serum calcium is 8.4 mg/dL, phosphate 3.0 mg/dL, alkaline phosphatase markedly elevated, and 25-hydroxyvitamin D is 8 ng/mL. Which diagnosis best fits this clinical picture?

- ☐ A Phosphopenic rickets
- ☒ B Vitamin D deficiency rickets (nutritional)
- ☐ C Hypophosphatasia
- ☐ D Renal osteodystrophy

ANSWER B

WHY Markedly low 25-hydroxyvitamin D (<12 ng/mL defines deficiency) with hypocalcemia/ hypophosphatemia and elevated alkaline phosphatase, in a toddler with classic skeletal findings, is diagnostic of nutritional vitamin D deficiency rickets. Phosphopenic (X-linked) rickets typically has normal calcium with isolated hypophosphatemia; hypophosphatasia has low alkaline phosphatase; renal osteodystrophy shows abnormal renal function.

QUESTION 5

SINGLE CHOICE

A 3-month-old previously healthy infant presents with a rectal temperature of 39.0°C for 24 hours. Physical examination is unremarkable, and the infant appears well. According to current pediatric guidelines, which of the following is the most appropriate next step in management?

- ☐ A Reassure the parents and follow up in 48 hours without investigations
- ☒ B Obtain a complete blood count, blood culture, urinalysis, and urine culture, and consider lumbar puncture
- ☐ C Treat empirically with oral antibiotics and review in one week
- ☐ D Order only a urinalysis and urine culture and discharge if normal
- ☐ E Admit for intravenous ceftriaxone without any further workup

ANSWER B

WHY Infants younger than 3 months with fever $\geq 38^{\circ}\text{C}$ are at higher risk of serious bacterial infection, including occult bacteremia, urinary tract infection, and meningitis. Current guidelines recommend a full septic workup (complete blood count, blood culture, urinalysis with urine culture, and lumbar puncture for CSF analysis and culture) in infants younger than 3 months, particularly those under 1 month, given the unreliability of clinical examination alone. Empirical parenteral antibiotics and admission are typically warranted in the youngest infants after workup is obtained. Reassurance alone, urine-only testing, or empirical oral antibiotics without evaluation are inappropriate strategies that risk missing serious bacterial infection.

QUESTION 6

SINGLE CHOICE

A 2-week-old term infant presents with poor feeding, tachypnea, and hepatomegaly. Examination reveals a holosystolic murmur at the left lower sternal border, a displaced apical impulse, and bounding pulses. Chest X-ray shows cardiomegaly and increased pulmonary vascular markings. What is the most likely diagnosis?

- ☐ A Tetralogy of Fallot
- ☒ B Ventricular septal defect (VSD) with large left-to-right shunt
- ☐ C Transposition of the great arteries
- ☐ D Total anomalous pulmonary venous return (TAPVR)

ANSWER B

WHY Presentation at 2-4 weeks of age with heart failure (poor feeding, tachypnea, hepatomegaly), a holosystolic murmur at the left lower sternal border, cardiomegaly, and increased pulmonary vascular markings is classic for a large VSD with significant left-to-right shunt causing congestive heart failure once pulmonary vascular resistance falls. TOF presents with cyanosis and a smaller murmur; TGA presents with severe cyanosis at birth; TAPVR presents with cyanosis and pulmonary edema.