

National Board of Examinations

Question Paper Name :	DrNB Paediatric Cardiology Paper2
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DrNB Paediatric Cardiology Paper2

Group Number :	1
Group Id :	327187823
Group Maximum Duration :	0
Group Minimum Duration :	180
Show Attended Group? :	No
Edit Attended Group? :	No
Group Marks :	100
Is this Group for Examiner? :	No
Examiner permission :	Cant View
Show Progress Bar? :	No

DrNB Paediatric Cardiology Paper2

Section Id :	327187826
Section Number :	1
Section type :	Offline

Mandatory or Optional :	Mandatory
Number of Questions to be attempted :	10
Section Marks :	100
Enable Mark as Answered Mark for Review and Clear Response :	Yes
Maximum Instruction Time :	0
Sub-Section Number :	1
Sub-Section Id :	327187830
Question Shuffling Allowed :	No
Is Section Default? :	null

Question Number : 1 Question Id : 3271877312 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. a) Mechanism of action, evidence and current status of Macetentan in pediatric patients with idiopathic PAH. [5]
- b) PCSK9 inhibitors - mechanism of action and usage in patients with familial dyslipidemia. [5]

Question Number : 2 Question Id : 3271877313 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Ficks principle and its application in congenital heart disease. [5]
- b) Indications for pulmonary valve replacement after TOF repair. [5]

Question Number : 3 Question Id : 3271877314 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Pathologic anatomy of different types of TAPVC and its implication on clinical presentation and management. [5]
- b) Conduits in Pediatric Cardiology - indication, selection and long term outcome. [5]

Question Number : 4 Question Id : 3271877315 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Management of a 5 days old neonate with TGA presented to emergency department with SpO₂ 50%. [5]
- b) Management of acute onset heart failure in an infant. [5]

Question Number : 5 Question Id : 3271877316 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Management of patients with pulmonary atresia, routable VSD and multiple aortopulmonary collaterals. [5]
- b) Permanent Junctional Reciprocating Tachycardia (PJRT) - diagnosis and management. [5]

Question Number : 6 Question Id : 3271877317 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Diagnosis and management of anomalous coronary artery from pulmonary artery. [5]
- b) Risk stratification and management of Hypertrophic Cardiomyopathy in childhood. [5]

Question Number : 7 Question Id : 3271877318 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Diagnostic workup and management of a child with Long QT syndrome and complete heart block. [5]
- b) Diagnosis and management of fetal bradycardia. [5]

Question Number : 8 Question Id : 3271877319 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Discuss effect of co-existing ASD on the clinical presentation, diagnosis and management of rheumatic mitral stenosis. [5]
- b) Management of an adult with coarctation of aorta with resistant hypertension with emphasis on post-procedure counselling and medications. [5]

Question Number : 9 Question Id : 3271877320 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Procalcitonin - rationale and utility in the detection and monitoring response to treatment in infective endocarditis. [5]
- b) Enumerate and discuss detection of various cardiac and extra-cardiac causes of cyanosis without murmur. [5]

Question Number : 10 Question Id : 3271877321 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) Right ventricular outflow tract stenting: indications and complications. [5]

b) Discuss the management of a 5-year-old asymptomatic boy with ccTGA with no septal defect, no atrioventricular valve regurgitation having CHB with heart rate 65/minute. [5]