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1. *Neonatal Paediatrics*

2. *Neonatal Paediatrics*

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Answer 1

A 12-month-old child is brought to the clinic with a 2-week history of vomiting and weight loss. The child is otherwise well and has no other symptoms. The mother reports that the vomiting is non-bilious and non-projectile. The child has been eating and drinking normally but has lost 10% of their birth weight.

On examination, the child is well-appearing and has no abdominal tenderness or distension. The vomit is non-bilious and non-projectile. The child has a normal growth chart for their age and sex. The mother reports that the vomiting is non-bilious and non-projectile. The child has been eating and drinking normally but has lost 10% of their birth weight.

The most likely diagnosis is gastroesophageal reflux disease (GERD). The child's symptoms are consistent with GERD, which is a common condition in infants and young children. The vomiting is non-bilious and non-projectile, and the child has a normal growth chart for their age and sex.

The first-line treatment for GERD is a trial of proton pump inhibitors (PPIs). The child should be started on a PPI at a dose of 5 mg/kg/day. The mother should be advised to feed the child upright and avoid lying flat after feeds. The child should be monitored for improvement in symptoms and weight gain.

If the child does not respond to PPIs, further investigations should be considered, including an upper gastrointestinal endoscopy and a gastric emptying study. The child should be referred to a paediatric gastroenterologist for further management.

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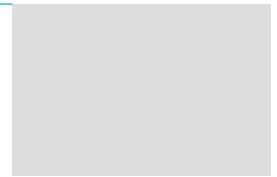
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Appendix 1

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Case 1	
<p>1. A 4-year-old child with a history of recurrent febrile convulsions and a recent diagnosis of epilepsy is brought to the hospital with a seizure. The child is found by the mother in the morning, having been asleep since the previous evening. The seizure lasted for approximately 5 minutes and was witnessed by the mother. The child is now awake and appears to be well. The mother is concerned about the possibility of a serious underlying condition.</p>	<p>/A</p>
Case 2	
<p>2. A 4-year-old child with a history of recurrent febrile convulsions and a recent diagnosis of epilepsy is brought to the hospital with a seizure. The child is found by the mother in the morning, having been asleep since the previous evening. The seizure lasted for approximately 5 minutes and was witnessed by the mother. The child is now awake and appears to be well. The mother is concerned about the possibility of a serious underlying condition.</p>	<p>/A</p>



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A 12-lead ECG showing a regular rhythm with narrow QRS complexes. The PR interval is approximately 180ms. The rhythm is sinus.

A (A) 12-lead ECG showing a regular rhythm with narrow QRS complexes. The PR interval is approximately 180ms. The rhythm is sinus.

1. PR interval is approximately 180ms.

2. PR interval is approximately 180ms.

3. PR interval is approximately 180ms. A (A)

4. PR interval is approximately 180ms. A

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