

D.M. – CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**Paper III – CLINICAL PHARMACOLOGY, REHABILITATION SURGERY, SPECIAL PROBLEMS RELATED TO RHEUMATIC DISEASES – PAEDIATRIC RHEUMATOLOGY, PREGNANCY AND RHEUMATIC DISEASES***Q.P. Code: 161353***Time: Three Hours****Maximum: 100 Marks****I. Elaborate on: (2 x 15 = 30)**

1. Describe in brief about the JAK-STAT signalling pathways and the various therapies available till date exploiting this pathway. Write in detail about first of these molecules being used in Rheumatology with the appropriate trials.
2. Classify primary immunodeficiency disorders. What are the five phenotypes of common variable immunodeficiency? Enumerate the ILAR classification criteria for Juvenile Idiopathic Arthritis.

II. Write notes on: (10 x 7 = 70)

1. Mechanism of action of Hydroxychloroquine (HCQs). Write a note on current recommendations for ocular toxicity screening in patients on HCQs.
2. Classify cryopyrin associated Periodic Syndromes and write a note on clinical features and diagnosis of each of them.
3. Genetics, clinical features and management of progressive Pseudo-Rheumatoid Dysplasia.
4. Indications, surgical procedure in brief and post operative care in primary Cementless total Hip Arthroplasty.
5. Define Impairment, Disability and Handicap. What are the exercise types. Briefly explain each type.
6. What are the non-pharmacological management strategies for Axial Spondyloarthritis?
7. Write down the adult vaccination recommendations by any one of the three association of physicians of India/WHO/CDC.
8. Enumerate the rheumatological causes of Corneal Melt. How would you investigate and what are the management options for Corneal Melt?
9. A 32-year-old lady, diagnosed to have SLE with lupus nephritis class IV presents to your clinic with hypertension and facial swelling. She has sub-nephrotic range proteinuria at 28 weeks of gestational Age. What differential diagnosis would you consider and how would you differentiate these conditions? How will you manage this lady?
10. Mention the clinical features, diagnostic approach and management of pigmented villonodular synovitis.
