



Cert Clin Haematology(SA) Paed

THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain
Reg No 1955/000003/08

Subspecialty Examination for the Certificate in Clinical Haematology of the
College of Paediatricians of South Africa

27 August 2015

Paper 1

(3 hours)

All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer).

- 1 Chronic red cell transfusion programmes pose numerous challenges with severe clinical consequences. Identify these problems and discuss ways of overcoming them. [25]
- 2 Outline your approach to a paediatric patient with intra-cranial bleeding. How would a suspicion of child abuse alter your approach and management? [25]
- 3 A 7-year-old female is referred to you by a general practitioner. She had epistaxis which started 3 days ago and tiredness for 2 weeks. Examination showed pallor, tachycardia (150 beats/min), ecchymoses, petechiae, conjunctival haemorrhages and dried blood in the nostrils. The results he has obtained show: FBC: Hb 4.0g/dl; WCC $75 \times 10^9/L$; Platelets $10 \times 10^9/L$. The smear showed abnormal cells. INR: 1.5; aPTT: 60sec (control 30); D-Dimer: >10. Discuss your management of this patient. [25]
- 4 Classify haemolytic anaemias, outline the pathogenesis of haemolysis and discuss the laboratory diagnosis. [25]



Cert Clin Haematology(SA) Paed

THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain
Reg No 1955/000003/08

Subspecialty Examination for the Certificate in Clinical Haematology of the
College of Paediatricians of South Africa

28 August 2015

Paper 2

(3 hours)

All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer).

Write short notes on the following

- 1 Tumour lysis syndrome. [10]
- 2 Pulmonary hypertension in haemolytic anaemia. [10]
- 3 The bleeding time versus the Platelet Function Analyser (PFA). [10]
- 4 The use of Flow cytometry in the diagnosis of primary immune deficiency. [10]
- 5 Quality control in the haematology laboratory. [10]
- 6 Palliative care for a patient with acute myeloid leukaemia after second relapse. [10]
- 7 Immune tolerance in a 2-year-old patient with haemophilia A developing inhibitors after 20 exposures. [10]
- 8 Indications for anti-coagulation in children. [10]
- 9 Anti-CD30 monoclonal antibodies in clinical practice. [10]
- 10 Haematological complications with trisomy 21 in neonates and young infants. [10]