

1 -73 years old male patient admitted to ICCU with chest pain , heaviness in charach ter sweating , vomiting , his ECG – showed ST elevation in leads I –AVL V1----V6 , 3 hours later the patient started to C/O dyspnea , orthopnea chest –full of crepitation, BP 70/30 mmHg, this patient diagnosis is:

- a) Acute anterolateral MI , complicated by LVF , Killip class II .
- b) Acute anterolateral MI complicated by cardiac tamponade .
- c) Acute anterolateral MI complicated by LVF , Killip class IV.
- d) Acute anterior MI , complicated by pulmonary embolism.
- e) Acute anterolateral MI complicated by RV inferection.

2 - The mainstay in this patient management should include.

- a) Streptokinase , IV fluids , Aspirin.
- b) Streptokinase , ACE , inhibitors , B-blocker.
- c) IV dopamine , possible inraaortic balloon.
- d) clexane , fluid, B block.
- e) B.blockers aspirin , nitroglycerin.

3 -32 years old female patient , complaint of localized chest pain, fever 2 weeks after acute viral flu like illness and she diagnosed to have dry pericarditis, her ECG findings characterized by all of the the following, except:

- a) concave upward ST elevation
- b) diffuse ST elevation
- c) PR depression.
- d) Tall R wave V1---V2.
- e) late dy namic changes..

4- 50 years old female patient diagnosed as DCM , all of the following are features of dilated cardiomyopathy by Echo Doppler except:

- a) Dilated all chambers.
- b) global hypokinesia.
- c) low EF.
- d) pulmonary regurge.
- e) MR , TR.

5-Optimal medical therapy in the treatment of congestive heart failure, include all of the following except:

- a) Frusemide.
- B) Aldactone.
- c) ACE inhibitors..
- d) b. blockers.
- e) Aspirin.

6- 45 years old male patient hypertensive on ACE inhibition admitted to cardiology department with palpitation started 2 weeks ago , his ECG showed AF with fast HR , his BP was 130/80 , the best management for this patient is :

- a) DC-Shock synchronized 200J.
- B) DC-Shock as synchronized 150J.
- c) Rate control and Rhythm control by amiodarone infusion.
- d) Rate control, warfarin for 3 weeks, then trans esophageal echo.
- e) Rate control and aspirin for life.

7-45 years old male patient , admitted to emergency room , with Wide complex irregular tachycardia, his deferential diagnosis include all of the following except:

- a) AF , with LBBB.
- b) AF , with RBBB.
- c) AF with aberrant conduction.
- d) ventricular tachycardia .
- e) AF . with WPW syndrome

8- 75 years old male patient , known to have , IHD , ischemic cardiomyopathy, presented with palpitation , dizziness , dyspnea , profuse sweating , his 12 leads ECG –wide complex regular tachycardia , HR 220 bpm , BP 70/30 , the best management is

- a) Verapamil IV.
- b) DC shock 50J asynchronized.
- c) DC shock 200 J synchronized.
- d) Amiodarone IV.
- e) Lidocaine IV.

9. 32 YEARS OLD FEMALE PATIENT , ADMITTED TO CARDIOLOGY DEPARTMENT WITH PULMONARY OEDEMA , BY EXAMINATION SHE FOUND TO HAVE MITRAL STENOSIS , BY ECHO DOPPLER : THERE IS MITRAL STENOSIS , VALVE AREA 0.9 , PEAK PRESSURE GRADIENT 30 MMHG , THE LEAFLETS ARE PLIABLE , SEVERE MITRAL REGURGE , , THE BEST MANAGEMENT FOR THIS PT IS :

- A. MEDICAL TREATMENT.
- B. MITRAL VALVE REPLACEMENT.
- C. OPEN COMMISSURETOMY.
- D. BALLOON VALVOPLASTY.
- E. NO TREATMENT AT THIS MOMENT.

10. A 28 YEARS OLD FEMALE PATIENT, WITH A HISTORY OF RHEUMATIC HEART DISEASE, ALL OF THE FOLLOWINGS ARE AUSCULTATORY FINDINGS IN MITRAL STENOSIS EXCEPT:

- A. LOUD S1 .
- B. MIDDIASTOLIC MURMUR.
- C. WIDE SPLIT 2d HEART SOUND.
- D. PRESYSTOLIC ACCENTUATION OF THE MURMUR.
- E. OPENING SNAP.

11. A 50 YEARS OLD MALE PATIENT , ADMITTED TO ICCU , WITH MASSIVE ANTERIOR MI, COMPLICATED RUPTURE OF THE FREE WALL , ALL OF THE FOLLOWING , ARE SIGNS OF CARDIAC TAMPONADE , EXCEPT:

- A. CONGESTED NECK VEINS .
- B. MUFFLED HEART SOUNDS .
- C. WATER HAMMER PULSE.
- D. HYPOTENSION.
- E. PARADOXICAL PULSE.

12. MECHANICAL COMPLICATIONS OF MYOCARDIAL INFARCTION , INCLUDE ALL OF THE FOLLOWING EXCEPT:

- A. TRUE LV ANEURYSM.
- B. RUPTURE PAPILLARY MUSCLE.
- C. RUPTURE INTERVENTRICULAR SEPTUM.
- D. RUPTURE OF THE FREE WALL.
- E. PSEUDOANEURYSM.

13. 68 YEARS OLD FEMALE PATIENT , ADMITTED TO ICCU WITH, PROLONGED ANGINAL PAIN , SWEATING, HIS 12 LEADS ECG, SHOWED ST SEGMENT DEPRESSION IN ANTEROSEPTAL LEADS, CARDIAC ENZYMES, INCLUDING TROPONIN WAS HIGH, THIS PATIENT DIAGNOSIS AND TREATMENT IS :

- A. ACUTE ST ELEVATION MI, GIVE STREPTOKINASE.
- B. NON ST ELEVATION MI, ASPIRIN 300 MG, CLOPIDOGREL 300MG, CLEXANE 2MG /KG/ DAY, B BLOCKERS, STATINS.
- C. UNSTABLE ANGINA, ASPIRIN 300 MG , CLOPIDOGREL 300MG , CLEXANE AND STATINS.
- D. NON ST ELEVATION MI, STREPTOKINASE.
- E. DISSECTING AORTIC ANEURYSM, URGENT SURGERY.

14. IN A PATIENT , WITH ACUTE MI ,SIGNS OF SUCCESSFUL STREPTOKINASE THERAPY , INCLUDE ALL OF THE FOLLOWINGS , EXCEPT :

- A. RELIEF OF ANGINAL PAIN .
- B. REGRESSION OF ST SEGMENT ELEVATION .
- C. DEVELOPMENT OF NEGATIVE T WAVE. ✓
- D. REPERFUSION ARRHYTHMIA.
- E. EARLY PEAK OF CARDIAC ENZYMES.

15. IN A PATIENT WITH AORTIC REGURGE INDICATION FOR AORTIC VALVE REPLACEMENT , INCLUDE ALL OF THE FOLLOWINGS EXCEPT:

- A. RECURENT PULMONARY OEDEMA.
- B. EF LESS THAN 55%. ^{5.5}
- C. LEFT VENTRICLE SYSTOLIC DIAMETER > 40 MM.
- D. OTHER CARDIAC SURGERY , LIKE CABG.
- E. LEFT VENTRICLE SYSTOLIC DIAMETER > 55 MM.

16. RESCUE ANGIOGRAPHY IN A PATIENT WITH ACUTE CORONARY SUNDROME ,IS INDICATED FOR ALL THESE PATIENS EXCEPT:

- A. POST MI ANGINA, DESPITE TREATMENT.
- B. CARDIOGENIC SHOCK.
- C. FAILURE OF STREPTOKINASE THERAPY.
- D. DEVELOPMENT OF DRY PERICARDITIS.

17. ALL OF THE FOLLOWINGS ARE BRANCHES OF RIGHT CORONARY ARTERY , EXCEPT:

- A. BRANCH TO AV NODE .
- B. RIGHT VENTRICULAR BRANCH.
- C. OBTUSE MARGINAL BRANCH.
- D. POSTERIOR DESSENDING ARTERY.
- E. POSTEROLATERAL BRANCH.

18. CAUSES OF TALL R WAVE IN LEADS V1-V2 , INCLUDE ALL OF THE FOLLOWINGS , EXCEPT :

- A. DORSAL MI.
- B. RIGHT VENTRICULAR HYPERTHROPHY.
- C. RBBB.
- D. WPW SYNDROME.
- E. LBBB.

19 . Significant ventricular extrasystoles , include all of the following except :

- A .multifocal.
- B. frequent.
- C. R on T.
- D. late.
- E. couplet.

20 . . IN A PATIENT , WITH ACUTE PULMONARY OEDEMA , PULMONARY CAPILLARY WIGE PRESSURE , IS MOSTLY MORE THAN:

- A . 10.
- B . 12.
- C . 15.
- D. 25.
- E 40.

ANS:

- 1. C**
- 2.C**
- 3.D**
- 4.D**
- 5. E**
- 6.D**
- 7.D.**
- 8.C**
- 9.B**
- 10 C**
- 11. C**
- 12. A**
- 13. B**
- 14. C**
- 15.C**
- 16. D**
- 17. C**
- 18. E**
- 19. D**
- 20. D**