

1-50 years male pt, diabetic, hypertensive, admitted to ICCU with burning, retrosternal chest pain, sweating and nausea, his 12 lead ECG revealed ST segment elevation in leads II, III, AVF, with HR 40bpm, BP 70/40, HIS JVP – is raised, his lung fields are clear.
 . This patient diagnosis is

- . a) acute anterior MI
- b) Acute inferior MI, complicated by RV infarction, complete heart block
- c) Acute inferior MI, complicated by left ventricular failure.
- .d) Acute non ST elevation MI.
- .e) Unstable angina

:the mainstay in the management of this patient is -2

- .a) Clexane, Aspirin
- .b) IV lasix
- .c) IV dopamine
- d) IV fluid, atropine
- .e) ACE inhibition and B blockers

years old male patient admitted to ICCU with chest pain, heaviness in 3-73 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 infarction

.The mainstay in this patient management should include -4

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

years old female patient, complaint of localized chest pain, fever 2 weeks 5-32 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 dynamic changes

years old female patient , diabetic , hypertensive , and known to have 6-75 dyslipidemia , she was maintained on atenolol , B-Aspirin and atorvastatin , she was admitted to ICCU with unstable angina , her 12 leads ECG pre admission showed ST depression V1---V4 , she has continuous angina despite treatment , :here cardiac enzymes - normal , this patient T I MI score is

- a) 2
- .b) 3
- .c) 5**
- .d) 7
- .e) 8

years old female patient diagnosed as DCM , all of the following are features 50 -7 :of dilated cardiomyopathy by Echo Doppler except

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

Optimal medical therapy in the treatment of congestive heart failure, include all-8 :of the following except

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

:all of the following are echo findings in patient with HCOM except-9

- .a) Asymmetrical septal hypertrophy (ASH)
- .B) Systolic anterior motion (SAM)
- . c) low EF**
- .d) MR
- .e) obstruction of left ventricular out flow tract (high gradient)

Indication for ICD implantation in a patient with HOCM include all of the -10 :following except

- .a) Family history of sudden cardiac death
- .b) resuscitated VT of VF
- .C)VT on Holter monitor
- .d) chest pain on effort**
- .e) Peak pressure drop during exercise

years old male patient hypertensive on ACE inhibition admitted to 45 -11 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

:All of the following can be used in management of HOCM except -12

- .a) propranolol
- .b) Verapamil
- .c) ICD
- .d) Amiodarone
- .e) Digoxin**

years old male patient , admitted to emergency room , with Wide complex 13-45 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

: the most common cause of MS is -14

- .a) degenerative
- .b) Rheumatic**
- c) congenital
- .d) collagen D
- e) Inflammatory

: paradoxical pulse can be seen in which of the following-15

- .a)hypertensive encephalopathy
- . b)acute MI
- .c)Massive pulmonary embolism**
- .d)pulmonary stenosis
- .e)Dilated cardiomyopathy

years old male patient , complaining of dizziness , dyspnea on effort by 16-75 examination , he has ejection systolic murmur at 2d Rt intercostal space , :radiating, to the carotids all of the following can be heart by auscultation except

- .a) Muffled 2d heart sound
- .b) Mid systolic murmur at the aortic area
- .c)S3**
- .d)S4
- .e)Ejection systolic chick

All of the following are the auscultatory findings in a patient with ASD , -17 :except

- .a)Ejection systolic murmur over pulmonary area
- .b)Wide splitting of S2
- .c)Fixed splitting of S2
- .d)Ejection systolic murmur, due to shunt through atrial septal defect**
- .e)The murmur is not very loud

When you measure the JVP , a patient with congestive heart failure , it was 4 -18 : cm above sternal angle , which calculated JVP has this patient

- .a)12cm
- .b)10cm
- .c)9cm**
- .d)7cm
- .e)6cm

years old male patient , known to have , IHD , ischemic cardiomyopathy, 75 -19 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

:all of the following drugs , can cause prolongation of QT interval , except-20

- .a) amiodarone
- .b) digoxin**
- .c) Quinidine
- .d) erythromycin
- .e) antihistamines

ALL OF THE FOLLOWINGS ARE INDICATIONS FOR AORTIC . (21 VALVE REPLACEMENT IN A PATIENT WITH AORTIC STENOSIS, :EXCEPT

- .A. SEVERE SYMPTOMS (DYSPNEA, SYNCOPY)
- .B. PATIENT GOING FOR OTHER CARDIAC SURGERY
- .C . PEAK PRESSURE GRADIENT ACROSS AORTIC VALVE > 70 MMHG
- .D. LEFT VENTRICULAR HYPERTROPHY**
- .E. AORTIC VALVE AREA LESS THAN 0.8

**YEARS OLD FEMALE PATIENT , ADMITTED TO CARDIOLOGY 32 .22
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 MANEGEMENT FOR THIS PT IS**

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

**A28 YEARS OLD FEMALE PATIENT, WITH A HISTORY OF .23
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

**A 50 YEARS OLD MALE PATIENT , ADMITTED TO ICCU ,WITH .24
MASSIVE ANTERIOR MI, COMPLICATED RUPTURE OF THE FREE
WALL , ALL OF THE FOLLOWING , ARE SIGNS OF CARDIAC
:TAMPONADE , EXCEPT**

- . A. CONGESTED NECK VEINS
- . B. MUFFELED HEART SOUNDS
- .C. WATER HUMER PULSE**
- .D. HYPOTENSION
- .E. PARADOXICAL PULSE

**MECHANICAL COMPLICATIONS OF MYOCARDIAL INFARCTION , .25
:INCLUDE ALL OF THE FOLLOWING EXCEPT**

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

**YEARS OLD FEMALE PATIENT ,PRESENTED WITH COMPLAINT 35 .26
OF DYSPNEA , ORTHOPNEA, LL OEDEMA, THESE SYMPTOMS
STARTED FEW WEEKS AFTER DELEVARY, BY EXAMINATION SHE
HAS IRRIGULARY IRRIGULAR PULSE , RAISED JVP, CHEST X RAY ,
SHOWED CARDIOMEGLAY AND CONGESTED LUNGS, ECG – AF.
ECHODOPPLER – GLOBAL HYPOKINESIA, EF 18%, MR, TR, THIS
: PATIENT DIAGNOSIS AND MANEGMENT IS**

A.IDIOPATHIC DILATED CARIOMYOPATHY, FRUSEMIDE, B BLOCKERS ,
.ASPIRIN

**B. PERIPARTIUM CARIOMYOPATHY, FRUSEMIDE , ALDACTONE,
.DIGOXIN, RAMIPRIL WARFARIN**

.C. PERIPARTIUM CMP, FRUSEMIDE, B BLOCKERS,ASPIRIN

D. PERIPARTIUM CARDIOMYOPATHY , ALDACTONE, B BLOCKERS,
.WARFARIN

.E. POST VIRAL CMP , CRT D IMPLANTATION

**ICD IMPLANTATION, IS INDICATED FOR ALL THESE .27
:PATIENTS EXCEPT**

.A. HOCM,WITH FAMILY HISTORY OF SUDDEN CARDIAC DEATH

.B. DCM , WITH RECCURENT VT, VF

.C. VF, DUE TO HYPERKALEMIA 

.D. HOCH, WITH SUSTAINED VT

.E. RECURENT VT, VF OF UNKNOWN CAUSE

**YEARS OLD FEMALE PATIENT ,ADMITTED TO ICCU 68 .28
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 , CLOPEDOGREL 300MG ,
.CLEXANE AND STATINS

.D. NON ST ELEVATION MI, STREPTOKINASE

.E. DISSECTING AORTIC ANEURYSM, URGENT SURGERY

**SIGNS OF RESTRICTIVE CARDIOMYOPATHY BY ECHO .29
:DOPPLER ,INCLUDE ALL OF THE FOLLOWING ,EXCEPT**

- .A. DILATED BOTH ATRIA
- .B. RIGID WALLS
- .C. RESTRICTIVE PATTERN DIASTOLIC DYSFUNCTION
- .D. MR , TR
- .E. VERY LOW EJECTION FRACTION**

**YEARS OLD MALE PATIENT , DIABETIC , HYPERTENSIVE, 70 .30
KNOWN TO HAVE IHD, EFFORT ANGINA FOR 2 YEARS, FEW
DAYS HIS ANGINA BECAME ON MINIMAL EFFORT, EVEN AT
REST, NO MORE RESPONSE TO NITROGLYCERIN S/L AS
BEFORE , SO HE WAS ADMITTED TO ICCU, HIS 12 LEADS ECG
WAS NORMAL, CARDIAC ENZYMES INCLUDING TROPONIN
TWICE NORMAL , THIS PATIENT DIAGNOSIS AND
: TREATMENT IS**

- .A. NON ST ELEVATION MI, ASPIRIN , CLEXANE, B. BLOCKERS
- .B. ACUTE STEMI, STREPTOKINASE
- .C. UNSTABLE ANGINA (ANGINA DE NOVO), CLEXANE , ASPIRIN ,
.CLOPEDOGREL
- .D. POST MI ANGINA , CLEXANE, STATINS, B BLOCKERS , ASPIRIN
- .E. UNSTABLE (CRESCENDO ANGINA) , CLEXANE , ASPIRIN ,
.CLOPEDOGREL , B . BLOCKERS , STATINS**

**IN A PATIENT , WITH ACUTE MI , SIGNS OF SUCCESSFUL .31
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

**IN A PATIENT WITH AORTIC REGURGE INDICATION FOR 32
AORTIC VALVE REPLACEMENT , INCLUDE ALL OF THE
:FOLLOWINGS EXCEPT**

- .A. RECURRENCE OF PULMONARY OEDEMA
- .B. EF LESS THAN 55%
- .C. LEFT VENTRICLE SYSTOLIC DIAMETER > 40 MM**
- .D. OTHER CARDIAC SURGERY , LIKE CABG
- .E. LEFT VENTRICLE SYSTOLIC DIAMETER > 55 MM

**RESCUE ANGIOGRAPHY IN A PATIENT WITH ACUTE .33
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**

**ALL OF THE FOLLOWINGS ARE BRANCHES OF RIGHT .34
:CORONARY ARTERY , EXCEPT**

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

**CAUSES OF TALL R WAVE IN LEADS V1-V2 , INCLUDE .35
: ALL OF THE FOLLOWINGS , EXCEPT**

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

**YEARS OLD FEMALE PATIENT , WITH LONG STANDING 55 .36
HISTORY OF Rh HD, RECENTLY SHE STARTED TO COPLAINT
OF DYSPNEA, HEMOPTYSIS, BY AUSCULTATION –LOUD FIRST
HEART SOUND, MID DIASTOLIC RUMBLING MURMUR, THE
ECG OF THIS PT , CAN INCLUDE ALL OF THE FOLLOWING
:EXCEPT**

- .A. P. MITRALE
- .B. MAY DEVELOPE AF
- .C. RIGHT VENTRICULAR HYPERTHROPHY
- .D. LEFT VENTRICULAR HYPERTHROPHY**
- .E. EXTRASYSTOLES

**YEARS OLD MALE PATIENT , UNDERWENT OPEN 45 .37
HEART SURGERY FOR AORTIC VALVE REPLACEMENT, 2
WEEKS LATER , HE DEVELOPE FEVER, ECHO WAS DONE
AND REVIELED VEGITATIONS ON AORTIC VALVE , THE
: MOST LIKELY CAUSATIVE ORGANISM IS**

- .A. STREPTOCOCUS VIRIDANS
- .B. STAPHYLOCOCUS EPIDERMIDIDS**
- .C. STREPTOCOCUS BOVIS
- .D. FUNGAL INFECTION
- .E. VIRAL INFECTION

**INDICATION FOR URGENT SURGERY , IN INFECTIVE .38
:ENDOCARDITIS, INCLUDE ALL OF THE FOLLOWING , EXCEPT**

- .A. FAILURE OF MEDICAL TREATMENT
- .B. BIG VEGITATIONS
- .C. EMBOLIC COMPLICATIONS
- .D. FISTULA FORMATION
- .E. CAUSATIVE ORGANISM – VIRAL INFECTION**

**PROPHYLAXIS AGAINST INFECTIVE ENDOCARDITIS THE .39
: MOST INDICATED IN**

- .A. PATIENT WITH MITRAL VALVE PROLAPSE
- .B. PATIENT , WITH PROSTHETIC VALVE GOING FOR DENTAL
EXTRACTION**
- .C. PATIENT WITH ASD , GOING FOR SPONTANEOUS VAGINAL
.DELEVARY
- .D. MITRAL REGURGE , GOING FOR UPPER ENDOSCOPY
- .E. PT , WITH PERMINANT PACEMAKER

**40. ALL OF THE FOLLOWINGS ARE FINDINGS IN APT , WITH
:COMPLETE HEART BLOCK EXCEPT**

- . A. SLOW PULSE RATE
- .B. WIDE PULSE PRESSURE
- .C. DOMINANT V WAVE IN JVP**
- .D. CANNON A WAVE
- E. EJECTION SYSTOLIC MURMUR , IF THE CAUSE IS
.DEGENERATIVE

:ANS

B .1
D .2
C .3
C .4
D .5
C.6
.D.7
E.8
C.9
D.10
D.11
E.12
D.13
B.14
C.15
C.16
D.17
C.18
C.19
B.20
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D.22
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E.30
C.31
C.32
D.33
C.34
E.35
D.36
B.37
E.38
B.39
C.40