

- 1. angina and syncope are commonly associated with:**
- a. mitral stenosis.
 - b. Atrial fibrillation
 - ☒ c. Aortic stenosis
 - d. Pulmonary stenosis.
 - e. Aortic regurgitation.
- 2. IN a patient with long standing history of mitral stenosis , who developed recently atrial fibrillation , all of the following auscultatory finding can present , except :**
- a. Irregular heart sounds.
 - b. Accentuated 1st heart sound .
 - c. Middiastolic murmur.
 - ☒ d. Presystolic accentuation of the murmur.
 - e. Opining snap.
- 3. The most common cause of aortic stenosis in elderly patient is:**
- a. Rheumatic heart disease.
 - ☒ b. Degenerative changes of the valve.
 - c. Ischemic heart disease.
 - d. Congenital stenosis.
 - e. Inflammatory.
- 4. All of the following are features of severe aortic regurge except:**
- a. DE MUSE sign.
 - b. Corrigan carotid pulsations.
 - c. Capillary pulsation.
 - d. Pistol shoot.
 - ☒ e. Narrow pulse pressure.
- 5. 76 years old male patient , admitted to emergency room , with retrosternal burning chest pain , sweating , vomiting , his 12 leads ECG reviled ST segment elevation in leads V1-V4, which of the following is the most accurate diagnosis, and which coronary artery ,is occluded.:**
- a. Acute non ST elevation anteroseptal MI , LAD IS occluded.
 - b. Acute inferior MI , right coronary artery.
 - c. Acute inferior ST elevation MI , LAD.
 - ☒ d. Acute anteroseptal ST elevation MI , LAD.
 - e. Acute pulmonary embolism.
- 6. 70 years old female patient , admitted to ICCU , with acute anteroseptal MI of one hour duration, which of the following conditions is considered as absolute contraindication for streptokinase administration.:**
- a. High BP .
 - b. Active peptic ulcer disease.
 - c. Prolonged CPR.
 - d. Surgery one year ago.
 - ☒ e. Brain hemorrhage 6 months ago.

7. Which of the following is not a life threatening cause of chest pain.

- a. Acute MI.
- b. Dissecting aortic aneurysm.
- c. Pulmonary embolism.
- ☒ d. Dry Pericarditis.
- e. Tension pneumothorax.

8. All of the following drugs are evidence based class A, in acute MI , except:

- a. Aspirin.
- ☒ b. Digoxin. *+ccc B*
- c. Heparin .
- d. B. blockers.
- e. Statins.

9 -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. *+ Digoxin + Ate le b*

10 . 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.

11- 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

12 - the most common cause of MS is :

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

13 - 75 years old male patient , known to have , IHD , ischemic cariomypopathy, 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.

14 . 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.

15 . 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.

- 1.C
- 2.D
- 3.B
- 4.E
- 5.D
- 6.E
- 7.D
- 8.B
- 9.E
- 10.D
- 11.D
- 12.B
- 13.C
- 14.C
- 15.B