

**1-50years male pt , diabetic , hypertensive , admitted to ICCU with burning , retrosternal chest pain , sweating and nausea , his 12 lead ECG revieled 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 infraction, complete heart block
- .c)Acute inferior MI , complicated by left ventricular failure
- .d) Acute non ST elevation MI.
- e) Unstable angina.

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

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

3-73 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 infercation.

4- 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.

5-32 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..

6-75 years old female patient , diabetic , hypertensive , and known to have 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.

7- 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.

8-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.

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

- 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).

10-Indication for ICD implantation in a patient with HOCM include all of the 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.

11- 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.

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

- a) propranolol.
- b) Verapmil.
- c) ICD.
- d) Amiodarone.
- ☒ e) Digoxin.

13-45 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

14- the most common cause of MS is :

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

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

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

16-75 years old male patient , complaining of dizziness , dyspnea on effort by 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. AS
- b) Mid systolic murmur at the aortic area.
- ☒ c)S3.
- d)S4.
- e)Ejection systolic chick.

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

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

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

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

19- 75 years old male patient , known to have , IHD , ischemic cariomypathy, 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 assynchronized.
- ☒ c)DC shock200 J synchronized.
- d)Amiodarone IV.

e) Lidocaine IV.

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

- a) amiodarone.
- ☒ b) digoxin.
- c) Quinidin.
- d) erythromycin.
- e) antihistamines.

21) . ALL OF THE FOLLOWINGS ARE INDICATIONS FOR AORTIC 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.

22. 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 . *MR + MS*
- C. OPEN COMMISSURETOMY.
- D. BALLOON VALVOPLASTY.
- E. NO TREATMENT AT THIS MOMENT.

23. 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.

24. 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.

25. 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.

26. 35 YEARS OLD FEMALE PATIENT , PRESENTED WITH COMPLAINT 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 CARDIOMEGALY 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.

27. ICD IMPLANTATION, IS INDICATED FOR ALL THESE 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.

28. 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 , CLOPEDOGREL 300MG , CLEXANE AND STATINS.
- D. NON ST ELEVATION MI, STREPTOKINASE.
- E. DISSECTING AORTIC ANEURYSM, URGENT SURGERY.

29. SIGNS OF RESTRICIVE CADIOMYOPATHY BY ECHO DOPPLER , INCLUDE ALL OF THE FOLLOWING , EXCEPT:

- A. DILATED BOTH ATREA.
- B. RIGID WALLS.
- C. RESTRECTIVE PATTERN DIASTOLIC DYSFUNCTION.
- D. MR , TR.
- ☒ E. VERY LOW EJECTION FRACTION.

30. 70 YEARS OLD MALE PATIENT , DIABETIC , HYPERTENSIVE, 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 (CRESSENDO ANGINA) , CLEXANE , ASPIRIN , CLOPEDOGREL , B . BLOCKERS , STATINS.

31. 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.

32 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%.
- ☒ C. LEFT VENTRICLE SYSTOLIC DIAMETER > 40 MM.
- D. OTHER CARDIAC SURGERY , LIKE CABG.
- E. LEFT VENTRICLE SYSTOLIC DIAMETER > 55 MM.

33. RESCUE ANGIOGRAPHY IN A PATIENT WITH ACUTE CORONARY SYNDROME , IS INDICATED FOR ALL THESE PATIENTS EXCEPT:

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

34. 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 DESCENDING ARTERY.
- E. POSTEROLATERAL BRANCH.

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

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

36. 55 YEARS OLD FEMALE PATIENT , WITH LONG STANDING HISTORY OF RHD, RECENTLY SHE STARTED TO COMPLAINT 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 HYPERTROPHY.
- D. LEFT VENTRICULAR HYPERTROPHY.**
- E. EXTRASYSTOLES.

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

- A. STREPTOCOCCUS VIRIDANS.
- B. STAPHYLOCOCCUS EPIDERMIDIDS.**
- C. STREPTOCOCCUS BOVIS.
- D. FUNGAL INFECTION.
- E. VIRAL INFECTION.

38. INDICATION FOR URGENT SURGERY , IN INFECTIVE 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.**

39. PROPHYLAXIS AGAINST INFECTIVE ENDOCARDITIS THE 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:

1. B

2. D

3. C

4. C

5. D

6.C

7.D.

8.E

9.C

10.D

11.D

12.E

13.D

14.B

15.C

16.C

17.D

18.C

19.C

20.B

21.D

22.D

23.C

24.C

25.A

26.B

27.C

28.B

29.E

30.E

31.C

32.C

33.D

34.C

35.E

36.D

37.B

38.E

39.B

40.C