

1-50 years male pt , diabetic , hypertensive , admitted to iccu with burning , retrosternal chest pain , sweating and nausea , his 12 lead ecg reveled st segment elevation in leads ii , iii , avf , with hr 40bpm , bp 70/40 , his jvp –is raised , his lung fields are clear . *inf. [RCA] Brady cardin → hypotensi*
 This patient diagnosis is .

A) acute anterior mi . *X*

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. *X*

E) unstable angina. *X*

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..

Ant lateral MI
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 –avf 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:
IT/D
Hypotensio

A) acute anterolateral mi , complicated by lvf , killip class ii .

B) acute anterolateral mi complicated by cardiac tamponade . *X*

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. *X*

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 following, except:

A) concave upward st elevation ✓

B) diffuse st elevation ✓

C) pr depression.

D) tall r wave v1---v2.

E) late dynamic 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.

Ant
st post MI

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:

→ vent extrasystole
→ vent Bigemini
→ vent Trigemini
→ AF+IBBB / RBBB / WPWS

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 AS space , radiating, to the carotids all of the following can be heart by auscultation except: 84

A) muffled 2d heart sound. ✓

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 splitting of s2.

D) ejection systolic murmur, due to shunt through atrial septal defect.

E) the murmur is not very loud.

18- when you measure the jvp, a patient with congestive heart failure, it was 4 cm above sternal angle, 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 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.

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, syncope). ✓
- 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 : surgery # replac

- A. Medical treatment.
- B. Mitral valve replacement .** ✓
- C. Open commissurotomy.
- D. Balloon valvoplasty.** ✗
- E. No treatment at this moment.

23. 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. Mid-diastolic 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: v→v4 (LAD)

- A. Congested neck veins.
- B. Muffled heart sounds.
- C. Water humer 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. ✓
- E. Pseudoaneurysm.

26. 35 years old female patient, presented with complaint of dyspnea, orthopnea, ll oedema, these symptoms started few weeks after peripartum delivery, by examination she has irregular 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 : DCM

✗ A. idiopathic dilated cardiomyopathy, frusemide, b blockers, aspirin.

B. Peripartium cardiomyopathy, 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. variable cause

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 :
 NSTEMI LAD

- ☒ 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. ✗

29. Signs of restrictive cardiomyopathy by echo 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. ✓

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 (crescendo 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 replacment, 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.

failed thrombolysis
33. Rescue angiography in a patient with acute coronary syndrome, is indicated for all these patients except:

- A. Post MI angina, despite treatment. *12*
- 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. *PC in L*
- D. Posterior descending artery. ✓
- E. Posterolateral branch. ✓

RBBB
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 rh hd, recently she started to complain 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 develop 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 developed fever, echo was done and revealed vegetations on aortic valve, the most likely causative organism is:

A. Streptococcus viridans.

B. Staphylococcus epidermidis. ✓

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 vegetations. ✓

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 delivery.
- D. Mitral regurg , going for upper endoscopy.
- E. Pt , with permanent 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.

41 significant ventricular extrasystoles , include all of the following except :

- A .multifocal.
- B. Frequent.
- C. R on t.
- D. Late.
- E. Couplet.

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

