POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

00062

Term-End Examination

December, 2014

MCC-005: COMMON CARDIOVASCULAR DISEASES - III

Time: 2 hours Maximum Marks: 60

Note:

- (i) There will be multiple choice type of questions in this examination which are to be answered in **OMR Answer Sheets**.
- (ii) All questions are compulsory.
- (iii) Each question will have four options and only one of them is correct. Answers have to marked in figures in the appropriate rectangular boxes corresponding to what is the correct answer and then blacken the circle for the same number in that column by using HB or lead pencil and not by ball pen in **OMR Answer Sheets**.
- (iv) If any candidate marks more than one option it will be taken as the wrong answer and no marks will be awarded for this.
- (v) Erase completely any error or unintended marks.
- (vi) There will be 90 questions in this paper and each question carries equal marks.
- (vii) There will be no negative marking for wrong answers.
- (viii) No candidate shall leave the examination hall at least for one hour after the commencement of the examination.

| 1. | Car | diopulmonary bypass is used for | |
|-----------|--|---|--|
| | (1) | Beating heart CABG | |
| | (2) | ASD closure | |
| | (3) | Pericardiectomy | |
| | (4) | Mitral valvotomy | |
| 2. | IABP (Intra aortic balloon counter pulsation) for temporary circulatory support is used by | | |
| | (1) | Inflation at QRS and deflation at T wave | |
| | (2) | Inflation at P wave and deflation in QRS | |
| | (3) | Inflation dicrotic notch, deflation QRS | |
| | (4) | De-Bakey timing is adjusted according to site of blockage | |
| 3. | Left | thoracotomy approach is used for all except | |
| | (1) | Ligitation of PDA | |
| | (2) | Repair of coarctation of Aorta | |
| | (3) | Pericardiectomy | |
| | (4) | Pott's Shunt | |
| 4. | Whi | ch is not the ideal characteristic of oxygenators used in cardiopulmonary bypass? | |
| | (1) | Maximize gas transfer | |
| | (2) | Maximize priming volume | |
| | (3) | Minimize blood trauma | |
| | (4) | Good heat transfer efficiency | |
| 5. | At the end of surgery, which is given to neutralize the effect of heparin? | | |
| | (1) | Cyclokapron | |
| | (2) | Vit. K | |
| | (3) | Protamin Sulphate | |
| | (4) | Fresh Frozen Plasma | |
| | | | |

2

MCC-005

| | (1) | Cold blood |
|-----|--|--|
| | (2) | High potassium level |
| | (3) | Albumin |
| | (4) | Crystalloids |
| 7. | In w | hich condition IABP is not used or contraindicated ? |
| | (1) | Failing left ventricle |
| | (2) | Urgent PTCA |
| | (3) | Cardiogenic shock |
| | (4) | Aortic Aneurysm |
| 8. | Stan | dard Balloon in IABP has capacity of |
| | (1) | 20 ml |
| | (2) | 30 ml |
| | (3) | 40 ml |
| | (4) | $50 \mathrm{\ ml}$ |
| 9. | Internal Mammary Artery (IMA) in an ideal conduct for CABG because | |
| | (1) | Size matches the coronary arteries |
| | (2) | Resistant to atherosclerosis |
| | (3) | Excellent long term patency rate |
| | (4) | All the above are correct |
| 10. | RIM | A is most often used for bypassing |
| | (1) | LAD |
| | (2) | PDA |
| | (3) | RCA |
| | (4) | OM |
| | | |

6.

Cardioplegic solution has

| | (2) | LIMA |
|-----|-------|---|
| | (3) | Radial Artery |
| | (4) | Biological Conduits |
| 12. | Whi | ch coronary artery lesions are suitable for CABG? |
| | (1) | Chronic total exclusion |
| | (2) | Small vessels |
| | (3) | SVG stenosis |
| | (4) | SVD beyond proximal LAD lesion |
| 13. | Whi | ch one of the following is commonest left main disease? |
| | (1) | Ostial left main |
| | (2) | Middle of LT main |
| | (3) | Bifurcation of left main |
| | (4) | All three equally common |
| 14. | Rad | ial artery patency is checked by the following test |
| | (1) | Stress test |
| | (2) | Allen's test |
| | (3) | Dobutamine echo |
| | (4) | TMT |
| 15. | Rasi | telli Operation is indicated in |
| | (1) | Transposition of great arteries |
| | (2) | Tetralogy of fallots |
| | (3) | Atrial Septal Defects |
| | (4) | Ventricular Septal Defects |
| MCC | C-005 | 4 |

11. For bypass grafting which conduits have long term patency?

(1) Saphenous vein graft

| 16. | Eme | ergency surgery is indicated in |
|------------|-------|---|
| | (1) | VSD |
| | (2) | TOF |
| | (3) | Aortic Dissection |
| | (4) | Aortic aneurysm |
| 17. | Med | ical Treatment is indicated in which type of Aortic dissection? |
| | (1) | DeBakey I |
| | (2) | DeBakey II |
| | (3) | DeBakey III |
| | (4) | Stanford type A |
| 18. | All t | the following are acyanotic congenital heart diseases except |
| 10. | (1) | Single ventricle |
| | (2) | Corrected transposition |
| | (3) | ALCAPA |
| | (4) | Pulmonary atresia |
| 19. | All | of the following are left to right shunts except |
| | (1) | Partial anomalous pulmonary venous drainage |
| | (2) | VSD |
| | (3) | RSOV |
| | (4) | Pulmonary AV fistula |
| 20. | Hea | rt murmur in ASD is due to all <i>except</i> |
| | (1) | Increased flow through pulmonary valve |
| | (2) | Increased flow through tricuspid valve |

(3)

Gradient at atrial level

Increased flow into pulmonary branches

| | (2) | Modified Blalock – Taussig Shunt |
|-----|-------------|--|
| | (3) | Bental procedure |
| | (4) | Pott's shunt |
| | | |
| 22. | Abou | at ASD which one is false? |
| | (1) | 5 – 10 % of all CHD's |
| | (2) | Left to right shunt |
| | (3) | CHP in early childhood |
| | (4) | Fixed S_2 |
| | | |
| 23. | Abou | ut VSD which is true? |
| | (1) | Large VSD has pansystolic main |
| | (2) | Flow rumble is across mitral valve |
| | (3) | Fixed S_2 , not variable with respiration |
| | (4) | Right to left shunt |
| 24. | Trea | atment of cyanotic spells include the following except |
| | (1) | Propranolol |
| | (2) | Isoproterenol |
| | (3) | Morphine |
| | (4) | Phenylephrine |
| 25. | Com | monest arrthymia in the post operative period after CABG |
| 20. | (1) | Ventricular fibrillation |
| | _ <i>,</i> | |
| | (2) | Atrial fibrillation |
| | (3) | Idioventricular rhythm |
| | (4) | Atrial Flutter |
| MCC | C-005 | 6 |

21. Which one is not a treatment for TOF?

(1) Classic Blalock – Taussig Shunt

| | (1) | Blalock – Taussig Shunt |
|------------|-------------|---|
| | (2) | Pott's shunt |
| | (3) | Waterson Shunt |
| | (4) | Modified Blalock – Taussig shunt |
| | | |
| 27. | Whi | ch one is not present in TOF? |
| | (1) | Overriding of aorta |
| | (2) | Muscular VSD |
| | (3) | Anterior deviation of outlet septum |
| | (4) | Left Ventricular Hypertrophy |
| | | |
| 28. | Whi | ch oxygenators are commonly used in cardiopulmonary bypass circuit? |
| | (1) | Film oxygenators |
| | (2) | Disc oxygenators |
| | (3) | Membrane oxygenators |
| | (4) | Bubble Oxygenators |
| | | |
| 29. | Con | traindications for Balloon Mitral Valvotomy are all except |
| | (1) | Heavy calcifications in commisures |
| | (2) | Moderate MR |
| | (3) | Pulmonary Hypertension |
| | (4) | LA thrombus |
| • | | |
| 30. | Mos | t common type of Atrial Septal Defect (ASD) in |
| | (1) | Sinus venosus |
| | (2) | Ostium primum |
| | (3) | Ostium secundum |
| | (4) | Coronary sinus Type |

7

MCC-005

26. Shunt between descending aorta to left pulmonary artery is known as

| 31. | Whi | ch congenital heart disease is common in Down Syndrome? |
|------------|------------|--|
| | (1) | Coarctation of Aorta |
| | (2) | Transposition of great arteries |
| | (3) | Tetralogy of fallot |
| | (4) | AV canal defect |
| 32. | Whi | ch one is not class-I antiarrhythmic drug? |
| | (1) | Lidocaine |
| | (2) | Phenytoin |
| | (3) | Amiodarone |
| | (4) | Flecainide |
| 33. | Beta | blocker with vasodilator action are all except |
| | (1) | Carvedilol |
| | (2) | Atenolol |
| | (3) | Esmolol |
| | (4) | Labetolol |
| 34. | Sym | ptoms of digoxin toxicity are |
| | (1) | Nausea, vomiting, diarrhea |
| | (2) | Visual disturbance |
| | (3) | Significant arrhythmia |
| | (4) | All of the above |
| 35. | Indi | cation of ICD is |
| | (1) | VF / VT |
| | (2) | SVT |
| | (3) | Atrial Fibrillation |
| | (4) | All of the above |
| 36. | | ch drug for treatment of arrhythmia is classified under Vaughan-Williams sification? |
| | (1) | Amlodarone |
| | (2) | Digoxin |
| | (3) | Adenosine |
| | (4) | Magnesium |
| MCC | -005 | 8 |

| | (2) | CNS toxicity |
|-------------|------------|---|
| | (3) | His-purkinje block |
| | (4) | Hyperthermia |
| 38. | Flin | nination half life of adenosine is |
| , | (1) | 1 – 6 seconds |
| | | |
| | (2) | 10 – 16 seconds |
| | (3) | 20-26 seconds |
| | (4) | 30-36 seconds |
| 39. | Mag | mesium toxicity manifests as all except |
| | (1) | Increased QRS duration |
| | (2) | Loss of deep tendon reflexes |
| | (3) | Respiratory paralysis |
| | (4) | Decreased P-R Interval |
| ŧ0 . | Miti | ral diastolic murmur may be present in all except |
| | (1) | RSOV |
| | (2) | VSD |
| | (3) | TOF |
| | (4) | Mitral regurgitation |
| 11. | Whi | ch of the following is not a mechanism of cyanotic spell? |
| | (1) | Infundibular spasm |
| | (2) | Increased right to left shunt |
| | (3) | Activation of mechanoceptors in RV |
| | (4) | Increase in systemic vascular resistance |
| | | |

9

37. The most commonly reported adverse effect of Lidocaine is

(1) Sinus node depression

MCC-005

| | (2) | Aortic Valve |
|------------|-------|---|
| | (3) | Tricuspid valve |
| | (4) | Pulmonary valve |
| | | |
| 44. | Whi | ch is not a feature of Coarctation of Aorta? |
| | (1) | Suprasternal pulsation |
| | (2) | Mitral regurgitation |
| | (3) | Atrial fibrillation |
| | (4) | Bicuspid aortic valve |
| | | |
| 45. | Vent | cricular aneurysm, which is not true? |
| | (1) | 95% of ventricular aneurysm after transmural MI |
| | (2) | 85% of them are on inferolateral wall of LV |
| | (3) | Trauma and sarcoidosis are other causes |
| | (4) | Manifests as CCF, ventricular arrhythmias and dyspnea |
| 46. | In a | ortic stenosis surgery is not indicated when |
| | (1) | Symptomatic patient with severe AS |
| | (2) | Patient with moderate AS undergoing CABG |
| | (3) | Prevention of Sudden death in Asymptomatic patient |
| | (4) | AS with LV dysfunction |
| MCC | C-005 | 10 |

42. Which cardiac lesion does not produce cyanotic spells?

43. Carcinoid Syndrome involves which valve normally

Tetralogy of Fallot

Coarctation of Aorta

(4) DORV with VSD and PS

Mitral Valve

Tricuspid atresia with PS

(1)

(2)

(3)

(1)

| 47. | wnı | ch of the following is biological valve? |
|------------|------------|--|
| | (1) | Starr - Edward (S-E) Silastic ball valve |
| | (2) | Chitra valve |
| | (3) | Medtronic hall valve |
| | (4) | Medtronic Hancock valve |
| 48. | Tric | uspid regurgitation is quantified angiographically in how many grades? |
| | (1) | 2 |
| | (2) | 3 |
| | (3) | 4 |
| | (4) | 5 |
| 49. | Elep | phant Trunk technique is used in which operation? |
| | (1) | Aortic Dissection |
| | (2) | Aortic Aneurysm |
| | (3) | Coarctation of Aorta |
| | (4) | VSD |
| 50. | Mos | t common type of TAPVC is |
| | (1) | Cardiac |
| | (2) | Supra cardiac |
| | (3) | Infra cardiac |
| | (4) | Mixed Type |
| 51. | In d | ual chamber permanent pacemaker implantation, lead is placed in |
| | (1) | Right atrium |
| | (2) | Right ventricle |
| | (3) | Both of the above |
| | (4) | None of the above |
| | | |

| 52. | Seve | ere toxicity due to Amonidarone is seen on |
|------------|--------------------------------|--|
| | (1) | GIT |
| | (2) | CNS |
| | (3) | Pulmonary |
| | (4) | Renal |
| 53. | Whi | ch antiarrhythmic drug shortens QT interval ? |
| | (1) | Quinidine |
| | (2) | Lignocaine |
| | (3) | Amiodarone |
| | (4) | Sotalol |
| 54. | In S | evere MS, Mean pressure gradient is |
| | (1) | < 5 mm Hg |
| | (2) | > 5 mm Hg |
| | (3) | > 10 mm Hg |
| | (4) | > 20 mm Hg |
| 55. | If a | patient has moderate MS, Moderate MR and presence of LA clot in TEE, which |
| | operation cannot be performed? | |
| | (1) | Closed mitral Valvotomy |
| | (2) | Open Mitral Valvotomy |
| | (3) | Mitral Valve replacement |
| | (4) | Balloon Valvotomy |
| 56. | In p | ulmoric stenosis, which is not seen? |
| | (1) | Right ventricular hypertrophy |
| | (2) | Pulmonary artery dilation |
| | (3) | Oligemic lung fields |
| | (4) | Soft P_2 |
| | | |

| 57. | Abo | ut congenital Aortic Stenosis, false is |
|-----|------------|---|
| | (1) | High incidence of Bicuspial aortic valve |
| | (2) | Present with LV failure in neonates in severe cases |
| | (3) | More common in females $(F: M-4:1)$ |
| | (4) | In severe AS, murmur present at birth |
| 58. | Dev | ices that can interfere with pacemakers is |
| | (1) | MRI |
| | (2) | Cautery |
| | (3) | Arc welding |
| | (4) | All of the above |
| 59. | Tors | sades de Pointes occurs in patients with |
| | (1) | Patient on Class IA drugs |
| | (2) | Patient on Class III drugs |
| | (3) | Prolonged QT in ECG |
| | (4) | All of the above |
| 60. | Whi | ch of the following is not a property of digoxin? |
| | (1) | Excreted by kidney |
| | (2) | Increased para sympathetic tone |
| | (3) | < 50% absorbed from gut |
| | (4) | Increased intracellular calcium |
| 61. | Ana | stomosis between Subclavian artery and Pulmonary artery with a graft is |
| | (1) | Modified BT shunt |
| | (2) | BT shunt |
| | (3) | Waterston shunt |
| | (4) | Pott's shunt |
| | | |

| 62. | False | about | IABP | is |
|------------|--------|-------|--------------|----|
| UZ. | T alse | about | \mathbf{n} | TÓ |

- (1) Also called counter pulsation
- (2) Supports failing LV after CABG
- (3) Indicated in LV failure with severe AR
- (4) It augments coronary and cerebral blood flow

63. Following are used to distinguish ischaemic viable myocardium from a scar except

- (1) Thallium 201 scintigraphy
- (2) Dobutamine stress echo
- (3) Position emission tomography scan
- (4) Coronary angiogram

64. All are tilting disc valves *except*

- (1) Chitra valve
- (2) Omni science valve
- (3) St. Jude valve
- (4) Bjork-Shiley valve

65. All are biological valves *except*

- (1) Carpentier Edwards valve
- (2) Perimount valve
- (3) Medtronic valve
- (4) TTK Chitra valve

66. True about prosthetic valves

- (1) Should produce acceptable diastolic gradient in mitral position
- (2) Should produce acceptable systolic gradient in aortic position
- (3) Should produce acceptable systolic gradient in mitral position
- (4) (1) and (2) are correct

MCC-005 14

| 67. 3 | Biological | valves | can b | oe ma | de o | f all | except |
|--------------|------------|--------|-------|-------|------|-------|--------|
|--------------|------------|--------|-------|-------|------|-------|--------|

- (1) Fascia lata
- (2) Dura mater
- (3) Pericardial tissue
- (4) Pleural tissue

68. Infective endocarditis prophylaxis in post valve replacement is not indicated in

- (1) Oesophageal dilation
- (2) ERCP
- (3) Cystoscopy
- (4) Coronary angiography

69. True about stuck valve is

- (1) Diagnosed by electrocardiography
- (2) Causes muffling of prosthetic sounds
- (3) Always associated with sepsis
- (4) It never occurs only in bioprosthetic valves

70. MVR is indicated in

- (1) Pt with severe MS in NYHA cl-IV who are not considered for BMV
- (2) Pt with severe MS in NYHA cl-II \bar{c} pulmonary hypertension (systolic pressure 50 mm Hg at rest)
- (3) Pt \bar{c} severe MS in NYHA cl –II \bar{c} Non-plaible calcified valve in absence of LA Thrombus in NYHA cl-I
- (4) (1) and (2) are correct

71. Murmur in acute MR has

- (1) Cresendo-decresendo character extending beyond S_2
- (2) Cresendo-decresendo character ending before ${\bf S}_2$
- (3) Pan systolic murmur
- (4) Cresendo-decresendo character ending before S_1

72. False about acute aortic regurgitation is

- (1) Can be caused by stuck prosthetic valve
- (2) Leads to pulm. oedema and cardiogenic shock
- (3) Immediate surgical intervention is required
- (4) Preoperative IABP decreases surgical risk of AVR

73. All are indications for emergency surgery in AR except

- (1) Dissecting aneurysm extending into the valve causing acute AR
- (2) Post balloon valvotomy AR \bar{c} hypotension
- (3) Native valve endocarditis with controlled blood pressure
- (4) Traumatic AR c hemodynamic compromise

74. Echo quantification of moderate TR shows

- (1) Sustained colour flow jet \bar{c} jet area 5 20% of right atrium
- (2) Sustained colour flow jet \bar{c} jet area 20 40% of right atrium
- (3) Sustained colour flow jet \bar{c} jet area of 40 60% of right atrium
- (4) Sustained colour flow jet \bar{c} jet area of 60 80% of right atrium

75. True about organic TR

- (1) Always associated \bar{c} annular dilatation
- (2) Associated \bar{c} significant mitral valve disease
- (3) Associated \bar{c} anatomically abnormal leaflets
- (4) Never associated \bar{c} tricuspid stenosis

76. 55 year old male has pulmonary valve area of 0.4 cm² with peak pressure gradient across pulmonary valve of 96 mm Hg by echo cardiography. He is having

- (1) Mild pulmonary stenosis
- (2) Trivial pulmonary stenosis
- (3) Moderate pulmonary stenosis
- (4) Severe pulmonary stenosis

MCC-005 16

| 77. | 7. The following duration of time should be given to prevent spasm of radial arte | | | | |
|------------|---|---|--|--|--|
| | (1) | 6 months | | | |
| | (2) | 1 month | | | |
| | (3) | 3 months | | | |
| | (4) | 2 months | | | |
| 78. | In the following percentage of stenosis of left main artery surgery is done | | | | |
| | (1) | 40% | | | |
| | (2) | 50% | | | |
| | (3) | 60% | | | |
| | (4) | 70% | | | |
| 79. | Which one of the prosthetic valve has lowest effective orifice area? | | | | |
| | (1) | St. Jude's | | | |
| | (2) | Medtronic Hall | | | |
| | (3) | Starr Edward | | | |
| | (4) | Carbomedics | | | |
| 80. | Acu | te MR is caused by all except | | | |
| | (1) | Chordal Rupture | | | |
| | (2) | Infective Endocarditis | | | |
| | (3) | Acute MI | | | |
| | (4) | Rheumatic | | | |
| 81. | The | following procedure is a Ross Operation | | | |
| | (1) | Arterial switch operation | | | |
| | (2) | Pulmonary autograft replaces Aortic Valve | | | |
| | (3) | Atrial Septostomy | | | |

(4) Pulmonary switch operation

| | (1) | Less than 6 months | | | |
|-----|---|--|--|--|--|
| | (2) | > 6 months | | | |
| | (3) | > 1 year | | | |
| | (4) | > 2 years | | | |
| 83. | Which one of the following statements is correct regarding early prosthetic valve endocarditis? | | | | |
| | (1) | Occurs < 60 days | | | |
| | (2) | Occurs < 60 days | | | |
| | (3) | Occurs < 90 days | | | |
| | (4) | Occurs > 90 days | | | |
| 84. | • Which of the following can cause pulses Bisferiens? | | | | |
| | (1) | AS | | | |
| | (2) | HOCM | | | |
| | (3) | Constrictive pericarditis | | | |
| | (4) | Beri Beri | | | |
| 85. | RV | cavity obstruction by an abnormal muscle bundle is called as | | | |
| | (1) | Valvular PS | | | |
| | (2) | Supra Valvular RV | | | |
| | (3) | Double chambered RV | | | |
| | (4) | Sub valvular PS | | | |
| 86. | Congenital cyanotic heart disease with increased pulmonary blood flow includes a except | | | | |
| | (1) | TAPVC | | | |
| | (2) | Truncus Arteriosus | | | |
| | (3) | Single ventricle | | | |
| | (4) | L-TGA | | | |
| | | | | | |

82. Surgery in TAPVC is ideal in following age group

| 87. | Endo cardial cushion defects have | | |
|------------|---|------------------------------|--|
| | (1) | Right axis deviation | |
| | (2) | Right to left shunt | |
| | (3) | Mitral Regurgitation | |
| | (4) | Cyanotic spells | |
| 88. | Associated with coarctation least likely to be present is | | |
| | (1) | ASD | |
| | (2) | VSD | |
| | (3) | Beirut Aortic Valve | |
| | (4) | PDA | |
| 89. | Large left to right shunts have QP/QS ratio of more than | | |
| | (1) | 1.5 | |
| | (2) | 2.0 | |
| | (3) | 3.0 | |
| | (4) | 4.5 | |
| 90. | In cyanotic spell ABG will show the following: | | |
| | (1) | saturation less than 90% | |
| | (2) | CO ₂ more than 40 | |
| | (3) | pH less than 7·3 | |
| | (4) | Hemoglobin less than 8 | |
| | | | |
| | | | |
| | | | |