No. of Printed Pages: 12

MCC-005

POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

Term-End Examination

00304

June, 2016

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 Sheet.**
- (ii) All questions are compulsory.
- (iii) Each question will have four options and only one of them is correct. Answers have to be 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 Sheet.
- (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.

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1.		following statement about procain		e is false :								
	(1)	About 50% is metabolised to nar	oa									
	(2)	Napa prolongs depolarisation										
	(3)	Napa competes with procainami		•								
	(4)	Napa can increase procainamide	's elin	nination half life								
2.	Trea	atment of bradyarrythmia due to s	suppre	ession of SA node/AV node by antiarrythmics								
	(1)	Stopping of the offending drug	(2)	Instituting temporary pacing								
	(3)	Both	(4)	Denervation of the heart								
3.	Whi	ch of these class IC drugs have the	e most	t proarrythmic potential ?								
	(1)	Flecainide	(2)	Propafenone								
	(3)	Moricizine	(4)	Both (1) and (2)								
4 .	The	most well established use of paren	teral 1	magnesium is in treatment of :								
	(1)	Torsades-de-pointes	(2)	Supraventricular Tachycardia								
	(3)	Ventricular fibrillation	(4)	Atrial fibrillation								
5.	Mag	nesium toxicity is evidenced by :										
	(1)											
	(2)	<u>•</u>										
	(3)	Respiratory paralysis										
	(4)	All of the above										
6.	The	following device may not interfere	with	a pacemaker :								
	(1)	Cellular telephone	(2)	Radiotherapy units for treating cancers								
	(3)	Arc welding equipments	(4)	Ultrasound machines								
7.		d failure in pacemakers occur due	to tra	auma to the lead. The most common cause of								
	(1)	Accidents	(2)	People twiddling with their pacemakers								
	(3)	Battery short circuit	(4)	Faulty pacemakers								
8.	Exte	rnal pacing :										
	(1)	Done for stabilizing of the patier	it afte	r implanting permanent pacemaker								
	(2)	Typically done by placing two pa										
	(3)	It can be relied on for a long perio										
	(4)	The heart is always well stimulat										
9.	True	about the defibrillators are all exc	ept:									
	(1)	Both solid and wet gel electrodes	are a	vailable								
	(2)	Solid gel electrodes are more con-										
	(3)	•		of the patient's skin after removing the electrodes								
	(4)	Solid gel electrodes have a higher										

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1.

10.	In re	suscitation, the resuscitation electrodes :											
	(1) Are placed in antero posterior scheme preferably												
	(2)	May be placed in anterior - apex scheme when anteoposterior scheme is unnecessary											
	(3)	(3) The apex electrode is placed to the left side of the patient just below and to the left of the pectora muscle											
	(4)	All of the above statements are true											
11.	only	Mode is the basic single chamber ventricular pacing mode i.e. it allows pacing when the ventricular rate is below the programmed limit.											
	(1)	VVI (2) AVI (3) DDD (4) DDI											
12.	Rega	Regarding implantable cardioverters - defibrillators, true statement is:											
	(1)	Dual chamber ICDS are better											
	(2)												
	(3)	Currently there is no consensus on the use of single V/S dual chamber ICDS											
	(4)												
13.	In tr	eatment of atrial fibrillation, false statement is :											
	(1)	(1) Dranoderone is approved for treatment of AF											
	(2)												
	(3)	```											
	(4)	Ibulitide is an agent which can be used in the acute termination of AF episodes											
14.		following patients are considered for heart transplantation while evaluating potential ient, except:											
	(1)	Patients with cardiogenic shock requiring mechanical/high dose inotropic support											
	(2)												
	(3)												
	(4)	Refractory anginapatients awaiting CABG											
15.	Imn	nunosuppressive drugs used after cardiac transplantation are :											
	(1)	Glucocorticoids (2) Calcineurin inhibitors											
	(3)	Antiproliferative agents (4) All of the above											
16.	Tors	sades de pointes, true statement :											
	(1)	Is a form of monomorphic VT with QT rolongation											
	(2)	Cisapride when given with cyto P450 inhibitor can cause TDP											
	(3)	Torsades de point means ballooning around a point											
	(4)	All are false											

17.	Whi	ch of these class	of cor	ditions do	es not j	produ	ıce heart failu	re in the 1	newborn ?	
	(1)	Critical coarctat	tion o	f aorta						
	(2)	AV malformation	ons of	the heart						
	(3)	d transposition			ricular	septi	ım			
	(4)	Congenital mits	al reg	gurgitation						
18.	Follo	owing statements	abou	t intra aotic	c ballo	on pu	ımp are all tru	ie except	:	
	(1)	Contraindicated	l in se	evere aortic	regur	gitatio	on			
	(2)	Should be place	d bel	ow the left	subcla	vian :	a rt ery			
	(3)	Reduces after lo								
	(4)	Improves cardia	ac out	put by 30%	ó					
19.	Hae	mofiltration durir	ig op	en heart su	rgery -	state	ment which is	s not untr	ue is :	
	(1)	During ultrafilts							ınd 18-20	
	(2)	Haemofiltration				-				
	(3)	Haemofiltration							-	
	(4)	Haemofiltration	prese	erves excess	s fluid	in the	e body especia	ılly in ren	al failure patie	nts
20.	Inte	rnal mammary ar	tery is	s an ideal c	onduit	t for (CABG because	· :		
	(1)	Size matches th		•	ies					
	(2)	Resistant to athe								
	(3)	Has excellent lo	ng te	rm patency	rates					
	(4)	All are true								
21.	False	e about VSD surg								
	(1)	Results of VSD		-						
	(2)	Mortality in a la	-	-						
	(3)	Complications l		-						
	(4)	Recurrent VSD	is a ra	are complic	ation o	of VS	D surgery			
22.	Of the	ne following, whi	ch on	e is a biolo	gical v	alve ?	•			
	(1)	Njork Shiley			(2)		ni Science			
	(3)	Chitra			(4)	Car	pentier - Edw	ard		
23.	Whi	ch of these valves	has t	the largest	effectiv	e orii	fice area for ar	n aortic p	osition :	
	(1)	Starr Edwards	(2)	Single lea	ıflet	(3)	Bileaflet	(4)	Heterograft	
24.	In po	ost mortem, incid	ence (of rheumat	ic tricu	spid :	stenosis is as l	nigh as :		
	(1)	15%	(2)	50%		(3)	5%	(4)	25%	
25.	Tricu	ıspid stenosis is s	eve r e	when the	gradier	nt acr	oss the tricust	oid valve i	is:	
	(1)	5 MM	(2)	10 MM		(3)	15 MM	(4)	12 MM	
						• ,		, ,		
MC	C-00 5				4					

26.	Alfie	ri repair is done	in patients with	mitral	regui	gitation of		_ origin.	
	(1)	Rheumatic	(2) MVP		(3)		(4)	Ischemic	
27.	7 yea and 1 (1) (3)	r old child is ha hypercalcaemia Noonans syndr Downs syndro	and also suprava ome	mental llvular a (2) (4)	ortic Will	dation, multipl stenosis. The iams syndrome efelteers syndr	most lik	neral artery stenosis cely diagnosis is :	3
28.	Appi (1) (2) (3) (4))		ıde :			5 C (a)	
29.	"Elep (1) (3)	phant trunk" tec Aortic aneurys Coronary sinus		(2) (4)	Aor	l procedure for tic dissection l ligation	r:		
30.	Hosp (1)		or the ventricular (2) 25%	septal	ruptu (3)	re post M.I. is 20%	: (4)	40%	
31.	Arou (1) (3)	und 80% of VSI Membranous Muscular) are	(2) (4)		membranous terior			
32.	Circle (1) (2) (3) (4)	Right atrium → left atrium → left atrium → left atrium → Right at	nitally corrected → right ventricle Heft ventricle → a → left ventricle ← right ventricle ← → right ventricle Heft ventricle → p Heft ventricle	→ puln orta → pulmo · aorta → aort	nonay onary a	artery			
33.	Note (1) (3)	ching of the ribs Coarctation of Aortic dissecti		ay findi (2) (4)	Pul	: monary stenos monary atresia			
34.	infu (1)	ndibular septum Ebsteins noma Coarctation of	n gives rise to wł lly Eaorta ous pulmonary v	nich of t	the fo	llowing conger	ality of nital hea	malalignment of thart disease?	ıe

35.	Parachute mitral valve results from: (1) Single papillary muscle (2) Split anteromedial papillary muscle (3) Split posteromedial papillary muscle (4) None of the above
36.	Atrial switch operation is performed in: (1) Truncus arteriosus (2) Tricuspid atresia (3) Transposition of great arteries (4) Tetralogy of fallot
37.	Definitive indication for surgery in aortic dissection are all except: (1) All proximal dissections (2) Distal aorta dissection with rupture impending rupture (3) Distal aorta dissection with retrograde extension into ascending aorta (4) All of above are indications for surgery
38.	 True about adenosine is: (1) It does not produce flushing, dyspnoea and chest pressure as side effect unlike other anti arrythmics (2) Transient side effects occur in 50% of patients with SVT (3) Ventricular ectopics, sinus bradycardia are common especially when SVT terminates abruptly (4) Atrial fibrillation is occasionally observed in 22% of the patients
39.	Digoxin toxicity is enhanced by: (1) High potassium levels (2) Low potassium levels (3) Both high and low levels are equally harmful (4) Potassium levels have no effect on digoxin toxicity
4 0.	Beta blocker with intrinsic sympathomimetic activity is: (1) Atenolol (2) Propranolol (3) Esmolol (4) Labetalol
1 1.	Which of these are highly protein bound? (1) Lidocaine (2) Phenytoin (3) Mexelitine (4) All class IB drugs are equally protein bound
12.	Fontan procedure comprises of: (1) Redirecting all of RA blood into pulmonary circulation bypassing the RV (2) Switching the great arteries to restore the normal ventriculoarterial concordance (3) Outflow resection of RV and pulmonary valvulotomy

(3) **(4)**

Release of papillary muscles

43. A surgery involving closure of VSD and establishing RV to PA connection conduit is called:							n with an external		
		Blalock procedu	re		(2)	Glen	n shunting		
		Rastelli operation			(4)	Ross	procedure		
44.	PDA	has the tendency	y to cl	lose within			period.		
11.	(1)	1-2 years	(2)	3-4 years		(3)	2-4 weeks	(4)	10-12 weeks
4 5.	ASD	> are	e unli	kely to clos	e spo	ntaneo	ously.	(4)	2
	(1)	8 mm	(2)	15 mm		(3)	10 mm	(4)	3 mm
46.	All o	f the following d	rugs (decrease the	e effec	t of q	uinidine (class I	A antia	arrythmic) except :
10.	(1)	Phenobarbital	(2)	Phenytoir	ı	(3)	Rifampicin	(4)	Ethanol
4 7.	Cvar	notic condition w	ith no	ormal pulmo	onary	flow	is:		•
	(1)	Pulmonary atric	o-veno	ous fistula	(2)	Left	SVC to AN uni	oofed	coronary sinus
	(3)	Both (1) and (2))		(4)	Nor	ne of the above		
48.	33 y	ear old female wi	th mi	tral stenosis	s has a	LAA	clot and is in at	rial fib	rillation. Treatment
		noice for her is : Closed mitral v	alvulo	otomy	(2)	Ball	oon mitral valvı	ılotom	y
	(1) (3)	Mitral valve re		, , , , , , , , , , , , , , , , , , ,	(4)		en valvulotomy		
4 9.			ng pro	osthetic valv	ves ha	s the l	nighest effective	orifice	area at mitral aortic
	area	? Starr Edwards			(2)	Fre	e homograft		
	(1) (3)				(4)		Jude Bileaflet va	lve	
		classified drugs u	,	57	7 :11 :2 :2	se clas	sification are all	except	t:
50.		classified drugs u Bretylium	naer (2)	Adenosii	ne	(3)	Magnesium	(4)	Digoxin
	(1)								
51.	Cya	anotic spells are s	een ir	all of the f	follow	ing co	onditions except	:	
	(1)	Tetralogy of fa Total anomalo	llot	lmonary ve	อกดูแร	conne	ection		
	(2) (3)	Tricuspid atre	sia wi	th pulmona	ary ste	enosis			
	(4)	Double outlet	right	ventricle w	ith VS	SD and	d pulmonary ste	nosis	
EO	3A71.	nich of the follow	ino c	an cause ch	emica	l symı	pathectomy like	state :	
52	(1)		0		(2)) Br	etylium tosylate		
	(3)				(4)) A	denosine		

53.	(1) (2) (3) (4)	Decrease in the circulation catecholamimes Both (1) and (2) None of the above
54.	In (1)	Down's Syndrome which of the following chromosomal abnormality is seen? Trisomy 21 (2) Trisomy 18 (3) Trisomy 24 (4) Trisomy 26
55.	Do	se of aspirin following device closure of ASD is :
	(1)	2 E (1 / 1
	(3)	1 (1. (1.
	(0)	1 mg/kg/day (4) $81 mg/day$
56.	All	of the following statements regarding ASD are correct except:
	(1)	ASD < 8 mm are likely to close spontaneously
	(2)	Ostium primum ASD do not close spontaneously
	(3)	Fossa ovalis ASD have tendency to close
	(4)	Sinus venosus ASD do close spontaneously
57.	Neu the (1) (3)	following except: Acute global ischaemia Brain abscess Acute global ischaemia (2) Chronic focal ischaemia (3) Mycotic aneurysms
58.	Whi	ch of the following class III antiarrythmics have the longest half life?
	(1)	Amiodarone (2) Bretylium (3) Sotalol (4) Ibulitide
59.	Eala	
39.	(1)	e statement about hypoxia test is:
	(2)	It is used to rule out critical congenital heart disease
	(-)	It is based on the principle that administration of $100\%~O_2$ can raise the PO_2 of arterial blood to higher level in the absence of shunt
	(3)	It requires estimation of PCO ₂ levels
	(4)	All statements are true
60.	Prox	imal aortic aneurysms include :
	(1)	Debakey type I and II or Stanford type A
	(2)	Debakey type I and Stanford type A
	(3)	Debakey type I and II and Stanford type B
	(4)	Debakey type III or Stanford type B
		· -

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61.	In cor		ition o	of great arte	ries, i	n rela	ation to the puln	nonary	valve, the aortic	
	(1) (2)	Is placed more a	posteri	orly, inferio	rly an	d to t	he left			
	(3) (4)	Is placed more a								
62.	(1)	iac rehabilitation Have had myoo Have undergon	cardial	infarction	patien	ıts wł	no :			
	(2) (3) (4)	Have chronic st All of the above	able a							
63.	Correct statement about angiongraphic quantification of tricuspid regurgitation is: (1) Grade I - partial RA quantification (2) Grade II - minimal systolic jet, clears rapidly (3) Grade III - opacification of whole RA (4) Grade IV - opacification of whole of RV									
64.	Potts shunt is between: (1) Left pulmonary artery and descending thoracic aorta (2) Left pulmonary artery and ascending thoracic aorta (3) Right pulmonary artery and ascending thoracic aorta (4) Main pulmonary trunk and ascending thoracic aorta									
65.	In pu (1)	ılmonary regurg Severe PR	itation (2)	, if the jet ex Mild PR	xtends	more (3)	e than 2 cm, ther Moderate PR	n it is : (4)	Normal finding	
66.		percentage of surel coronary arter			with p	atient (3)	s undergoing me	edical (4)	treatment for tripl	
67.	In bi (1)	directional glenr 5-10%	n shun (2)	t hospital m 10-15%	ortalit	y is: (3)	15-20%	(4)	20-25%	
68.	Differential cyanosis is seen in which of the following conditions? (1) Aorto Pulmonary Window (2) Coarcpation of Aorta with Aortic Stenosis (3) Tetralogy of Fallot (4) Right to Left shunt with Patent ductus arteriosus									
69.	In cr (1) (3)	ritically ill neona Prostacyclin Propranolol	tes wi	th coarctatio	on of a (2) (4)	Pros	the following dra staglandin ramine	ug is t	ised :	

70.		Congenital pulmonary stenosis, the treatment of choice for which is:											
	(1)	Percutaneous balloon valvulotomy											
	(2) Surgical valvulotomy												
	(3)	(3) Pulmonary valve replacement											
	(4)	(4) Aorto-pulmonary shunting											
71.	In a	In acquired aortic stenosis of rheumatic origin, the aortic valve is:											
	(1)												
	(2)	(2) Predominantly stenotic with some degree of regurgitation											
	(3)												
	(4)	All of the above											
72.	All are surgeries for mitral stenosis except :												
	(1)	Mitral valve replacement											
	(2)	Open mitral valvulotomy											
	(3)	Closed mitral valvulotomy											
	(4)	Mitral valve repair											
73.	Chit	hra valve is a :											
	(1)	Bileaflet valve (2) Tilting disk valve											
	(3)	Ball and cage valve (4) Bioprothetic valve											
74.	Whi	ch of the following statements is untrue with regard to dietary aspects in CABG patients?											
	(1)	Pre-operatively patients are given low calorie, low fat diet											
	(2)	Immediate post-operatively, patients are given strict dieting regimen											
	(3) (4)	After a month patients are made to go back to their previously prescribed diet Smoking is strictly prohibited											
75.	With	respect to vein grafts in CABG, at the end of ten years post-operative :											
	(1)	50% grafts are patent, 50% have significant atherosclerotic changes											
	(2)	25% are patent with 75% having atherosclerosis											
	(3)	75% are patent with 25% having atherosclerosis											
	(4)	100% are occluded											
76.	Unti	are about false ventricular aneurysm is :											
	(1)	Develops after acute rupture of infarct											
	(2)	Occurs more often on the anterolateral surface											
	(3)	The mouth is usually narrow											
	(4)	Resection is always recommended											
		•											

77.	Bent	al procedure is a technique used to	repai	r aortic aneurysm involving :
	(1)	Ascending aorta and aortic valve		
	(2)	Descending thoracic aorta		
	(3)	Descending thoracic aorta and an	ch	
	(4)	Ascending aorta below the innon	ninate	artery
78.	All a	are true about constrictive pericard	itis exc	cept :
,	(1)	Is usually the first stage of inflam	mator	y process involving the pericardium
	(2)	In developing world, infection wi	th M.	TB is still common
	(3)	Non infective causes involve idio	pathic,	post radiation or post surgery
	(4)	A few cases have been reported a	ıfter ir	sertion of implantable defibrillators
79.	Card	liac rehabilitation involves :		
	(1)	Exercise training		
	(2)	Education, counselling and beha-	vioura	linterventions
	(3)	Both (1) and (2)		
	(4)	None of the above		
80.	True	e about cardiac rehabilitation are a	ll exce	pt :
	(1)	Phase I - begins in the hospital		
	(2)	Phase II - consists of planned rel	abilita	ition programs
	(3)	Phase III - consists of a lifelong pro	gram	committed to encourage exercise and a healthful
	` '	lifestyle		
	(4)	Phase IV - ends with the death o	f the p	patient
81.	Ven	tricular septal rupture, true statem	ent is	:
	(1)	Correct terminology is post myo-		
	(2)	The location is 60% anterior and		
	(3)	An anterior septal rupture is often	en asso	ociated with mitral regurgitation
	(4)	Presence of a ventricular septal r	upture	e is not an indication of surgery
82.	Abs	ent in the triad seen in PS with atr	ial rig	nt to left shunt (intact IVS) is:
	(1)	Cyanosis	(2)	Ischaemic lung fields in chest X-ray
	(3)	Split S2	(4)	Cardiomegaly
83.	Foll	owing statement about sotalolare t	rue ex	ccept :
	(1)	L - isomer is responsible for the l		
	(2)	Effective in ventricular tachycar	dia	
	(3)	Prevents recurrence of wide range	ge of S	SVT
	(4)	It does not cause pro-arrythmia		

84. Patient is fully heparinised before start of card clotting time at 30 degree celsius should be:						ardio	rdio pulmonary bypass, the baseline activa			
	(1)	400 msec	(2)	450 msec		(3)	480 msec	(4)	420 msec	
85.	In le	eft main coronar gery.	y arte	ry disease,	steno	sis m	ore than	is	s an indication for	
	(1)	50%	(2)	60%		(3)	70%	(4)	75%	
86.	Pedi	atric dose of ader	nosine	is:						
	(1)	0.1 to 0.3 mg/k	g		(2)	0.5 t	o 0.7 mg/kg			
	(3)	1-3 mg/kg			(4)		ng/kg			
87.	Whi	ch of the followir	ıg beta	a blockers h	ıas vas	sodila	tor property :			
	(1)	Atenolol	(2)	Esmolol		(3)	Metoprolol	(4)	Propranolol	
88.	The	most significant s	ide ef	fect of brety	lium :	is :				
	(1)	Proarrythmia			(2)	Dyst	onoea			
	(3)	Orthostatic hyp	otensi	on	(4)		ound hypertens	ion		
89.	The	following class of	drug	s is not effe	ctive i	in trea	ating AV node	depende	ent tachvcardias :	
	(1)	Class IA	(2)	Digoxin		(3)	Class II	(4)	Class III	
90.	Class heigl	s of antiarrythmic nt of the action po	drug otentia	s which blo al :	ock the	e slow	calcium chanr	nel a n d 1	reduce the plateau	
	(1)	Class IV	(2)	Class IA		(3)	Class III	(4)	Digoxin	