

**POST GRADUATE DIPLOMA IN CLINICAL
CARDIOLOGY (PGDCC) 00304**

Term-End Examination

June, 2016

MCC-007 : CARDIO - VASCULAR RELATED DISORDERS

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.*

1. Major cause of death in diabetes is :
 - (1) Cardiovascular
 - (2) Renal
 - (3) Diabetic Ketoacidosis
 - (4) Hypoglycemia on treatment

2. Which of the following facts are **correct** regarding insulin ?
 - (1) Alpha chain contains 30 aminoacids
 - (2) Beta chain contains 21 aminoacids
 - (3) Alpha and Beta chains are linked by 2 disulphide bonds
 - (4) Proinsulin includes insulin and 'C' peptide

3. Which of the following are **correct** regarding type I diabetes mellitus ?
 - (1) Results from Beta cell destruction by autoimmune process
 - (2) Associated with HLA DR3 and DR4
 - (3) Commonly manifests for the first time in adults
 - (4) Ketoacidosis is less common

4. Which of the following statements is **correct** regarding maturity onset diabetes mellitus of the young ? (MODY)
 - (1) They have a mutation in glucokinase gene
 - (2) Develop type II diabetes mellitus in 2nd or 3rd decade
 - (3) Inherited as autosomal recessive trait
 - (4) Diabetes mellitus is existent in parents and siblings

5. Which of the following statements is **correct** regarding **screening** for gestational diabetes mellitus ?
 - (1) Done at 24-28 weeks of gestation
 - (2) No need for fasting and can be done at any time of the day
 - (3) Glucose load of 75 gms is given
 - (4) A 2 hour post glucose value of more than 140 mg% requires the performance of Oral Glucose Tolerance Test (OGTT)

6. Which of the following are **correct** regarding hypoglycemia ?
 - (1) Common with renal dysfunction
 - (2) Sympathetic stimulation leads to tremors, sweating and palpitation
 - (3) Counter regulatory hormones suppress gluconeogenesis
 - (4) Elderly may present with neuroglycopenic symptoms

7. Which of the following is **correct** regarding diabetic ketoacidosis ?
- (1) Brain is unable to utilize glucose due to severe insulin deficiency
 - (2) Increased lipolysis results in excessive ketone production
 - (3) Osmotic diuresis results in dehydration and electrolyte imbalance
 - (4) Glucagon levels are low
8. Management of diabetic ketoacidosis **includes** :
- (1) Correction of dehydration and electrolyte imbalance
 - (2) Normalise hyperglycemia with insulin
 - (3) Correct acidosis by bicarbonate
 - (4) Identify and treat precipitating cause
9. Which of the following are **correct** regarding hyperosmolar nonketotic coma ?
- (1) Carries a mortality of 10%
 - (2) Bicarbonate levels <25 mEq/L
 - (3) Occurs in elders living alone
 - (4) Following diuretic and phenytoin treatment
10. Which of the following statements are **correct** ?
- (1) Increased prevalence of hypertension in diabetics is related to hyperinsulinemia
 - (2) Diabetic nephropathy potentiates tendency for hypertension
 - (3) Isolated systolic hypertension is very rare in diabetics
 - (4) Autonomic neuropathy can precipitate orthostatic hypotension
11. Which of the following statements are **correct** ?
- (1) Neuropathic foot is cold with impalpable pulses
 - (2) Veins of the dorsum of the foot are often distended
 - (3) Neuro ischaemic foot has painful ulcers
 - (4) Claudication is rare in neuro ischaemic foot
12. Which of the following are **correct** with respect to diabetic micro vascular complications ?
- (1) Thickening of the basement membrane of capillary is a hall mark of capillary changes
 - (2) Related to duration of diabetes mellitus
 - (3) Correction of hyperglycemia does not prevent micro-vascular complications
 - (4) Intense diabetes treatment does not cause regression of micro-vascular lesions

13. Which of the following statements are **correct** regarding diabetic retinopathy ?
- (1) Increase in number of pericytes
 - (2) Development of microaneurysms
 - (3) Increased vascular permeability
 - (4) Newly formed retinal vessels are not fragile
14. Which of the following statements are **correct** ?
- (1) Cotton wool spots represents local retinal ischaemia
 - (2) Dot hemorrhages are due to leakage of blood into deeper layers of retina
 - (3) Diabetic maculopathy is common in type I diabetes mellitus
 - (4) Focal vascular leakage of plasma at the fovea leads to macular star
15. Which of the following statements are **correct** regarding diabetic neuropathy ?
- (1) Hyperglycemia affects nerves through Sorbitol and advanced glycosylation end products
 - (2) Involvement of vasa nervosum can also result in neuropathy
 - (3) Neuropathic arthropathy is a common complication of diabetic neuropathy
 - (4) Sensory or sensory motor distal poly neuropathy is the least common type of diabetic neuropathy
16. Which of the following statements are **correct** regarding diabetic amyotrophy ?
- (1) Presents with severe pain in thighs often at nights
 - (2) Weakness and wasting of iliopsoas and quadriceps muscles
 - (3) Sensory perception is markedly decreased in lower limbs
 - (4) Knee jerk is often brisk
17. Diabetic cystopathy :
- (1) Leads to atonic bladder
 - (2) Overflow incontinence
 - (3) Painful retention of urine
 - (4) Managed by continuous bladder drainage
18. Which of the following are **correct** regarding sexual dysfunction of diabetes mellitus ?
- (1) Erectile dysfunction is secondary to sympathetic nerve involvement
 - (2) The blood vessels of corpora cavernosa are unable to dilate
 - (3) Sildenafil is useful
 - (4) Sildenafil can be used along with nitrates

19. Which of the following are **correct** regarding diabetic nephropathy ?
- (1) Urinary albumin excretion of more than 300 mg/24 hours
 - (2) Urinary albumin by creatinine ratio of more than 3.5 mg/mMol
 - (3) Not related to duration of diabetes mellitus
 - (4) Micro-albuminuria is a sign of cardiovascular disease
20. Which of the following statements are **correct** ?
- (1) Metformin decreases hepatic glycogenolysis
 - (2) Gliptizide is an insulin secretagogue
 - (3) Pioglitazone increases serum triglyceride levels
 - (4) Acarbose does not cause hypoglycemia
21. Which of the following are **correct** regarding cardiovascular changes during pregnancy ?
- (1) The average increase in blood volume is 75%
 - (2) Blood volume increase is more in multigravida and multiple pregnancy
 - (3) Estrogen suppresses Renin Angiotensin Aldosterone system
 - (4) Increase in hemoglobin concentration
22. Which of the following are **correct** with respect to cardiovascular changes during pregnancy ?
- (1) There is a greater fall in diastolic blood pressure
 - (2) Pulse pressure widens
 - (3) Maximum fall occurs just before term
 - (4) Low resistance placental circulation reduces vascular tone
23. Which of the following clinical signs during pregnancy are **abnormal** ?
- (1) Mid systolic murmur in pulmonary area radiating to left side of neck
 - (2) Continuous murmur heard over right supraclavicular fossa
 - (3) Early diastolic murmur in lower left sternal border
 - (4) Short mid diastolic murmur heard over the apex
24. Which of the following changes **occur** during pregnancy ?
- (1) Gastric and Intestinal motility is decreased leading to increased absorption of drugs
 - (2) Higher loading dose of drugs is required
 - (3) More free drug is available with respect to highly protein bound drugs
 - (4) Hepatic and renal binding of drugs is unaffected
25. Which of the following statements are **correct** ?
- (1) Beta blockers do not cross placental barrier
 - (2) Relaxation of uterus is mediated by beta 2 receptors
 - (3) Labetolol is used to treat pregnancy associated hypertension
 - (4) Beta blockers are contraindicated in pregnant women with hereditary long QT syndrome

26. Which of the following statements are **correct** ?
- (1) Lidocaine is a widely used anti-arrhythmic agent in pregnancy
 - (2) Propafenone crosses placental barrier
 - (3) Amiodarone can cause fetal hypothyroidism and neuro developmental problems
 - (4) Verapamil is contraindicated during pregnancy for treatment of supraventricular tachycardia
27. Which statement is more likely with cardiovascular disease in diabetes ?
- (1) Males suffer more than females
 - (2) Females suffer more than males
 - (3) Males and females suffer equally
 - (4) Males suffer more after 70 years than female
28. Which of the following statements are **correct** ?
- (1) Use of Warfarin in first trimester can result in embryopathy
 - (2) Warfarin can lead to placental hemorrhage
 - (3) Does not cause increased bleeding tendency in the new born
 - (4) Warfarin embryopathy does not affect bones
29. Which of the following are **correct** regarding preeclampsia ?
- (1) It is a disorder of endothelial dysfunction with vasospasm
 - (2) Low dose Aspirin after 12th week of gestation is useful
 - (3) Will lead to chronic hypertension after delivery
 - (4) There is abnormal placental development or placental damage
30. Which of the following statements are **correct** ?
- (1) Intravenous Magnesium Sulphate is superior to Phenytoin in Eclampsia
 - (2) Diuretics may suppress lactation
 - (3) A lady with preeclampsia is unlikely to have recurrence of hypertension in subsequent pregnancies
 - (4) ECG in preeclampsia often shows left ventricular hypertrophy
31. The best choice of antihypertensive therapy in diabetes is :
- | | |
|----------------------|-------------------------|
| (1) ACE and ARB | (2) Ca channel blockers |
| (3) β blockers | (4) Diuretics |
32. Which of the following statements are **correct** ?
- (1) A normal chest X-ray rules out diagnosis of pulmonary embolism
 - (2) A normal ECG does not exclude pulmonary embolism
 - (3) Echocardiography offers risk stratification in pulmonary embolism
 - (4) A normal pulse oximetry excludes pulmonary embolism

33. Which of the following patients with pulmonary embolism are candidates for thrombolysis ?
- (1) Recurrence of pulmonary embolism while on heparin therapy.
 - (2) Patient with massive pulmonary embolism in hemodynamic collapse.
 - (3) Patient with doppler proven deep vein thrombosis.
 - (4) Patient with submassive pulmonary embolism with RV dysfunction on echocardiogram.
34. Which of the following statements are **correct** regarding usage during pregnancy ?
- (1) Digoxin belongs to category C use in pregnancy
 - (2) Safety of levosimendan during pregnancy is not established
 - (3) Dobutamine belongs to category C for use in pregnancy
 - (4) Dopamine belongs to category B for use in pregnancy
35. A lady with 36 weeks of gestation presents with pedal edema and blood pressure of 160/110 mmHg. She complains of visual disturbance and upper abdominal pain. Which of the following are **appropriate** ?
- (1) Immediate delivery must be done
 - (2) Vaginal delivery is preferred if possible
 - (3) Oral Methyldopa 500 mg thrice daily must be started
 - (4) Magnesium sulphate to be used if convulsions occur
36. A lady with preeclampsia and 32 weeks of pregnancy is on methyl dopa 500 mg 6th hourly. Blood pressure is 160/110 mmHg. Obstetrician after examining the lady diagnosed intrauterine growth retardation and foetal distress. Which of the following are **appropriate** ?
- (1) Increase the dose of methyldopa
 - (2) Start intravenous Hydrallazine
 - (3) Immediate delivery must be planned
 - (4) Oral labetalol can be added
37. Which of the following **differentiate** preeclampsia from chronic hypertension ?
- (1) Common in multigravida
 - (2) Left ventricular hypertrophy is common
 - (3) Onset is after 20 weeks of gestation
 - (4) Proteinuria is common
38. A lady with mitral valve area of 1.1 sq cm comes with 10 weeks of pregnancy. Which of the following are **appropriate** ?
- (1) Beta blocker
 - (2) Digoxin
 - (3) Immediate mitral valvuloplasty
 - (4) Oral diuretic

39. Choice of drug in obese diabetics is :
- (1) Pioglitazone (2) Insulin
(3) Metformin (4) Celi benclamide
40. Glycosylated hemoglobin HBA1C indicates average glycemic value of :
- (1) 6 months (2) 9 months
(3) 1 month (4) 3 months
41. Which of the following statements about pulmonary hypertension is **correct** ?
- (1) PA pressure is more than 30/20 mmHg
(2) Secondary forms of pulmonary hypertension are more common than primary
(3) High altitude pulmonary hypertension does not improve with relocation to sea level
(4) Conditions causing pulmonary venous hypertension lead to secondary pulmonary hypertension
42. Which of the following are **appropriate** in management of secondary pulmonary hypertension ?
- (1) Endothelin receptor antagonists should be given to all patients.
(2) If secondary to hypoventilation oxygen therapy will be useful.
(3) LV dysfunction should be treated with ACE inhibitor and diuretics.
(4) Closure of defect should be done in all shunt lesions.
43. Which of the following features **occur** in primary pulmonary hypertension ?
- (1) Can be easily recognized in early stages itself.
(2) Exertional dyspnoea and angina can occur.
(3) Can result in sudden death.
(4) X-ray chest shows RV enlargement in all patients.
44. Which one of the following inotropes is **not** adrenergic against ?
- (1) Dopamine (2) Dobutamine (3) Norepinephrine (4) Amrinone
45. Which of the following conditions **can** lead to Corpulmonale ?
- (1) Pneumoconiosis (2) Diffuse bronchiectasis
(3) Pulmonary stenosis (4) Obstructive sleep apnoea
46. Which of the following statements are **correct** ?
- (1) Fasting sugar of more than 126 mg indicates diabetes
(2) Fasting sugar levels of 110 - 125 mg with 2 hours post prandial sugar values of 140 - 200 indicates impaired glucose tolerance
(3) 2 hours post prandial values of 140 mg% - 200 mg% indicates non diabetic state
(4) Fasting blood sugar value of more than 110 mg% with post prandial values of less than 140 mg% indicates impaired fasting glucose

47. Which of the following statements regarding Insulin secretions are **correct** ?
- (1) Increased glucose concentration in Beta cell closes calcium channels
 - (2) Entry of calcium ions into beta cell causes the release of insulin
 - (3) Pancreas secretes about 18 - 32 units per 24 hours
 - (4) Meals stimulated insulin release is slow and constant
48. Which of the following are **correct** regarding type II diabetes mellitus ?
- (1) Common in lean individuals
 - (2) Both insulin resistance and relative insulin deficiency are present
 - (3) Insulin resistance is at receptor and post receptor levels
 - (4) Forms 50 - 60% of diabetic population
49. Which of the following is **true** regarding gestational diabetes mellitus ?
- (1) Diabetes mellitus detected for the first time in the pregnancy stage
 - (2) Diabetic state disappears after delivery
 - (3) Includes known diabetes mellitus who become pregnant
 - (4) Undetected type II diabetes mellitus cannot be mistaken as gestational diabetes mellitus
50. Which of the following is **correct** regarding diagnosis of gestational diabetes ?
- (1) With 100 gm oral glucose load, plasma glucose of >165 mg% after 2 hours
 - (2) With 100 gm oral glucose load, plasma glucose of >145 mg% after 3 hours
 - (3) Fasting glucose of 125 mg%
 - (4) With 75 gm oral glucose load, 2 hours post glucose plasma glucose of >150 mg%
51. Which of the following are **correct** ?
- (1) In every unconscious patient hypoglycemia should be excluded
 - (2) An IV bolus of 20 mL of 25% glucose to be given
 - (3) 10% glucose drip for 4 - 6 hours will correct hypoglycemia induced by oral hypoglycemic drugs
 - (4) Those only on insulin should receive IV glucose infusion for 48 hours
52. Which of the following is **correct** regarding diabetic ketoacidosis ?
- (1) Accompanied by increased gluconeogenesis
 - (2) Should be suspected in any diabetic patient with vomiting and abdominal pain
 - (3) Rothera's test in urine is often negative
 - (4) Blood glucose is >350 mg%

53. Hyperosmolar nonketotic coma should be suspected in the following situations :
- (1) Serum osmolarity is 290 mOsm/kg
 - (2) After a cerebrovascular accident
 - (3) Plasma glucose of >600 mg%
 - (4) Arterial pH of <7.3
54. Which of the following statements are **correct** ?
- (1) Diabetic macro vascular complications are aggravated by smoking and hypertension
 - (2) Perfect control of diabetes alone does not always prevent macro vascular complications
 - (3) Diabetic dyslipidemia includes high triglycerides and HDL cholesterol
 - (4) Small dense LDL particles are more atherogenic than usual LDL particles
55. Which of the following statements are **correct** ?
- (1) In a diabetic, hemorrhagic strokes are more common than lacunar infarcts
 - (2) Aortoiliac and femorotibial arteries are the usual sites of diabetic peripheral vascular disease
 - (3) Ankle - brachial systolic pressure ratio of < 1 occurs in peripheral vascular disease
 - (4) Extracranial carotid arteries are rarely affected in diabetes
56. Which of the following are **correct** regarding neuropathic foot ?
- (1) Curling up of the toes occur
 - (2) Callosities form on the plantar surface of metatarsal heads
 - (3) Skin is dry and atrophic
 - (4) Once infected there is poor healing
57. Which of the following statements are **correct** ?
- (1) Hyperglycemia leads to intracellular accumulation of sorbitol
 - (2) Myoinositol uptake is decreased
 - (3) Myelin sheath of peripheral nerves are resistant to sorbitol
 - (4) HbA1C is an indicator of long term average glycemic control
58. Which of the following are **not** features of background retinopathy ?
- (1) Microaneurysms
 - (2) Cotton wool spots
 - (3) Neovascularisation
 - (4) Shunts between venules and capillaries
59. Which of the following statements about complications of diabetes are **correct** ?
- (1) Fourth cranial nerve is commonly involved by diabetes
 - (2) When diabetes mellitus involves 3rd cranial nerve, pupil is unaffected
 - (3) Rubeosis Iridis is secondary to new vessel proliferation
 - (4) Risk of retinopathy is not related to duration of diabetes mellitus

60. Which of the following regarding diabetic mononeuropathy are **correct** ?
- (1) Can be due to occlusion vasonervosum
 - (2) Can be secondary to mechanical entrapment
 - (3) Extraocular nerves are rarely involved
 - (4) Ischaemic damage of optic nerve head can happen
61. Which of the following are manifestations of autonomic neuropathy ?
- (1) Postural hypotension
 - (2) Fixed increased heart rate
 - (3) Ischaemia of optic nerve head
 - (4) Sudden cardiac standstill during anaesthesia
62. Which of the following are **not** manifestations of autonomic neuropathy ?
- (1) Diabetic gastroparesis
 - (2) Gustatory sweating
 - (3) Carpal tunnel syndrome
 - (4) Diabetic amyotrophy
63. Which of the following are **not** features of diabetic nephropathy ?
- (1) Proteinuria of more than 500 mg%/24 hours
 - (2) Hyperkalemia
 - (3) Reduction in size of kidney (by Ultrasound Imaging)
 - (4) Presence of red cell casts in urine
64. Which of the following are part of **correct** prescription for a diabetic with an ideal body weight of 60 kg doing only sedentary activity ?
- (1) Caloric content - 1320 calories/day
 - (2) Protein content of 50 grams
 - (3) Fiber content of 40 grams
 - (4) Fat content contributing to 40% of calories/day
65. Which of the following statements are **correct** ?
- (1) When an over weight person is detected to have a post prandial blood glucose of 150 mg%, Metformin should be prescribed
 - (2) When a patient of Metformin continues to have post prandial blood sugar of more than 200 mg%, Sulphonylurea can be added
 - (3) Pioglitazone can be added as a third drug when blood sugar control with combination of Sulphonylurea and Metformin is not adequate
 - (4) Diet and weight reduction alone are not sufficient in impaired glucose tolerance

66. Which of the following are **correct** regarding Cardiovascular changes during pregnancy ?
- (1) Heart rate at rest increases during pregnancy by 10 - 20 beats/minute
 - (2) Maximum increase in cardiac output is achieved by 24 - 28 weeks of pregnancy
 - (3) In early pregnancy, increase in cardiac output is mainly by increase in heart rate
 - (4) In third trimester, increase in cardiac output is due to increase in stroke volume
67. Which of the following are **correct** with respect to cardiovascular changes during pregnancy ?
- (1) Supine hypotensive syndrome occurs in about 11% of pregnant women
 - (2) Compression of inferior vena cava by enlarged uterus occurs in supine posture
 - (3) Maximum increase in cardiac output occurs in first stage of labour
 - (4) Venous return of heart decreases postpartum
68. Which of the following are **normal** ECG changes during pregnancy ?
- (1) Left axis deviation
 - (2) Deep Q waves in II, III, aVF
 - (3) Sinus tachycardia
 - (4) ST, T changes in precordial leads without wall motion abnormalities in Echocardiogram
69. Which of the following statements are **correct** ?
- (1) Protein bound drug cannot cross placental barrier
 - (2) Lipid soluble molecules can easily reach fetal circulation
 - (3) Most of the drugs reaching fetal circulation do not reach the fetal heart and brain
 - (4) Drugs entering fetal circulation are metabolized by fetal liver
70. Which of the following statements regarding Digoxin are **correct** ?
- (1) Does not cross placental circulation
 - (2) Is excreted in milk and can affect the lactating baby
 - (3) Can be used to treat heart failure in pregnancy
 - (4) Is useful for fetal supraventricular tachycardia
71. Which one is a thiazide diuretic :
- | | |
|----------------|---------------------|
| (1) Torsemide | (2) Ethacrynic acid |
| (3) Bumetanide | (4) Metalozone |
72. Which of the following statements are **correct** regarding use of Aspirin during pregnancy ?
- (1) Low dose Aspirin after 12th week of gestation prevents preeclampsia
 - (2) "CLASP study" evaluated the usefulness of Aspirin in preeclampsia
 - (3) Aspirin given during pregnancy had no effect on fetal growth
 - (4) Aspirin caused 75% reduction in premature delivery

73. Which of the following statements are **true** about gestational hypertension ?
- (1) Hypertension develops in last trimester of pregnancy
 - (2) Proteinuria is absent
 - (3) If severe, leads to high rates of premature delivery
 - (4) Fetal growth is unaffected
74. Which of the following statements are **correct** regarding treatment of Preeclampsia ?
- (1) Antihypertensive drug therapy does not improve perinatal outcomes
 - (2) Oral Methyldopa is preferred because of its safety record
 - (3) It is better to avoid Labetalol and Nifedipine
 - (4) Parenteral drugs to be used if delivery is likely to occur within a few hours
75. Which of the following statements are **correct** ?
- (1) If a pregnant lady has supraventricular tachycardia, it is likely to be atrial tachycardia
 - (2) Atrial fibrillation during pregnancy often occurs in presence of structural heart disease or endocrine abnormality
 - (3) Intravenous Adenosine is to be avoided during pregnancy
 - (4) Ventricular tachycardia is rare in pregnancy
76. Which of the following statements are **correct** ?
- (1) D dimer testing has good negative predictive ability
 - (2) Normal CT pulmonary angiogram rules out pulmonary embolism
 - (3) Negative venous doppler excludes pulmonary embolism
 - (4) Computed tomographic venography is the best imaging modality for pulmonary embolism
77. The commonest presenting feature of pulmonary embolism is :
- (1) Acute chest pain
 - (2) Acute right heart failure
 - (3) Hemoptysis and fever
 - (4) Acute unexplained dyspnoea with sinus tachycardia
78. Which of the following statements regarding preeclampsia are **correct** ?
- (1) Modest rise in blood pressure is often asymptomatic and **requires no treatment**
 - (2) Most cases worsen with time
 - (3) Delivery is the appropriate therapy for the mother
 - (4) Treatment alters underlying pathophysiology of the disease

85. Which of the following statements about pulmonary hypertension are **correct** ?
- (1) Loud S2 does not occur in all cases.
 - (2) Prominent 'A' wave in jugular vein.
 - (3) Doppler evaluation of tricuspid regurgitation is useful to quantify pulmonary hypertension.
 - (4) Cardiac catheterization is a must for confirmation.
86. Following are the potassium sparing agent **except** :
- (1) Amiloride
 - (2) Triamterene
 - (3) Hydrochlorothiazide
 - (4) Spironolactone
87. Which of the following are **true** regarding pulmonary hypertension in pregnancy ?
- (1) Primary pulmonary hypertension carries a high maternal mortality.
 - (2) Clinical deterioration occurs in later part of pregnancy.
 - (3) Fetal morbidity and mortality is unaffected.
 - (4) Complications do not occur after delivery.
88. Which of the following are **correct** regarding Epoprostenol :
- (1) It is a metabolite of arachidonic acid
 - (2) A pulmonary vasodilator
 - (3) Promotes platelet aggregation
 - (4) Inhibits vascular smooth muscle proliferation
89. Eclampsia is characterised by all **except** :
- (1) Hypertension
 - (2) Seizures
 - (3) Hypoglycemia
 - (4) Proteinuria
90. All are causes for Cor Pulmonale **except** :
- | | |
|------------------------|---------------------------|
| (1) Chronic Bronchitis | (2) Bullous Emphysema |
| (3) Bronchial Asthma | (4) Low Altitude Dwellers |
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79. Which of the following are features of chronic hypertension with superimposed preeclampsia ?
- (1) New onset of proteinuria in woman with hypertension after 20 weeks of gestation
 - (2) Elevated liver enzymes
 - (3) Persisting proteinuria beyond 12 weeks postpartum
 - (4) Increase in platelet count
80. A 30 yrs old hypertensive lady with initial blood pressure of 150/90mm Hg is well controlled on thiazide diuretic. She reports with 6 weeks of pregnancy. Which of the following measures are **correct** ?
- (1) Continue the same drug
 - (2) Restrict sodium intake to 2 gms/day
 - (3) Discourage alcohol use
 - (4) Encourage Weight reduction
81. Which of the following statements are **wrong** regarding mitral stenosis complicated by pregnancy ?
- (1) Increased blood volume aggravates transmitral gradient
 - (2) Colloid osmotic pressure decreases and favours pulmonary congestion
 - (3) Atrial arrhythmias are uncommon
 - (4) Foetal growth is unaffected
82. Which of the following are **true** regarding pregnancy complicating mitral regurgitation ?
- (1) Regurgitant lesions are not well tolerated during pregnancy
 - (2) Hydralazine will be useful
 - (3) Surgery is indicated if there is significant LV dysfunction
 - (4) Foetal outcome is unaffected by surgery
83. All beta blockers in pregnancy can cause intrauterine growth retardation **except** :
- | | |
|----------------|-----------------|
| (1) Metoprolol | (2) Labetalol |
| (3) Atenolol | (4) Propranolol |
84. Which of the following about peripartum cardiomyopathy are **correct** ?
- (1) More than 90% of patients recover completely
 - (2) Presents in early postpartum period
 - (3) It is a diagnosis by exclusion
 - (4) Recurrence in subsequent pregnancies is less common