01434

POST GRADUATE DIPLOMA IN CLINICAL CARDIOLOGY (PGDCC)

Term-End Examination

June, 2015

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 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 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.	Chr	istiaan Barnard in 1967 perfor	med the first	successful			
	(1)	Heart transplant					
	(2)	CABG					
•	(3)	Valve replacement					
	(4)	None of the above					
2.	Q.,,,,	gery in infective endocarditis is	indicated in				
4.	(1)	Refractory heart failure	mulcateu m				
	(2)	Acute aortic regurgitation					
	(3)	Aortic root abscess					
	(4)	All of the above					
	(-/						
3.	Pea	k pressure gradient in severe p	ulmonary ste	enosis is above			
	(1)	50 mmHg	(2)	60 mmHg			
	(3)	70 mmHg	(4)	80 mmHg			
4.	Sign	nificant functional TR is seen ir	n	•			
	(1)	Severe mitral stenosis	• .				
	(2)	Severe pulmonic stenosis					
	(3)	Severe pulmonary artery hyp	ertension				
	(4)	All of the above	•				
5.	Surgery in asymptomatic AS is indicated in all of the following except						
	(1)	To prevent sudden cardiac death					
	(2)	Presence of hypotension during exercise					
	(3)	Ventricular tachycardia					
	(4)	None of the above					
6.	Valv	ve area in severe AS is less that	n				
	(1)	1.5 sq.cm	(2)	$1.2 \mathrm{\ sq.cm}$			
-	(3)	1·3 sq.cm	(4)	$1.0 \mathrm{\ sq.cm}$			
7.	вм	V is indicated in moderate or se	evere MS whe	en			
	(1)	Pulmonary systolic pressure	> 60 mmHg o	n exercise			
	(2)	New onset atrial fibrillation is	n the absence	e of LA thrombu	ıs		
	(3)	Both of the above					
	(4)	None of the above					

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8.	Biop	prosthetic valves can be inserted in					
	(1)	Adults	(2)	Children			
	(3)	Both of the above	(4)	None of the above			
9.	Idea	l INR for bi-leaflet aortic prosthesis is					
	(1)	$2 \cdot 0 - 2 \cdot 5$	(2)	2.5 - 3.5			
	(3)	3.0 - 3.5	(4)	None of the above			
10.	IAB	P is indicated in all of the following exc	ept				
	(1)	Post-infarction VSD					
	(2)	PTCA in cardiogenic shock					
	(3)	Post-CABG left ventricular failure					
	(4)	None of the above					
11.	Eme	ergency surgery of aortic regurgitation	is in	dicated in			
	(1)	Acute thrombosis of prosthetic valve	not r	esponding to thrombolys	is		
	(2) Infective endocarditis with uncontrolled failure						
	(3)	Dissecting aneurysm extending into	he v	alve			
	(4)	All of the above					
12.		lowing are required to maintain effect gs during an open heart operation exce		circulation and carry or	it functions of		
	(1)	Blood pump					
	(2)	Oxygenator					
	(3)	Heat exchangers					
	(4)	None of the above					
13.	Am	ount of blood pumped by blood pump p	er m	inute is			
	(1)	5 L	(2)	6 L			
	(3)	7 L	(4)	8 L			
14.	Оху	genator usually used for open heart st	ırger	ies presently is			
	(1)	Film oxygenator					
	(2)	Membrane oxygenator					
	(3)	Disc oxygenator			• .		
	(4)	Bubble oxygenator					
	\-/						

15.	For safe cardio-pulmonary bypass ACT should be kept above						
	(1)	200 secs	(2)	300 secs			
	(3)	400 secs	(4)	500 secs			
16.	Foll	lowing device is used as a bridge to	o cardiac t	ransplantation :			
	(1)	IABP					
	(2)	Total artificial heart					
	(3)	Ventricular assist device					
	(4)	None of the above					
17.	Foll	lowing are true about OPCAB exce	ept .				
	(1)	Performed on beating heart					
	(2)	Small area of the heart over coronary artery is stabilized					
	(3)	Blood loss is minimal					
	(4)	None of the above					
18.	Following can be used as arterial conduit for CABG:						
	(1)	Internal mammary artery					
	(2)	Gastro-epiploic artery					
	(3)	Inferior epigastric artery					
	(4)	All of the above					
19.	Per	centage of saphenous venous graft	patent af	ter 10 years is			
	(1)	20%	(2)	30%			
	(3)	40%	(4)	50%			
20.	Left	t main equivalent lesion means					
	(1)	Significant block in proximal LA	D and pro	ximal RCA			
	(2)	Significant block in proximal LA	D and pro	ximal LCx			
	(3)	Significant block in proximal LA	D and pro	ximal Ramus			
	(4)	None of the above					
21.	CAF	BG is the best choice for proximal l	LAD lesior	n when			
	(1)	Ejection fraction < 50%					
	(2)	Non-invasive tests show extensive	ve reversib	le ischemia			
	(3)	Both of the above					
	(4)	None of the above					

22.		otal arterial revascularization end of to of LIMA:	he fo	llowing arteries are	anastomosed with
	(1)	RIMA	(2)	RA	
	(3)	Both of the above	(4)	None of the above	
23.	Of a	ll congenital defects ASD as an isolate	d and	omaly occurs in	
	(1)	2 – 3%	(2)	5 – 10%	
	(3)	15 - 20%	(4)	None of the above	
24.	Hea	rt murmur in ASD originates from			
	(1)	Septal defect	(2)	Aortic valve	
	(3)	Pulmonary valve	(4)	None of the above	
25.	Hea	rt failure in ASD occurs in			
	(1)	2 nd – 3 rd decade	(2)	3 rd – 4 th decade	
	(3)	5 th – 6 th decade	(4)	None of the above	
26.	In V	SD the increased volume of blood final	lly re	aches	
	(1)	LA/LV			
	(2)	RA/RV			
	(3)	Pulmonary capillaries			
	(4)	None of the above			
27.	Pan	systolic murmur in VSD ends			
	(1)	Before S2	(2)	With S2	
	(3)	Beyond S2	(4)	None of the above	
28.	In V	SD with very high PVR, second heart	soun	d will be	
	(1)	Widely split			
	(2)	Closely split			
	(3)	Single			
	(4)	None of the above			
29.	Ana	atomical closure of PDA occurs between	ı		
	(1)	12 - 24 hrs	(2)	2 - 3 weeks	
	(3)	4 – 5 weeks	(4)	6 – 7 weeks	
		•			

30.	Rad	lio-femoral delay is seen in			
	(1)	ASD		(2)	VSD
	(3)	PDA		(4)	Coarctation of Aorta
31.	In T	OF, pulmonary stenosis can be at			
	(1)	Valvular level			
	(2)	Sub-valvular level			
	(3)	Both of the above			
	(4)	None of the above			
32.	In T	OF, the severity of pulmonary ster	nosis	is	
	(1)	Directly proportional to cyanosis			
	(2)	Inversely proportional to ejection	syste	olic 1	murmur
	(3)	None of the above			
	(4)	Both of the above			
33.	Cya	nosis is usually present from neon	atal p	erio	d in all of the following except
	(1)	TOF		(2)	TGA with VSD, PS
	(3)	DORV with PS		(4)	cTGA with VSD, PS
34.	The	most common form of congenital h	eart	dise	ase in adults is
	(1)	ASD		(2)	VSD
	(3)	Bicuspid aortic valve		(4)	PDA
35.	Cya	notic spells can be seen in			
	(1)	Single ventricle with PS			
	(2)	DORV, VSD, PS			
	(3)	TOF			
	(4)	All of the above			
36.	ASE	Os unlikely to close spontaneously a	are gr	eate	er than
	(1)	7 mm		(2)	8 mm
	(3)	9 mm		(4)	10 mm
37.	Cya	notic spell is treated by			
	(1)	Knee-chest position			
	(2)	Subcutaneous morphine			
	(3)	Beta-blockade			
	(4)	All of the above			

38.	Follo	wing post-operative patie	ents will	not r	equir	e infective endocard	litis <i>except</i>
	(1)	Post-ASD repair					
	(2)	Post-VSD repair					
	(3)	Post-TOF repair					
	(4)	None of the above					
39.	Balle	oon valvotomy is the treat	tment of	choic	e for		
	(1)	Congenital valvular PS					
	(2)	Congenital valvular AS					
	(3)	Both of the above		,			
	(4)	None of the above					
40.	Mog	t VSDs close or become sr	naller in	size	bv		
40.	(1)	1 years	nanoi ii	0120	(2)	2 years	
	(3)	3 years	• .		(4)	4 years	
	(-)						
41.	Fast	sodium channel is blocke	ed by dr	ugs be	elong	ing to	
	(1)	Class I	3		(2)	Class II	
	(3)	Class III			(4)	Class IV	
42.	Tors	sades de pointes can be pr	ecipitat	ed by			
	(1)	Class I A drugs			(2)		
	(3)	Digoxin			(4)	All of the above	
43.	Enis	sodes of atrial fibrillation	are acu	telv te	ermir	ated by	
10.	(1)	Ibutalide			(2)	Digoxin	
	(3)	Verapamil			(4)	None of the above	
44.	Dru	g used to reduce shocks i	n patien	ts wit	h AI	CD is	
	(1)	Sotalol				Amiodarone	
	(3)	Carvedilol			(4)	None of the above	
4-	T3 - 11	i. u danisa dasa wat in	tomo et T	rith n	n aam	aker function :	
45.		lowing device <i>does not</i> in Mobile phone not held i				and iditioned .	
	(1) (2)	Microwave oven	11 (1026)	OI OWIII	LIVJ		
	(3)	Arc welding equipment					
		None of the above					

	(a)	Rupture sinus of Valsalva into	right atriur	n			
	(b)	Partial anomalous pulmonary	venous conn	nection			
	(c)	Unroofed coronary sinus					
	(d)	Pulmonary AV fistula					
	(1)	a + b	(2)	c + d			
	(3)	a + d	(4)	a + b + c			
47.	Wh	ich of the following statements a	bout atrial s	septal defect are correct?			
	(a)	Occurs as an isolated anomaly in $5-10\%$ of all congenital heart disease					
	(b)	Compliance of the ventricles de	etermines th	e magnitude of shunt			
	(c)	Pressure gradient between right	ht and left a	trium accounts for the shunt			
	(d)	Pulmonary hypertension develops in the first decade of life					
	(1)	a + b	(2)	c + d			
	(3)	a + d	(4)	a + b + c			
48.	Whi	Thich of the following statements regarding ventricular septal defect are correct?					
	(a)	Muscular defects are classified	as central, r	narginal and apical defects			
	(b)	Level of pulmonary vascular re	sistance infl	luences the magnitude of shunt			
	(c)	Left to right shunt across the d	efect stops b	pefore aortic valve closure			
	(d)	A2 is delayed because of volum					
	(1)	a + b	(2)	c + d			
	(3)	a + d	(4)	a + b + c			
49.	Whi	ch of the following statements re	garding duc	etus arteriosus are <i>correct</i> ?			
	(a)	With patent ductus arteriosus, pulmonary vascular resistance determines the left to right shunt					
•	(b)	Left to right shunt occurs throughout cardiac cycle					
	(c)	Large shunts can cause paradoxical split of S2					
	(d)	Anatomic closure of ductus occu	ırs within 24	4 hours after birth			
	(1)	a + b		c + d			
	(3)	a + d		a + b + c			
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46. Which of the following conditions are acyanotic?

50.	Whi	ich of the following statements are <i>correc</i>	t re	garding congenital aortic stenosis?			
	(a)	Valve is usually bicuspid	•				
	(b)	Has male preponderance					
	(c)	Severe aortic stenosis can present with	neo	natal left ventricular failure			
	(d)	Systolic murmur is loudest over left ste					
	(1)	a + b	(2)	c + d			
	(3)	a + d	(4)	a + b + c			
51.		ich of the following statements are of tricular outflow tract obstruction?	corre	ect with respect to congenital right			
	(a)	Pulmonary stenosis can be valvular, in	func	libular or supravalvular			
	(b)	Dysplastic pulmonary valve occurs in N	Noor	nan syndrome			
	(c)	Cyanosis is not a feature of critical pul	mon	ary stenosis in neonates			
	(d)	Valvular pulmonary stenosis is a featu	re o	f William syndrome			
	(1)	a + b	(2)	c + d			
	(3)	a + d	(4)	a + b + c			
52.	Whi	Which of the following statements are correct regarding coarctation of aorta?					
	(a)	Female preponderance					
	(b)	Coarct segment is proximal to attachm	ent	of ligamentum arteriosum			
	(c)	May present as left ventricular failure in infancy					
	(d)	Systolic murmur may be heard in left i	inte	r-scapular region			
	(1)	a + b	(2)	c + d			
	(3)	a + d	(4)	a + b + c			
5 3.	Wh:	hich of the following congenital heart of w ?	lisea	ases have decreased pulmonary blood			
	(a)	Tetralogy of Fallot					
	(b)	Double outlet right ventricle with puln	nona	ary stenosis			
	(c)	Pulmonary atresia with ventricular se	ptal	defect			
	(d)	Corrected transposition of great arteri	es w	rith ventricular septal defect			
	(1)	a + b	(2)	c + d			
	(3)	a + d	(4)	a + b + c			
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	(a)	Cyanosis may be present from ne	onatal pe	eriod		
	(b)	Heart murmur is audible at birth				
	(c)	Second sound is widely split				
	(d)	Loud S4 occurs because of pulmor	nary sten	osis		
	(1)	a + b	(2)	c + d		
	(3)	a + d	(4)	a + b + c		
55.	Follo	owing are <i>true</i> regarding pulmonar	y atresia	with intact	ventricular se	ptum :
	(a)	There is obligatory right-to-left sh	nunt at a	trial level		
	(b)	Patent ductus arteriosus is a maj	or source	of blood flow	to lungs	
	(c)	Right ventricle is normal in size				
	(d)	Dominant right ventricular hyper	trophy in	n ECG		
	(1)	a + b	(2)	c + d		
	(3)	a + d	(4)	a + b + c		
56.		ch of the following are common thood?	congeni	tal heart di	seases which	a survive to
	(a)	Obstructed total anomalous pulm	onary ve	nous connect	ion	
	(b)	Transposition of great arteries wi	th intact	ventricular s	septum	
	(c)	Coronary AV fistula				
	(d)	Corrected transposition of great a	rteries	•		
	(1)	a + b	(2)	c + d		
	(3)	a + d	(4)	a + b + c		
57.	Which of the following statements are <i>correct</i> regarding corrected transposition of great arteries?					
	(a)	Ventriculoarterial discordance is	present			
	(b)	Atrioventricular discordance is pr	esent			
	(c)	Visceroatrial discordance is prese	nt			
	(d)	Atrial inversion discordance is pre	esent			
	(1)	a + b	(2)	c + d		
	(3)	a + d	(4)	a + b + c		
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54. Which of the following statements are *correct* regarding tetralogy of Fallot?

58.	Whice arter	th of the following statements are correct regarding transposition of greaties?					
	(a)	There is malposition of great vessels					
	(b)	Aortic valve is anterior, superior and to the right of pulmonary valve					
	(c)	Inter circulatory connection is necessary for survival					
	(d)	Cyanosis improves with closure of ductus arteriosus within first week of life					
	(1)	a+b (2) $c+d$					
	(3)	a+d (4) a+b+c					
59.		ch of the following statements regarding a child with transposition of great ries and large ventricular septal defect are correct?					
	(a)	Cyanosis may be mild and noted only during crying and straining					
	(b)	With fall in pulmonary vascular resistance, symptoms worsen					
	(c)	Cardiac size is normal at six weeks of life					
	(d)	Restrictive inter-atrial communication causes congestive cardiac failure					
	(1)	a+b (2) $c+d$					
	(3)	a+d (4) a+b+c					
60.	Whi	ch of the following statements regarding prostaglandin E1 are correct?					
	(a)	Causes constriction of ductus					
	(b)	Maintenance dose is 0.05 to 0.1 microgram/kg/min					
	(c)	Not effective in children above the age of 30 days					
	(d)	Can cause apnea, tachycardia and hypotension					
	(1)	$\mathbf{a} + \mathbf{b} \tag{2} \mathbf{c} + \mathbf{d}$					
	(3)	a+d (4) a+b+c					
61.	Whi	ch of the following statements regarding antiarrhythmic drugs are correct?					
	(a)	Class-I A drugs block fast sodium channel and reduce $\boldsymbol{V}_{\text{max}}$ and prolong action potential duration					
	(b)	Class-III drugs predominantly block potassium channel and prolong repolarisation					
	(c)	Class-IV drugs block adrenergic receptors					
	(d)	Drugs exerting greater efficacy at rapid heart rate is called reverse use dependence					
	(1)	a+b (2) $c+d$					
	(3)	a+d (4) a+b+c					
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62.	Wh	ich of the following statements regardi	ng ar	ntiarrhythmic drugs are <i>wrong</i> ?				
	(a)	Slow acetylators of procainamide are more prone to develop drug-induced lupus						
	(b)	Rifampicin, phenytoin and barbitura	te inl	hibit hepatic P450 enzyme systems				
	(c)	Cisapride by itself does not cause QT	prolo	ongation				
	(d)	Erythromycin stimulates cytochrome	P450	0 system				
	(1)	a + b	(2)	c + d				
	(3)	a + d	(4)	a + b + c				
63.	Whi	ich of the following statements regardir	ng Ar	miodarone are correct?				
	(a)	Prolongs action potential duration						
	(b)	Broad spectrum antiarrhythmic drug						
	(c)	Has effect on accessory pathway						
	(d)	Not to be used along with implantable	e car	dioverter defibrillator				
	(1)	a + b	(2)	c + d				
	(3)	a + d	(4)	a + b + c				
64.	Whi	Which of the following statements regarding Magnesium are correct?						
	(a)	Effective therapy for torsade de pointes						
	(b)	Useful against digotoxicity						
	(c)	Preventing arrhythmias after cardiac surgery						
	(d)	Influences sodium calcium pump and	there	eby contractility				
	(1)	a + b	(2)	c + d				
	(3)	a + d	(4)	a + b + c				
65.	Whi	ch of the following statements regarding	ıg Di	goxin is <i>incorrect</i> ?				
	(1)	Hyperkalemia aggravates toxicity						
	(2)	Elimination half life is $1-7$ days						
	(3)	Exerts action on AV node through vag	gus					
	(4)	Decreases intracellular calcium in my	ocyte	es				

66.	_	patient is implanted with DDDRO pacemaker. Which of the following statements correct?
•	(a)	Spontaneous electrical activity of atrium and ventricles are sensed
	(b)	Is a rate responsive pacemaker
	(c)	Has a dual response to sensing
	(d)	Has multi-site pacing capability
	(1)	a+b (2) c+d
	(3)	a+d (4) a+b+c
67.	Wh	ich of the following statements regarding external pacing are correct?
	(a)	Electrical current paces from upper part of sternum to left axilla
	(b)	All muscles including heart muscle are stimulated to contract
	(c)	Can be used to pace the heart for extended periods of time
	(d)	Conscious patients will tolerate the procedure
	(1)	a+b (2) c+d
	(3)	a+d (4) $a+b+c$
68.	Whi	ich of the following statements on history of cardiac surgery are correct?
	(a)	Aortic stenosis was the earliest intra-cardiac lesion to be treated surgically
	(b)	Cutler and Levine performed the first pericardiectomy for constrictive pericarditis
	(c)	Closed mitral valvotomy was developed by Harken and Bailey in United States of America
	(d)	Crafoord and Nylin repaired coarctation of aorta
	(1)	a+b (2) $c+d$
	(3)	a+d (4) a+b+c
69.	Whi	ch of the following surgeries are done by left thoracotomy?
	(a)	Ligation of patent ductus arteriosus
	(b)	Blalock-Taussig shunt
	(c)	Closed mitral valvotomy
	(d)	Waterston shunt
	(1)	a+b (2) $c+d$
	(3)	a+d (4) a+b+c
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70.	Whic	Which of the following are ideal characteristics for blood pump?				
	(a)	13 11 1 11 11 11 11 11 11 11 11 11 11 11				
	(b)	Should be able to pump 2 – 5 times of blood/minute				
	(c)	Should have no disposab	le parts in the system			
	(d)					
	(1)	a + b	(2) c + d			
	(3)	a + d	(4) $a + b + c$			
71.	Which of the following statements regarding oxygenators are correct?					
	(a)	Should maximise transf	er of oxygen, carbon dioxide and anaesthetic gases			
	(b)	True membrane oxygenators need large priming volume				
	(c)	Microporous membrane oxygenators can function for prolonged duration				
	(d)	In bubble oxygenator, oxygen is passed from the top of mixing chamber				
	(1)	a + b	(2) c + d			
	(3)	a + d	(4) a+b+c			
72.	Whi	Which of the following statements are correct regarding open heart surgery?				
•—-	(a)		ardiopulmonary bypass			
	(b)	Hypothermia to a temperature of 18°C, can prolong circulatory arrest time to 45 minutes				
	(c)	_	st, cerebroplegia is not necessary			
	(d)	Deep hypothermia and circulatory arrest is not needed for pulmonary thrombo				
4	(1)	a + b	$(2) \mathbf{c} + \mathbf{d}$			
	(3)	a + d	(4) a+b+c			
73.	In which of the following situations is IABP indicated?					
	(a)	Cardiogenic shock after myocardial infarction				
	(b)	Aortic regurgitation wi	h LV dysfunction			
	(c)	Aortic aneursym				
	(d)) Stabilising post infarction ventricular septal defect				
	(1)	a + b	(2) c + d			
	(3)	a + d	$(4) \mathbf{a} + \mathbf{b} + \mathbf{c}$			
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74.	Wh	Which of the following statements are correct regarding RIMA?						
	(a)							
	(b)							
	(c)	End to side anastomosis to posterior descending artery						
	(d)	Left anterior descending artery and its branches connected by end to signature anastomosis	de					
	(1)	a+b (2) c+d						
	(3)	a+d (4) a+b+c						
75.	Wh	Which of the following statements regarding radial artery are correct?						
	(a)							
	(b)	Application of papaverine during dissection prevents spasm						
	(c)	Diltiazem should be continued for six months post-operatively						
•	(d)	Radial artery is taken from dominant hand						
	(1)	a+b (2) c+d						
	(3)	a+d (4) a+b+c						
76.	Whi graf	Which of the following statements are <i>correct</i> regarding long-term patency of bypass grafts?						
	(a)	Strict control of risk factors helps to improve long-term patency						
	(b)	Only 50% of saphenous vein grafts are patent at the end of 10 years						
	(c)	Patency of free radial artery is similar to saphenous vein grafts						
	(d)	Patency of left internal mammary artery grafts at 20 years is reduced by ha compared to patency of 10 years	lf					
	(1)	a+b (2) $c+d$						
	(3)	a+d (4) a+b+c						
77.	Whi	ch of the following is an indication for coronary artery bypass surgery?						
	(a)	More than 50% stenosis of left main artery						
	(b)	Left main equivalent disease						
	(c)	Triple vessel disease with impaired left ventricular function						
	(d)	Two or three vessel disease with Syntax score of less than 23						
	(1)							
	(3)							
MOO		a+d (4) a+b+c						
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78. Which of the following statements regarding post-operative arrhythmias are correct? Ventricular tachycardia is the most common post-operative arrhythmia In hemodynamically unstable patients with atrial fibrillation intravenous (b) betablockers are ideal Arrhythmias are secondary to myocardial ischaemia and electrolyte imbalance (c) Epicardial pacing wires help to manage bradyarrhythmias (d) (2) c + d**(1)** a + b(4) a + b + c (3)a + d 79. Which of the following statements regarding comparison of coronary artery bypass surgery with multivessel angioplasty are correct? Coronary artery bypass surgery does not offer survival benefit in diabetes Relief of angina in more patients after angioplasty than coronary artery bypass (b) surgery Coronary artery bypass surgery is associated with better survival in certain (c) groups of patients (d) Less need for repeat revascularisation after coronary artery bypass surgery (2) c + d(1) a + b (4) a + b + c (3) a + d 80. Which of the following statements regarding reoperation for a post coronary artery bypass surgery patient are correct? Pericardial adhesions can lead to excessive bleeding There should be one good target vessel of more than $1.5~\mathrm{mm}$ with more than 75%(b) proximal narrowing (c) Athero embolism from partially patent vein grafts can occur Carries same risk as first surgery (d)

(2) c + d

(4) a + b + c

(1) a + b

(3) a + d

81.	Wh	Which of the following are tilting disc type of prosthetic valves?				
•	(a)	a) Chitra Valve				
	(b)	o) Medtronic Hall Valve				
	(c)	e) Omni Science Valve				
	(d)	l) Starr Edward Valve				
	(1)	(2) c+d				
	(3)	3) $a + d$ (4) $a + b + c$				
82.	Peri	A patient with a calcific mitral stenosis and atrial fibrillation is operated and Perimount valve is replaced in mitral position. Which of the following statements are correct?				
	(a)	The thromboembolic risk is only till sewing ring gets endothel patient	alized in this			
	(b)	Requires anticoagulation with Warfarin for three months and subsequently Aspirin 75 mgs daily				
	(c)	Requires lifelong anticoagulation with Warfarin				
	(d)	INR can be maintained between 2 and 2.5				
	(1).	$) a+b \qquad (2) c+d$				
	(3)) $a + d$ (4) $a + b + c$				
83.	Whi	hich of the following regarding antithrombotic therapy are correct?				
	(a)	All valves require INR of 2.5 to 3.5 for the first three months after surgery				
	(b)	Bioprosthetic valves after three months require only Aspirin provided there are no further risk factors				
	(c)	Star Edward valve in mitral position requires the INR of 2 to 3				
	(d)	Medtronic valve at a ortic position should be maintained with 2.5 to 3.5	an INR of			
	(1)	a+b (2) $c+d$	e e e			
	(3)	a+d (4) a+b+c				

84.	A patient with Chitra valve in aortic position should be given antibiotic prophylaxis against infective endocarditis during which of the following procedures?				
	(a)	Upper GI endoscopy			
	(b)	Flexible bronchoscopy			
	(c)	Tonsillectomy			
	(d)	Gingivectomy			
	(1)	a + b (2) c + d			
	(3)	a+d (4) a+b+c			
85.	Following are the indications for Mitral Valve Replacement in mitral regurgitation:				
	(a)	Symptomatic chronic severe mitral regurgitation with LV ejection fraction of 60%			
	(b)	Asymptomatic chronic severe mitral regurgitation with LV end systolic dimension of 55 mm			
	(c)	Moderate mitral regurgitation of acute onset following acute myocardial infarction			
	(d)	Asymptomatic chronic severe mitral regurgitation with LV ejection fraction of 65%			
	(1)	a + b (2) $c + d$			
	(3)	a+d (4) a+b+c			
86.	Which of the following are <i>correct</i> indications for a rtic valve replacement in chronic aortic regurgitation?				
	(a)	Symptomatic patient with severe a ortic regurgitation and LV ejection fraction of 50%			
	(b)	of 30%			
	(c)	Asymptomatic patient with severe aortic regurgitation and LV end diastolic dimension of 80 mm			
٠	(d)	Asymptomatic patient with severe a ortic regurgitation and LV ejection fraction of 60%			
	(1)	a + b (2) $c + d$			
	(3)	a+d (4) a+b+c			

 (a) One MET is equivalent to 3·5 ml of oxygen/min/kg of body weight (b) Ordinary activities like walking and sitting require 7 - 9 METS (c) A cardiac patient at the time of discharge from hospital should be able exercise to 5 METS without symptoms (d) Phase I of rehabilitation starts within 48 hours of hospitalisation (1) a + b (2) c + d (3) a + d (4) a + b + c 88. What is the type of exercise prescription will you give to a 55 year old male who is roverweight? (a) Low intensity aerobic exercise (b) The maximal heart rate is 155/minute (c) Should achieve a heart rate of 65 - 75% of maximum heart rate for his age (d) Can be recommended walking or cycling 30 - 45 minutes 3 - 4 times a week (1) a + b (2) c + d (3) a + d (4) a + b + c 89. Which of the following statements regarding rehabilitation of a 65 year old patie recovering from acute myocardial infarction who has LV dysfunction and poprandial angina are correct? (a) He is a high risk patient (b) His exercise program should not be without close surveillance (c) Should be permitted to cycle 30 - 45 minutes 3 - 4 days a week (d) Can be encouraged to perform resistance exercises (1) a + b (2) c + d (3) a + d (4) a + b + c 90. Which of the following statements are correct? (a) Type-A behaviour pattern is an independent risk factor for coronary arter disease (b) In 30 - 50% of patients depression precedes myocardial infarction (c) Anxiety and depression can be improved by exercise training alone (d) People with Type-B behaviour pattern have easily evoked hostility (1) a + b (2) c + d (3) a + d (4) a + b + c 	87.	Wh	Which of the following statements are correct?				
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400 005		(1)					
MCC-005		(3)	a + d	(4) $a + b + c$			
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SPACE FOR ROUGH WORK