

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. Christiaan Barnard in 1967 performed the first successful
  - (1) Heart transplant
  - (2) CABG
  - (3) Valve replacement
  - (4) None of the above
  
2. Surgery in infective endocarditis is indicated in
  - (1) Refractory heart failure
  - (2) Acute aortic regurgitation
  - (3) Aortic root abscess
  - (4) All of the above
  
3. Peak pressure gradient in severe pulmonary stenosis is above
  - (1) 50 mmHg
  - (2) 60 mmHg
  - (3) 70 mmHg
  - (4) 80 mmHg
  
4. Significant functional TR is seen in
  - (1) Severe mitral stenosis
  - (2) Severe pulmonic stenosis
  - (3) Severe pulmonary artery hypertension
  - (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. Valve area in severe AS is less than
  - (1) 1.5 sq.cm
  - (2) 1.2 sq.cm
  - (3) 1.3 sq.cm
  - (4) 1.0 sq.cm
  
7. BMV is indicated in moderate or severe MS when
  - (1) Pulmonary systolic pressure > 60 mmHg on exercise
  - (2) New onset atrial fibrillation in the absence of LA thrombus
  - (3) Both of the above
  - (4) None of the above

8. Bioprosthetic valves can be inserted in
- (1) Adults
  - (2) Children
  - (3) Both of the above
  - (4) None of the above
9. Ideal INR for bi-leaflet aortic prosthesis is
- (1) 2.0 – 2.5
  - (2) 2.5 – 3.5
  - (3) 3.0 – 3.5
  - (4) None of the above
10. IABP is indicated in all of the following *except*
- (1) Post-infarction VSD
  - (2) PTCA in cardiogenic shock
  - (3) Post-CABG left ventricular failure
  - (4) None of the above
11. Emergency surgery of aortic regurgitation is indicated in
- (1) Acute thrombosis of prosthetic valve not responding to thrombolysis
  - (2) Infective endocarditis with uncontrolled failure
  - (3) Dissecting aneurysm extending into the valve
  - (4) All of the above
12. Following are required to maintain effective circulation and carry out functions of lungs during an open heart operation *except*
- (1) Blood pump
  - (2) Oxygenator
  - (3) Heat exchangers
  - (4) None of the above
13. Amount of blood pumped by blood pump per minute is
- (1) 5 L
  - (2) 6 L
  - (3) 7 L
  - (4) 8 L
14. Oxygenator usually used for open heart surgeries 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. Following device is used as a bridge to cardiac transplantation :
- (1) IABP
  - (2) Total artificial heart
  - (3) Ventricular assist device
  - (4) None of the above
17. Following are true about OPCAB *except*
- (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. Percentage of saphenous venous graft patent after 10 years is
- (1) 20%
  - (2) 30%
  - (3) 40%
  - (4) 50%
20. Left main equivalent lesion means
- (1) Significant block in proximal LAD and proximal RCA
  - (2) Significant block in proximal LAD and proximal LCx
  - (3) Significant block in proximal LAD and proximal Ramus
  - (4) None of the above
21. CABG is the best choice for proximal LAD lesion when
- (1) Ejection fraction < 50%
  - (2) Non-invasive tests show extensive reversible ischemia
  - (3) Both of the above
  - (4) None of the above

- 22.** In total arterial revascularization end of the following arteries are anastomosed with side of LIMA :
- (1) RIMA (2) RA  
 (3) Both of the above (4) None of the above
- 23.** Of all congenital defects ASD as an isolated anomaly occurs in
- (1) 2 – 3% (2) 5 – 10%  
 (3) 15 – 20% (4) None of the above
- 24.** Heart murmur in ASD originates from
- (1) Septal defect (2) Aortic valve  
 (3) Pulmonary valve (4) None of the above
- 25.** Heart failure in ASD occurs in
- (1) 2<sup>nd</sup> – 3<sup>rd</sup> decade (2) 3<sup>rd</sup> – 4<sup>th</sup> decade  
 (3) 5<sup>th</sup> – 6<sup>th</sup> decade (4) None of the above
- 26.** In VSD the increased volume of blood finally reaches
- (1) LA/LV  
 (2) RA/RV  
 (3) Pulmonary capillaries  
 (4) None of the above
- 27.** Pansystolic murmur in VSD ends
- (1) Before S2 (2) With S2  
 (3) Beyond S2 (4) None of the above
- 28.** In VSD with very high PVR, second heart sound will be
- (1) Widely split  
 (2) Closely split  
 (3) Single  
 (4) None of the above
- 29.** Anatomical closure of PDA occurs between
- (1) 12 – 24 hrs (2) 2 – 3 weeks  
 (3) 4 – 5 weeks (4) 6 – 7 weeks

- 30.** Radio-femoral delay is seen in
- (1) ASD
  - (2) VSD
  - (3) PDA
  - (4) Coarctation of Aorta
- 31.** In TOF, pulmonary stenosis can be at
- (1) Valvular level
  - (2) Sub-valvular level
  - (3) Both of the above
  - (4) None of the above
- 32.** In TOF, the severity of pulmonary stenosis is
- (1) Directly proportional to cyanosis
  - (2) Inversely proportional to ejection systolic murmur
  - (3) None of the above
  - (4) Both of the above
- 33.** Cyanosis is usually present from neonatal period 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 heart disease in adults is
- (1) ASD
  - (2) VSD
  - (3) Bicuspid aortic valve
  - (4) PDA
- 35.** Cyanotic spells can be seen in
- (1) Single ventricle with PS
  - (2) DORV, VSD, PS
  - (3) TOF
  - (4) All of the above
- 36.** ASDs unlikely to close spontaneously are greater than
- (1) 7 mm
  - (2) 8 mm
  - (3) 9 mm
  - (4) 10 mm
- 37.** Cyanotic spell is treated by
- (1) Knee-chest position
  - (2) Subcutaneous morphine
  - (3) Beta-blockade
  - (4) All of the above

38. Following post-operative patients will not require infective endocarditis *except*
- (1) Post-ASD repair
  - (2) Post-VSD repair
  - (3) Post-TOF repair
  - (4) None of the above
39. Balloon valvotomy is the treatment of choice for
- (1) Congenital valvular PS
  - (2) Congenital valvular AS
  - (3) Both of the above
  - (4) None of the above
40. Most VSDs close or become smaller in size by
- (1) 1 years
  - (2) 2 years
  - (3) 3 years
  - (4) 4 years
41. Fast sodium channel is blocked by drugs belonging to
- (1) Class I
  - (2) Class II
  - (3) Class III
  - (4) Class IV
42. Torsades de pointes can be precipitated by
- (1) Class I A drugs
  - (2) Class III drugs
  - (3) Digoxin
  - (4) All of the above
43. Episodes of atrial fibrillation are acutely terminated by
- (1) Ibutilide
  - (2) Digoxin
  - (3) Verapamil
  - (4) None of the above
44. Drug used to reduce shocks in patients with AICD is
- (1) Sotalol
  - (2) Amiodarone
  - (3) Carvedilol
  - (4) None of the above
45. Following device *does not* interact with pacemaker function :
- (1) Mobile phone not held in close proximity
  - (2) Microwave oven
  - (3) Arc welding equipment
  - (4) None of the above

46. Which of the following conditions are acyanotic ?

- (a) Rupture sinus of Valsalva into right atrium
- (b) Partial anomalous pulmonary venous connection
- (c) Unroofed coronary sinus
- (d) Pulmonary AV fistula

- (1) a + b
- (2) c + d
- (3) a + d
- (4) a + b + c

47. Which of the following statements about atrial septal defect are *correct* ?

- (a) Occurs as an isolated anomaly in 5 – 10% of all congenital heart disease
- (b) Compliance of the ventricles determines the magnitude of shunt
- (c) Pressure gradient between right and left atrium 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. Which of the following statements regarding ventricular septal defect are *correct* ?

- (a) Muscular defects are classified as central, marginal and apical defects
- (b) Level of pulmonary vascular resistance influences the magnitude of shunt
- (c) Left to right shunt across the defect stops before aortic valve closure
- (d) A2 is delayed because of volume load of left ventricle

- (1) a + b
- (2) c + d
- (3) a + d
- (4) a + b + c

49. Which of the following statements regarding ductus arteriosus are *correct* ?

- (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 occurs within 24 hours after birth

- (1) a + b
- (2) c + d
- (3) a + d
- (4) a + b + c















78. Which of the following statements regarding post-operative arrhythmias are *correct* ?

- (a) Ventricular tachycardia is the most common post-operative arrhythmia
- (b) In hemodynamically unstable patients with atrial fibrillation intravenous betablockers are ideal
- (c) Arrhythmias are secondary to myocardial ischaemia and electrolyte imbalance
- (d) Epicardial pacing wires help to manage bradyarrhythmias

(1) a + b

(2) c + d

(3) a + d

(4) a + b + c

79. Which of the following statements regarding comparison of coronary artery bypass surgery with multivessel angioplasty are *correct* ?

- (a) Coronary artery bypass surgery does not offer survival benefit in diabetes
- (b) Relief of angina in more patients after angioplasty than coronary artery bypass surgery
- (c) Coronary artery bypass surgery is associated with better survival in certain groups of patients
- (d) Less need for repeat revascularisation after coronary artery bypass surgery

(1) a + b

(2) c + d

(3) a + d

(4) a + b + c

80. Which of the following statements regarding reoperation for a post coronary artery bypass surgery patient are *correct* ?

- (a) Pericardial adhesions can lead to excessive bleeding
- (b) There should be one good target vessel of more than 1.5 mm with more than 75% proximal narrowing
- (c) Athero embolism from partially patent vein grafts can occur
- (d) Carries same risk as first surgery

(1) a + b

(2) c + d

(3) a + d

(4) a + b + c

81. Which of the following are tilting disc type of prosthetic valves ?

- (a) Chitra Valve
- (b) Medtronic Hall Valve
- (c) Omni Science Valve
- (d) Starr Edward Valve

- (1) a + b
- (2) c + d
- (3) a + d
- (4) a + b + c

82. 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 endothelialized in this patient
- (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
- (2) c + d
- (3) a + d
- (4) a + b + c

83. Which 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 aortic position should be maintained with an INR of 2.5 to 3.5

- (1) a + b
- (2) c + d
- (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 *correct* indications for aortic valve replacement in chronic aortic regurgitation ?

- (a) Symptomatic patient with severe aortic regurgitation and LV ejection fraction of 50%
- (b) Symptomatic patient with severe aortic regurgitation and LV ejection fraction of 30%
- (c) Asymptomatic patient with severe aortic regurgitation and LV end diastolic dimension of 80 mm
- (d) Asymptomatic patient with severe aortic regurgitation and LV ejection fraction of 60%

(1) a + b

(2) c + d

(3) a + d

(4) a + b + c



# SPACE FOR ROUGH WORK