

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

Term-End Examination

00527

December, 2011

MCC-004 : COMMON CARDIOVASCULAR DISEASES - II

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) *There will be 90 questions in this paper and each question carries equal marks.*
- (vi) *There will be no negative marking for wrong answers.*
- (vii) *No candidate shall leave the examination hall at least for one hour after the commencement of the examination.*

1. Following statements in setting of Atrial fibrillation in mitral stenosis are true except :
 - (1) All patients in AF should receive anticoagulation
 - (2) Even when AF is intermittent, oral anticoagulation should be given
 - (3) Presence of AF denotes mitral stenosis is very severe.
 - (4) Attempts to regain sinus rhythm either by pharmacological means or by electrical cardioversion often fails if underlying disease is not tackled.

2. If pansystolic murmur in MR radiates towards base it indicates :
 - (1) Predominant involvement of PML
 - (2) Predominant AML involvement
 - (3) Dilatation of mitral annulus
 - (4) LV systolic dysfunction

3. JVP in Tricuspid stenosis is following one with sinus rhythm :
 - (1) Prominent 'a' wave and slow 'y' descent.
 - (2) Prominent 'x' and 'y' descents
 - (3) 'a' and 'v' waves are equal
 - (4) absent 'a' wave and prominent 'v' wave.

4. Variable intensity first heart sound is present in :
 - (1) Large pericardial effusion
 - (2) Acute Anterior wall MI
 - (3) Complete AV block
 - (4) Constrictive pericarditis.

5. Doppler velocity across T.V. is (normally) :
 - (1) < 1 m/sec and mean gradient <2 mmhg
 - (2) > 1.5 m/sec and mean gradient >5mmhg
 - (3) 1.5 - 1.7 m/sec and mean gradient > 7 mmhg
 - (4) 1.7 - 2 m/sec and mean gradient > 7.5 mmhg

6. Most common cause of sudden cardiac death in young people is :
 - (1) Coronary Artery disease
 - (2) Aortic Stenosis
 - (3) HOCM
 - (4) Dilated Cardiomyopathy

7. Early clinical findings of severe Aortic stenosis is :
 - (1) Atrial fibrillation
 - (2) Angina
 - (3) Heart failure
 - (4) GI bleed

8. Open Mitral valvotomy is better than balloon mitral valvotomy because :
- (1) It has better immediate and long term results
 - (2) It has less morbidity
 - (3) It requires shorter hospitalisation
 - (4) It is useful in patients with clots in left Atrium
9. Acute MR is often due to :
- (1) Acute myocardial infarction
 - (2) Prosthetic valve thrombosis
 - (3) Rheumatic heart disease
 - (4) Dilated cardiomyopathy
10. Congenital bicuspid aortic valve has all EXCEPT :
- (1) Occurs in about 2% individuals
 - (2) May be associated with coarctation of aorta
 - (3) Is the commonest congenital cardiac abnormality
 - (4) Is often associated with ventricular septal defect
11. Pregnancy is tolerated by patient with mitral stenosis except :
- (1) Mitral stenosis is mild to moderate
 - (2) Closed medical supervision is available
 - (3) Balloon mitral valvotomy could be done at appropriate time
 - (4) Mitral valve area is $< 1 \text{ sq. cm.}$
12. 2 D Echo in Rheumatic mitral stenosis has all except :
- (1) AML shows fish mouth appearance
 - (2) PML shows paradoxical motion
 - (3) Chordae length is reduced
 - (4) Homogenous thickening of valve leaflets.
13. Following are indications for surgery for persistent vegetation after systemic embolization except :
- (1) One or two embolic events during first 2 weeks of antimicrobial therapy
 - (2) Two or more embolic events during or after antimicrobial therapy.
 - (3) Increase in vegetation size after 4 weeks of antimicrobial therapy.
 - (4) Posterior mitral leaflet vegetation sized $> 5 \text{ mm.}$
14. In severe AR, systolic BP difference of lower and upper limbs is :
- (1) $>60 \text{ mmhg}$
 - (2) $10 - 20 \text{ mmhg}$
 - (3) $20 - 40 \text{ mmhg}$
 - (4) $40 - 60 \text{ mmhg}$

15. Marfan's syndrome leads to AR as a result of :
- (1) LV dysfunctions
 - (2) Aortic valve cusp fibrosis
 - (3) Aortic root dilatation
 - (4) Calcific Aortic valve disease
16. In massive pericardial effusion findings are :
- (1) Cardiomegaly on palpation and left parasternal pulsation.
 - (2) Feature of pulmonary hypertension on palpation
 - (3) Pan systolic murmur with bilateral basal crepitations
 - (4) Silent precordium and feeble heart sounds.
17. In cardiac tamponade JVP is raised so patient should be treated with :
- (1) Diuretics
 - (2) I.V. fluids is contraindication
 - (3) I.V. fluid is useful
 - (4) Inotropes and vasodilators
18. In Anthracycline Cardiomyopathy, cumulative dose exceeds :
- (1) 410 mg/m²
 - (2) 320 mg/m²
 - (3) 450 mg/m²
 - (4) 200 mg/m²
19. Following are conditions mimicking pericardial effusion except.
- (1) Pericardial fat
 - (2) Pericardial cyst
 - (3) Left sided pleural effusion
 - (4) Cardiac amyloidosis
20. Following is true about Dressler's syndrome except :
- (1) Autoimmune disorder
 - (2) Leucocytosis
 - (3) Elevated ESR
 - (4) Occurs from 1st day to 2 weeks of acute myocardial infarction.
21. Polyarthritides with skin rashes are commonly seen in patients with :
- (1) Tuberculosis
 - (2) Infective endocarditis
 - (3) Rheumatic fever
 - (4) Gonococcal Arthritis
22. Infective endocarditis is uncommon in patients with :
- (1) Pulmonary stenosis
 - (2) VSD
 - (3) Atrial Septal defect
 - (4) Bicuspid Aortic valve
23. Perivalvular extension of infection in patients with infective endocarditis is indicated by :
- (1) Heart block.
 - (2) New Murmurs
 - (3) Persistent fever
 - (4) Increasing

24. Persistent fever in patients with infection endocarditis on treatment with sensitive antibiotics may indicate all except :
- (1) Microbial resistance to treatment
 - (2) Hypersensitivity to antibiotics
 - (3) Myocarditis
 - (4) Metastatic abscess.
25. Janeway Lesion in infective endocarditis seen in :
- (1) 70 - 80%
 - (2) 40 - 50 %
 - (3) 10 - 30%
 - (4) 6 - 10%
26. Mortality in infective endocarditis is highest with :
- (1) Viridans streptococci
 - (2) Staph
 - (3) Enterococcus
 - (4) Fungal
27. LV apical impulse in HOCM is :
- (1) Not palpable
 - (2) Hyperkinetic
 - (3) Shifted down and out
 - (4) Double apical impulse
28. Arrhythmogenic RV dysplasia commonly leads to :
- (1) CCF
 - (2) PSVT
 - (3) Recurrent VT
 - (4) Severe PAH
29. Acute heart failure on Native valve IE occurs frequently in :
- (1) Mitral valve
 - (2) Aortic valve
 - (3) Tricuspid valve
 - (4) Pulmonary valve
30. Aortic Regurgitation on echo is severe when :
- (1) Regurgitation jet width/LVOT diameter $> 30 - 60\%$
 - (2) PHT ≥ 400 msec
 - (3) Regurgitation fraction $\geq 50\%$
 - (4) Effective regurgitant orifice $\leq 0.1 \text{ cm}^2$
31. Readily palpable tapping S_1 in MS suggests :
- (1) Anterior mitral leaflet calcified
 - (2) AML - pliable
 - (3) AML - fixed
 - (4) Both AML and PML fixed
32. Medical management of aortic regurgitation consists of :
- (1) NITRATES
 - (2) Hydralazine
 - (3) Nifedipine
 - (4) Papaverine

33. Mitral valve prolapse :
- (1) Is systolic displacement of both mitral leaflet.
 - (2) Late or holosystolic prolapse of mitral valve leaflets 2mm or more above mitral annulus.
 - (3) Central jet of mitral regurgitation
 - (4) Parasternal long axis view is most diagnostic
34. Perimembranous ventricular septal defect is visualised in :
- (1) Parasternal long axis view
 - (2) Suprasternal long axis plane view
 - (3) Apical two chamber view
 - (4) Subcostal short axis view
35. Patient of RHD - MS in year 2008. She was class II (NYHA) symptomatic. You had then advised her balloon mitral valvotomy for which she was not ready. She has now reported for review. Now on examination she has edema feet. Renal function (N), serum proteins : (N), you will now examine her to exclude.
- (1) Left heart failure
 - (2) Right heart failure
 - (3) Organic Tricuspid valve disease
 - (4) Right heart failure and organic Tricuspid valve disease.
36. Following are proposed modification to Duke Criteria for Diagnosis of IE except :
- (1) Atleast 1 major criterior / 1 minor criteria or 3 minor criteria
 - (2) Positive Q fever serology should be charged to minor criterior
 - (3) Bacterimia due to S. Viridans should be considered major criteria
 - (4) TEE should be used frequently instead of 2D Echo.
37. TEE is a method of choïce in diagnosis of IE in patients who :
- (1) Difficult to image
 - (2) High risk for I.E related complication
 - (3) Possible prosthetic valve IE
 - (4) Hypergammaglobulinemia
38. Mac Calluni's patch in RF is found at :
- (1) Base of AML
 - (2) Anterior to base of PML
 - (3) On chordaetendinac
 - (4) Aortic root
39. Following is true about Juvenile Rheumatic arthritis except :
- (1) Large joint involvement
 - (2) Lasts for 6 - 12 weeks
 - (3) Rheumatoid factor may be positive
 - (4) Rarely valve is involved.

40. Juvenile SLE is characterised by following except :
- (1) Multiple organ involvement
 - (2) Typical skin rash
 - (3) Presence of antinuclear antibodies
 - (4) Cardiomegaly
41. ARF (Acute Rheumatic Fever) patient who also have conditis during first attack are evidenced by all except :
- (1) Apical systolic murmur
 - (2) Basal diastolic murmurs
 - (3) CCF
 - (4) COPD
42. Following organism are most common organism for PVE fungal organism except :
- (1) C.Albicans
 - (2) Non albicans candida species
 - (3) Aspergillosis
 - (4) C.parapsilosis
43. Following drugs do not have mortality benefit in Dilated cardiomyopathy :
- (1) Digoxin
 - (2) Carvedilol
 - (3) ACE Inhibitors
 - (4) Spironolactone
44. Peripartum cardiomyopathy, following statement is wrong :
- (1) CCF occurs between last trimester and 6 months after delivery.
 - (2) 50% may recover completely
 - (3) Treatment is same as that of dilated CMP
 - (4) Subsequent pregnancy is not contraindicated with recovery
45. Clinical hallmark for HOCM is :
- (1) Systolic murmur
 - (2) Cardiomegaly
 - (3) Third heart sound
 - (4) Fourth heart sound.
46. A 34 year old female diagnosed as having ChRHD, Severe Mitral Stenosis with class III symptoms. Which among the following decides that she may go for balloon valvotomy ?
- (1) Wilkins score
 - (2) S1 loudness
 - (3) S2 - OS interval
 - (4) Presence of severe PAH

47. A 24 year old female who is known to have ChRHD moderate MS with mild PAH is being brought to ICU with sudden Lt. Hemiplegia. Her MVA size 1.2 Sq. cm ECG shows AF with VR @ 120 & no visible LA clot by 2D Echo. Immediate treatment would be :
- (1) Cardio version to sinus rhythm
 - (2) Conduct CT brain and start anti thrombotics
 - (3) Asprin with clopidogrel loading doses
 - (4) Urgent mitral Balloon Valvotomy
48. A 22 year old female primi gravida with 30 weeks of amenorrhea admitted with pulmonary edema. Her MVA 0.7 sq cm. PASP 75 mmHg ECG shows sinus tachycardia at 110 bpm, despite optimal medical management for next 48 hrs she continued to be having class III SOB, best management in that situation would be :
- (1) Electively Ventilate for 3 days
 - (2) Plan for PBMV with due precaution for radiation
 - (3) Start Digoxin/OAC
 - (4) None of the above
49. During cardiac catheterization of MS patient which of the following is measured except ?
- (1) PCWP & PASP
 - (2) RA Pressure
 - (3) LVEDP
 - (4) RVEDP
50. A 30 year old female patient known to have MS & AF admitted with CVA with Lt. Hemiplegia. All of the following statements are correct except :
- (1) She requires prolonged oral anticoagulants
 - (2) She must be having severe MS as she has AF
 - (3) Digoxin & β Blockers are sheet anchor drugs
 - (4) Neuro rehabilitation for dense hemiplegia
51. Ideal medical therapy for symptomatic HOCM pt with significant resting gradient includes :
- (1) Digoxin +
 - (2) Nifidipine +
 - (3) β - blockers +
 - (4) + Mexilitine
52. Alcohol septal ablation is considered for :
- (1) Elderly with severe calcific AS
 - (2) Symptomatic HOCM patients with resting gradients
 - (3) Recurrent PSVT patient
 - (4) Recurrent VT in post MI patient

53. A young rugby player was brought with an episode of syncope while playing. His ECHO showed IVS thickness 2.2 cms, PWD - 1.4 cm, AJV - 2.0 m/sec, LVOT gradients 90 mm Hg. He most probably has :
- (1) Athlete's heart
 - (2) Moderate aortic valvular stenosis
 - (3) Obstructive HOCM
 - (4) Hypertensive heart disease
54. 60 year old male with Anterior wall MI who came after window period & hence did not receive TLT, c/o recurrent chest pain on Day 3 with radiation to Lt. Shoulder. He was observed to have fresh triphasic murmur on precordium which was evanescent. He has :
- (1) Myocardial freewall rupture
 - (2) Post MI pericarditis
 - (3) Ventricular septal rupture
 - (4) Papillary muscle dysfunction with MR
55. All are the true about ECG changes in acute pericarditis except :
- (1) Pathological Q appears characteristically on D3 - D5
 - (2) ECG changes pass through four stages gradually
 - (3) PR segment deviation is characteristic
 - (4) ST in AVR behave opposite of other leads
56. A 20 year old young male with 3 day H/O 'flu' like symptoms came to ICCU with severe chest pain with radiation to Lt. Shoulder ECG showed diffuse ST elevation in all leads with concavity upwards and his BP is 120/80 mmHg, Normal JVP & 'rub' like murmur :
- (1) Acute MI with probably LMCA obstruction
 - (2) Acute viral Pericarditis
 - (3) Large PE with tamponade
 - (4) PTE with pulmonary infarction in Lt. upper zone
57. Middle aged female who underwent chest radiation for lymphoma developed sudden SOB and brought to ICCU she has HR - 116 bpm, raised JVP, silent chest, normal ECG, cardiomegaly on C - X ray & low systolic BP with phasic variation with respiration. Which one of the following is the best management strategy for her :
- (1) 2D ECHO confirmation followed by pericardiocentesis
 - (2) NT - Pro BNP evaluation followed by decongestive therapy
 - (3) Trop - I estimation followed by thrombolysis
 - (4) IABP followed by primary PCI
58. Middle aged male who completed 9 months of ATT for pulmonary TB developed anasarca and was observed to have SR, raised JVP, raising further with inspiration. He has normal BP & precordial auscultation with clear lung fields. His c - xray showed calcific Lt. heart border. He probably has :
- (1) Myocarditis with CCF
 - (2) Infiltrative RV disease with restrictive cardiomyopathy
 - (3) Tuberculous constrictive pericarditis
 - (4) Large PE with tamponade

59. 45 year old Ch.RHD patient with severe MR has SOB class II symptoms, his 2D Echo shows LVESD 50 mm, LVEF - 50% his ideal treatment would be :
- (1) Give diuretics/ACEI wait for one year
 - (2) IE Prophylaxis & periodic review
 - (3) Stabilization - early MVR
 - (4) Cardiac transplant
60. Following PBMV for severe MS, 25 year old female patient developed acute severe MR with BP 100/60 mmHg, HR 130 bpm, severe SOB, tachypnoea. Her immediate medical management includes :
- (1) IV Digoxin with IV Epinephrine infusion
 - (2) IV β -blockers with Amiodarone infusion
 - (3) IABP + Na Nitroprusside + Dobutamine
 - (4) IV NTG infusion with β - blockers
61. In a young patient with Acute chest pain preceded by fever if ECG is showing concavity upwards ST elevation in all leads & no RWMA in 2D ECHO. The ideal next step would be :
- (1) Look at PR segment deviation in ECG
 - (2) Plain Primary PCI urgently
 - (3) Consider for TLT
 - (4) Anti-inflammatory injections
62. Patient who underwent primary PCI has sudden hypotension and Pulsus Paradoxus on intraarterial pressure monitoring most probably has :
- (1) Acute Stent thrombosis
 - (2) Slow flow/No flow in stented vessel
 - (3) Contrast allergy
 - (4) PE with tamponade
63. A 25 year old tall lean man comes with a history of tearing pain radiating to the back. Which of the methods listed below, is the best to diagnose dissection of ascending aorta is :
- (1) Doppler echocardiography
 - (2) Transesophageal echocardiography
 - (3) M mode echocardiography
 - (4) Transthoracic echocardiography

64. A 4 day old asymptomatic new born has been referred for evaluation of a systolic murmur. On examination the child appears acyanotic and comfortable. S1 is normal. S2 is normally split. A III / IV high pitched mid systolic murmur is audible over the left parasternal region. No additional murmurs are heard. Chest radiograph is normal and electrocardiogram reveals sinus rhythm with right axis deviation (+ 120°), prominent R waves (R>S) with T wave inversion are seen in V4R, V3R, VI-3 leads. Which of the following conditions is most likely ?
- (1) A small muscular ventricular septal defect
 - (2) Innocent murmur
 - (3) Valvular pulmonic stenosis
 - (4) Ventricular septal defect with pulmonic stenosis
65. Adult patient brought with acute dyspnoea, cardiomegaly on C-x ray with raised JVP has :
- (1) Probably has CCF
 - (2) Multivalvular disease with significant regurgitant lesions
 - (3) Needs Echo to exclude PE
 - (4) Any of the above
66. A 14 year old girl is admitted with fever, joint pains involving knees, ankles and wrists and increasing shortness of breath. Physical examination is significant for fever, tachycardia (120/min). A loud pericardial rub and a prominent S3 gallop, and 3 cm liver enlargement. Laboratory tests are significant for an erythrocyte sedimentation rate of 68 mm/1st hour, an Antistreptolysin O titer of 800 units and a positive throat swab culture for a group A streptococcus. Which of the following statements regarding management of her illness is correct ?
- (1) A course of corticosteroids may be administered for symptom relief
 - (2) An echocardiogram is necessary to confirm diagnosis of rheumatic carditis before initiating treatment.
 - (3) Routine and microscopic examination of the urine may be obtained to rule out associated poststreptococcal glomerulonephritis
 - (4) Close monitoring for cardiac tamponade due to increase pericardial effusion

67. A 15 year old girl underwent mitral valve replacement for severe rheumatic mitral valve regurgitation. The most appropriate recommendation for prevention of rheumatic fever recurrence is :
- (1) Intramuscular Benzathine penicillin injections every 3 weeks for the next 20 years
 - (2) Lifelong intramuscular Benzathine penicillin injections every 3 weeks
 - (3) No penicillin prophylaxis since mitral valve has been replaced
 - (4) Lifelong intramuscular Benzathine penicillin injections every 4 weeks
68. A 60 year old male patient suffering from acute inferior myocardial infarction manifests with idioventricular rhythm, one hour after receiving thrombolytic therapy . The ideal management strategy in this situation is :
- (1) Lidocaine (lignocaine)
 - (2) DC cardioversion
 - (3) Procainamide
 - (4) No active intervention
69. All of the following statements about digoxin toxicity are true except :
- (1) Treated with intravenous calcium
 - (2) Defibrillation may precipitate asystole
 - (3) Antidigoxin immunotherapy is one of the treatment modalities in life threatening toxicity.
 - (4) Worsened by hypokalemia
70. All of the following statements about the differential diagnosis of hypertrophic cardiomyopathy from athlete's are true except :
- (1) Left atrial enlargement occurs only in hypertrophic cardiomyopathy
 - (2) Abnormal left ventricular filling pattern does not occur in athlete's heart
 - (3) Wall thickness of more than 12 mm is unlikely in athlete's heart
 - (4) Wall thickness decreases after deconditioning in athlete's heart

71. All of the following statements regarding smoking and risk of ischemic heart disease (IHD) are true except :
- (1) Cessation of smoking after coronary artery bypass surgery decreases both mortality and morbidity
 - (2) Smoking cessation lowers the risk of both fatal and non fatal events regardless of age, gender, or presence of established IHD
 - (3) Smoking cessation is relatively inexpensive intervention for lowering the risk of IHD compared to drug therapy for dyslipidemia
 - (4) Smoking cessation does not affect the risk in those individuals who already have suffered a heart attack
72. Brockenbrough - Braunwald sign seen in hypertrophic cardiomyopathy following an extrasystole is :
- (1) Increase in left ventricular outflow tract gradient
 - (2) Decrease in left ventricular outflow tract gradient
 - (3) Narrowing of pulse pressure
 - (4) Widening of pulse pressure
73. Changes that occur in jugular venous pulsation during normal inspiration is :
- (1) Jugular venous pressure increases & amplitude of the pulsation decreases
 - (2) Jugular venous pressure increases & amplitude of the pulsation increases
 - (3) Jugular venous pressure decreases & amplitude of the pulsation increases
 - (4) Jugular venous pressure decreases & amplitude of the pulsation decreases
74. Given below are four sets of response of dobutamine stress echocardiography (DSE) that can occur in post myocardial infarction situation. In which one of the following responses is myocardial revascularization not indicated ?
- (1) Improvement of wall thickening at low dose
 - (2) Improvement of wall thickening at low dose with sustained improvement at high dose
 - (3) Worsening of wall thickening at low dose
 - (4) Improvement of wall thickening at low dose and paradoxical worsening at high dose

75. All the following are true of dietary cholesterol except :
- (1) Abundant in oily food
 - (2) Absent in vegetable products
 - (3) Has minimum effect on blood cholesterol
 - (4) Is not associated with increased atherosclerosis
76. All the following are true of patient on I.V fluids and nil orally except :
- (1) Increase in Serum triglycerides
 - (2) Decrease in HDL - C
 - (3) Rise in blood insulin levels
 - (4) Fall in blood cholesterol levels
77. Hemodynamic effects of intraaortic balloon counter pulsation include all of the following except :
- (1) Increase in cardiac index
 - (2) Decrease in left ventricular wall stress
 - (3) Increase in left ventricular systolic pressure
 - (4) Increase in coronary blood flow
78. Interatrial septum imaging and identification of atrial septal defect is done by all of the following approaches except :
- (1) Apical approach
 - (2) Suprasternal approach
 - (3) Sub-costal approach
 - (4) Transesophageal approach
79. In hypertrophic cardiomyopathy with systolic murmur, one of the following statements about the murmur is incorrect :
- (1) Increases with nitroglycerine infusion
 - (2) Increases during the straining phase of valsalva maneuver
 - (3) Decreases with squatting
 - (4) Increases with hand grip

80. Which one of the following signs is not a feature of right ventricular myocardial infarction ?
- (1) Shallow "Y" descent in JVP
 - (2) Pulsus paradoxus
 - (3) Kussmaul's sign
 - (4) Hypotension with clear lungs
81. Pregnancy is associated with increased risk in all of the following conditions except :
- (1) Eisenmenger's syndrome
 - (2) Primary Pulmonary Hypertension
 - (3) Marfan's Syndrome
 - (4) Mitral valve prolapse syndrome
82. On examination of jugular venous pulsation (JVP), cannon waves are noted in all of the following conditions except :
- (1) Atrioventricular nodal reentrant tachycardia (AVNRT)
 - (2) Ventricular tachycardia
 - (3) Narrow QRS complete heart block
 - (4) Atrial fibrillation
83. In the management of acute hyperkalaemia with life threatening dysrhythmias (tall peaked T waves, absence of P waves, and marked prolongation of QRS complexes) the first choice of action is :
- (1) Glucose insulin infusion
 - (2) Intravenous calcium gluconate administration
 - (3) Cardioversion
 - (4) Intravenous magnesium sulphate administration
84. Absolute indication for cardiac surgery in patients with infective endocarditis are true except :
- (1) Unstable prosthesis
 - (2) Moderate to severe congestive heart failure due to valve dysfunction
 - (3) Uncontrolled infection despite optimal antimicrobial therapy
 - (4) After effective antimicrobial therapy

85. Intracranial mycotic aneurysms in infective endocarditis patient most often involves :
- (1) Anterior cerebral artery branches
 - (2) Vertebral artery
 - (3) Distal middle cerebral artery branches
 - (4) Posterior cerebral artery branches
86. ECG changes in rheumatic fever. All are true except :
- (1) Prolonged PR interval
 - (2) AV block
 - (3) Sinus tachycardia
 - (4) Atrial fibrillation
87. The hall marks of infective endocarditis are :
- (1) Janeway lesions
 - (2) Roth spots
 - (3) Osler's nodes
 - (4) Fever and new murmur
88. 2D Echo features of cardiac tamponade includes all except :
- (1) Left ventricular collapse
 - (2) Swinging heart motion in the pericardial fluid
 - (3) RV early systolic collapse
 - (4) Right atrial diastolic collapse
89. Reversible causes of cardiomyopathy are all except :
- (1) Thiamine deficiency
 - (2) Hemochromatosis
 - (3) Arrhythmogenic right ventricular dysplasia
 - (4) Hyperthyroidism
90. HACEK group includes except :
- (1) Hemophilus
 - (2) Cardiobacterium hominis
 - (3) Actinobacillus
 - (4) Coagulase negative staphylococci