

Department of Medicine
King Edward Medical University
Final Year MBBS
Internal Assessment test - Cardiovascular system
West Medical Ward

1. All the following are included as minor criteria in the modified Duke's criteria for diagnosis of IE except
 - a. Fever more than 100.4F?
 - b. Splinter hemorrhages?
 - c. Osler's nodes?
 - d. Janeway lesions?
 - e. Roth spots?

2. In treatment of IE all are true except
 - a. Treatment of uncomplicated IE includes Penicillin or ceftriaxone plus gentamycin for 2 weeks
 - b. For Staph use vancomycin with rifampicin for 6 weeks and gentamycin for 2 weeks.
 - c. For methacillin resistant staph use vancomycin for 4-6 weeks with gentamycin for 1 week?
 - d. For Str viridans use penicillin 2 million units 6 hourly for 4 weeks.

3. In relation to rheumatic fever all are correct except.
 - a. It is caused by group B alpha hemolytic streptococci?
 - b. It occurs in 2% adults after untreated sore throat with typical organism?
 - c. Infection in the throat with the typical organism can also cause glomerulonephritis?
 - d. Incidence is increased with poverty, overcrowding and poor sanitation?

4. In relation to rheumatic fever all are correct except
 - a. History of antecedent sore throat must be present?
 - b. Arthritis is the presenting feature in over 75% patients?
 - c. Endocarditis is the commonest cardiac involvement?
 - d. Chorea may be the only sign of rheumatic fever when other causes are excluded?

5. Minor criteria to diagnose acute rheumatic fever include all except
 - a. Elevated ESR?
 - b. Previous rheumatic fever?
 - c. Fever upto 100F?
 - d. Arthralgia if arthritis is not a major criteria?

6. In relation to the treatment of rheumatic fever all are correct except.
 - a. The primary infection in the throat may be cleared by a single injection of benzathine penicillin G 1.2 million units given IM?
 - b. Aspirin used in 75-100mg/kg/day is the main stay of therapy?

- c. For secondary prevention of rheumatic fever benzathine penicillin G 1.2 million units given IM is given every 4 weeks
 - d. Prophylaxis is usually given to patients with rheumatic fever and carditis with no residual heart damage for 2 years or upto age 20 years which ever is longer?
7. All of the following clinical features are seen in pericarditis except.
- a. The pain is sharp, severe and localized?
 - b. The rub is classically triphasic?
 - c. Kausmaull's sign is seen in acute pericarditis?
 - d. Ewart's sign is seen in large pericardial effusion?
8. In relation to pericarditis all are true except.
- a. For pericarditis secondary to myocardial infarction aspirin is used?
 - b. For acute tamponade elective surgery is indicated?
 - c. Global ST elevation may be seen in acute pericarditis?
 - d. T wave inversion in most leads occurs after normalization of the ST segment?
9. Select the one best answer in relation to hypertension?
- a. Elderly patients predominantly have diastolic hypertension?
 - b. CVD risk increases progressively throughout the range of BP, beginning at 115/75 mm Hg?
 - c. Causes of secondary hypertension constitute about 20%?
 - d. BP in the popliteal is lower than in the brachial artery?
10. In relation to life style modification and hypertension all are true except
- a. Stopping smoking decreases the CV risk to never smoke after 2 year of cessation?
 - b. Weight loss is associated with about 1mmHg drop in systolic and diastolic BP per Kg weight loss?
 - c. Potassium supplements are associated with 3mmHg systolic and diastolic BP drop?
 - d. Moderate exercise is associated with 10-12 mmHg systolic and diastolic BP drops?
11. In relation to hypertension choose the best combination of disease and antihypertensive therapy?
- a. In Diabetes use ACE inhibitors?
 - b. In heart failure use carvedilol?
 - c. In isolated systolic hypertension use diuretics?
 - d. After myocardial infarction use beta blockers?

12. In relation to secondary hypertension all are correct except?
- In pheochromocytoma the BP is best controlled by aldomet or beta-blockers?
 - In Conn's syndrome peripheral edema not seen?
 - In Coarctation of aorta the BP in the lower limb is much lower than in upper limbs?
 - In renal artery stenosis a bruit may be heard near the umbilicus and at the renal angle?
13. In relation to angina all are true except.
- In Prinzmetal angina coronary spasm is the underlying cause?
 - Unstable angina can be managed on an out patient basis?
 - In exertional angina, the best treatment option may be beta blockers?
 - The pain usually lasts for less than 20 minutes?
14. All of the following are used for Stratification of high risk patients in IHD except.
- More than 2 angina attacks of greater than 5 min in 24 hours?
 - Not using aspirin within the last 1 week?
 - Positive troponin T or I test?
 - Prior history of MI or PCI?
15. All patients in the emergency with chest pain and acute MI should receive all of the following except.
- Intravenous nitrates?
 - Disprin 300mg to be chewed.
 - Clopedogril 75 mg 4 tablets stat?
 - Intravenous beta-blocker if no contraindication?
 - Oral calcium channel blocker if no contraindication?
 - Atrovastatin at 80mg per day?
16. In relation to myocarditis all statements are true except.
- Gallops are common clinical findings?
 - Clinical features of LVF are prominent?
 - Arrhythmias and conduction problems are seen?
 - Digoxin is the treatment of choice?
17. All of the following conditions are associated with dilated cardiomyopathy except.
- Pregnancy?
 - Sarcoidosis?
 - Thyroid disease?
 - Alcohol?
18. In relation to treatment of dilated cardiomyopathy all therapeutic interventions may be given except.
- Anticoagulation?
 - ACE inhibitors?
 - Beta blockers?
 - Theophyllines?

19. In relation to hypertrophic cardiomyopathy all statements are true except.
- Asymmetrical septal hypertrophy is present?
 - Mitral regurgitation is present?
 - Patient has a pulsus bigeminus?
 - A mid or late systolic systolic murmur is heard?
20. All the following are included as minor criteria in the modified Duke's criteria for diagnosis of IE except
- Fever more than 100.4F?
 - Splinter hemorrhages?
 - Osler's nodes?
 - Jane Way lesions?
 - Roth spots?