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MCQ on Cardiology

1. Which of the following concerning congenital heart disease is correct?

A ASD is the commonest malformation at birth

B congenital complete heart block is usually associated with Anti-Ro antibodies in the mother

C Ebstein's anomaly is associated with maternal exposure to lithium carbonate

D Hypoplastic left heart syndrome is characterised by a large, dilated left ventricle

Answer: Ebstein's anomaly is associated with maternal exposure to lithium carbonate

2. A 74-year-old man presented with acute pain, pallor and absent pulses in his right leg. Investigations revealed an embolus in his femoral artery. What is the most likely source of this embolus?

A marantic endocarditis

B paradoxical emboli

C rheumatic endocardial vegetations

D thrombi from an atheromatous aorta

Answer: thrombi from an atheromatous aorta

3. A 25-year-old previously healthy woman has worsening fatigue with dyspnoea, palpitations, and fever over the past one week. Her vital signs on admission to the hospital show Temperature 38.9°C Respiratory rate 30/min Pulse 105 bpm and BP 95/65 mmHg. Her heart rate is irregular. An ECG shows diffuse ST-T segment changes. A Chest X-ray shows mild cardiomegaly. An echocardiogram shows slight mitral and tricuspid regurgitation but no valvular vegetations. Her troponin I is 12 ng/mL. She recovers over the next two weeks with no apparent sequelae. Which of the following laboratory test findings best explains the underlying etiology for these events?

A ANCA titer of 1:80

B Anti-streptolysin O titer of 1:512

C Blood culture positive for Streptococcus, viridans group

D Coxsackie B serologic titer of 1:160

Answer: Coxsackie B serologic titer of 1:160

4. A randomised, double-blind, placebo controlled trial of a cholesterol lowering drug in the primary prevention of coronary heart disease is reported. 1000 subjects are treated with the active drug, and 1000 are given placebo. They are followed up over a five year period and 100 individuals in the placebo group and 80 in the treatment group suffer a myocardial infarction. What is the annual percentage risk of myocardial infarction in the group treated with placebo?

A 0.5%

B 2%

C 5%

D 10%

Answer: 2%

5. A 24-year-old woman develops infective endocarditis involving the aortic valve. She receives a porcine bioprosthesis because of her desire to have children and not to take anticoagulant medication. After ten years, she must have this prosthetic valve replaced. Which of the following pathologic findings in the bioprosthesis has most likely led to the need for replacement?

A Calcification with stenosis

B Dehiscence

C Infective endocarditis

D Strut failure

Answer: Calcification with stenosis

6. Whilst attending the cardiology clinic, the staff nurse measures the blood pressure of a 61-year-old man, and finds that it is 183/100 mmHg sitting and 190/105 standing. He has a heart rate of 81/minute, with an irregularly irregular rhythm. On auscultation of the heart, there are no murmurs, but he has bibasilar crackles on chest examination. Which of the following pathological findings is most likely to be present?

A Left ventricular hypertrophy

B Left atrial myxoma

C Occlusive coronary atherosclerosis

D Cor pulmonale

Answer: Left ventricular hypertrophy

7. A 21 year old man with Hypertrophic Cardiomyopathy presents in clinic with dizzy spells but has not had any syncopal episodes. Which of the following, if present, would be indicate an increased risk of sudden cardiac death?

A Asymmetric septal hypertrophy with maximum wall thickness of 2.1 cm

B Blood Pressure drop of 20mmHg during peak exercise tolerance testing

C Left Ventricular Outflow Tract Gradient of 80 mmHg

D Systolic Anterior Movement of the mitral valve on echocardiography

Answer: Blood Pressure drop of 20mmHg during peak exercise tolerance testing

8. A 70-year-old woman has a history of dyspnoea and palpitations for six months. An ECG at that time showed atrial fibrillation. She was given digoxin, diuretics and aspirin. She now presents with two short-lived episodes of altered sensation in the left face, left arm and leg. There is poor coordination of the left hand. ECHO was normal as was a CT head scan. What is the most appropriate next step in management?

A anticoagulation

B carotid endarterectomy

C clopidogrel

D corticosteroid treatment

Answer: anticoagulation

9. Which ONE of the following is true regarding acute pulmonary embolism?

A a normal ECG excludes the diagnosis

B embolectomy is more effective than thrombolysis in improving survival

C Heparin is as effective as thrombolytic therapy

D thrombolysis administered through a peripheral vein is as effective as through a pulmonary artery catheter

Answer: thrombolysis administered through a peripheral vein is as effective as through a pulmonary artery catheter

10. A randomised double-blind placebo controlled study of a cholesterollowering drug for the primary prevention of coronary heart disease was conducted. It had a five-year follow up period. The results showed an absolute risk of myocardial infarction in the group-receiving placebo during was 10 per cent. The relative risk of those given the cholesterol lowering medication was 0.8 What number of patients will need to be treated with the drug for five years to prevent one myocardial infarction?

A 20

B 40

C 50

D 80

Answer: 50

11. A 17 year old girl was found collapsed and drowsy. Her 12-lead ECG showed a sinus tachycardia of 120 beats per minute with a corrected QT interval of 500 ms (normal <470). Which of the following is the most likely cause of her presentation?

A Amphetamine

B Diphenhydramine

C Glue sniffing

D Methadone

Answer: Diphenhydramine

12. A 62 year old man has experienced substernal chest pain upon exertion with increasing frequency over the past 1 year. An electrocardiogram shows T wave inversion in the anterolateral leads at rest. He has a total serum cholesterol of 7.0 mmol/l. On angiography, he has an 85% narrowing of the left anterior descending artery. Which of the following events is most likely to occur in this patient?

A A systemic artery embolus from thrombosis in a peripheral vein.

B A systemic artery embolus from a left atrial mural thrombus.

C Pulmonary embolism from a left ventricular mural thrombus

D A systemic artery embolus from a left ventricular mural thrombus.

Answer: A systemic artery embolus from a left ventricular mural thrombus.

13. During auscultation of the heart you discover a wide fixed splitting of the second heart sound. In which of the following conditions does this occur?

A an uncomplicated ASD

B Fallot's tetralogy

C aortic stenosis

D Right Bundle Branch Block

Answer: an uncomplicated ASD

14. A 60-year-old man has worsening congestive heart failure with increasing pulmonary oedema. His blood pressure is normal. He has been healthy all his life with no major illnesses. A serum glucose is 5.6 mmol/L. His total serum cholesterol is 4.8 mmol/L. The serum creatine kinase is not elevated. The most likely explanation for these findings is?

A Alcoholic cardiomyopathy

B Aortic dissection

C Calcified bicuspid aortic valve

D Mitral valve annulus calcification

Answer: Calcified bicuspid aortic valve

15. Which of the following is a recognised feature of massive pulmonary embolism?

A reduced plasma lactate levels

B an increase in serum troponin levels

C an arterial pH less than 7.2

D blood gases show increased pCO2 on air

Answer: an increase in serum troponin levels

16. A 60-year-old man presents with an inferior MI and receives thrombolysis. 4 hours following initial presentation he becomes acutely breathless. His ECG demonstrates sinus tachycardia (rate 108bpm) with T wave inversion inferiorly. His ST segments are normal. On examination his JVP is elevated at 5 cm. Chest was clear to auscultation. Following 80 mg of Frusemide he deteriorates. His BP is now 80/60 and his urine output over the last 2 hours is 5 mls. What is the best investigative measure?

A Arterial Blood Gases

B Central Venous Pressure Monitoring

C Chest X-Ray

D Pulmonary Capillary Wedge Pressure Monitoring

Answer: Pulmonary Capillary Wedge Pressure Monitoring

17. Which of the following anti-microbials is associated with prolongation of the QT interval?

A Co-amoxiclav

B Gentamicin

C Cefuroxime

D Isoniazid

Answer: Isoniazid

18. Which ONE of the following is a contraindication to thrombolysis?

A age over 75 years

B the presence of atrial fibrillation

C asthma

D pregnancy

Answer: pregnancy

19. A 66-year-old man has developed chronic renal failure with a serum urea of 60 mmol/L and creatinine of 650 micromol/L. Auscultation of the chest reveals a friction rub over the cardiac apex. He is most likley to have a pericarditis that is termed?

A Constrictive

B Fibrinous

C Hemorrhagic

D Purulent

Answer: Fibrinous

20. A 51-year-old woman has had several syncopal episodes over the past year. Each episode is characterized by sudden but brief loss of consciousness. She has no chest pain. She has no ankle edema. On brain MRI there is a 1.5 cm cystic area in the left parietal cortex. A chest X-ray shows no cardiac enlargement, and her lung fields are normal. Her serum total cholesterol is 6.5 mmol/L. Which of the following cardiac lesions is she most likely to have?

A Cardiac amyloidosis

B Ischemic cardiomyopathy

C Left atrial myxoma

D Mitral valve prolapse

Answer: Left atrial myxoma

21. A previously well 27-year-old woman presents with a history of transient ischaemic attack affecting her right side and speech. She had returned to the United Kingdom from a holiday in New Zealand two days previously. On examination there was nothing abnormal to find. An ECG, chest X-ray, CT brain scan and routine haematology and biochemistry were all normal. What is the most likely underlying abnormality?

A atrial myxoma

B carotid artery stenosis

C embolus from paroxysmal atrial fibrillation

D patent foramen ovale

Answer: patent foramen ovale

22. Which of the following infections is least likely to cause myocarditis?

A Coxsackie virus

B Diphtheria

C Chagas Disease

D Syphillis

Answer: Syphillis

23. Which of the following is a recognised feature of abetalipoproteinaemia?

A a high serum cholesterol

B palmar xanthomas

C advanced atherosclerotic vascular disease

D abnormal red blood cell morphology

Answer: abnormal red blood cell morphology

24. A 44-year-old man has had no major medical problems throughout his life, except for arthritis pain involving all extremities for the past couple of years. He has had worsening orthopnoea and ankle oedema in the past six months. He is afebrile. There is no chest pain. A chest X-ray shows cardiomegaly with both enlarged left and right heart borders, along with pulmonary oedema. Laboratory test findings include sodium 139 mmol/L, potassium 4.3 mmol/L, urea 7 mmol/L creatinine 95 µmol/L, and glucose 8.6 mmol/L. Which of the following additional laboratory test findings is he most likely to have?

A Anti-centromere antibody titer of 1:320

B Erythrocyte sedimentation rate of 79 mm/Hr

C Haemoglobin of 10.7 g/dL with MCV of 72 fL

D Serum ferritin of 3400 pmol/L

Answer: Serum ferritin of 3400 pmol/L

25. A 56 year old male with left ventricular systolic dysfunction was dyspnoeic on climbing stairs but not at rest. The patient was commenced on ramipril and frusemide. Which one of the following drugs would improve the patient's prognosis?

A Amiodarone

B Amlodipine

C Bisoprolol

D Digoxin

Answer: Bisoprolol