**BS. Radiology 4th semester**

**Course Title: Clinical Medicine I**

**Max Marks: 30**

**Note:**

* **Use only MS Word to attempt both sections**
* **For Sec A, only write the correct option with question number. No need to write whole MCQ.**
* **Answer briefly and to the point, avoid un-necessary details**
* **Avoid copy-paste from internet or slides.**
* **All questions of Sec B should be attempted in your own words.**

**SECTION-A**

**Select the correct answers to the following questions /10**

**1): Each of the following results in left ventricular hypertrophy except**

**C) mitral stenosis**

**2): The pathogenesis of acute myocardial infarction includes which of the following**

**D) All of the above**

**3): Which of the following correctly characterizes the clinical presentation of MI**

**D) Chest pain may occur with diaphoresis, nausea or vomiting, and shortness of breath.**

**4): Which of the following** together **correctly characterizes the objective signs of MI?**

**A) Increase in circulating concentration of either troponin I or T is a more sensitive indicator of MI than CK-MB**

**5):.Which of the following best describes the most common pathophysiologic mechanism present during ST segment elevation myocardial infarction?**

**B. Coronary plaque rupture**

**6): Which of these procedures can help in diagnosing of congenital heart disease**

C. **Electrocardiography**

**7): What is the most conspicuous sign of congenital heart defect?**

D. **Poor** **weight** **gain**

**8): What is the most commonly involved coronary artery in myocardial infarction (MI)?**

B. **Left** **anterior** **descending** **artery** (**LAD**)

**9): Choose the complete and accurate grouping of right to left shunts**

**B. Truncus arteriosus, Transposition of great vessels, Tricuspid atresia, TOF**

**10): What is the key complication in the first 24 hours of an MI?**

C**.** **Arrhythmia**

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| **SECTION-B**  **Attempt all of the following: 5+5+5+5**  **Q1: Briefly eplain Eisenmenger syndrome?** |

**ANS : Eisenmenger syndrome**

Reverse of shunt and development of cyanosis is the process in which a long standing left to right cardiac shunt cause by congenital heart disease. When left to right shunt is caused , then pulmonary circulation resists blood flow then it goes to right ventricle and shunt is reverse and hypertrophy of right ventricle takes place and the heart fails to perform its normal function so it leads to cyanosis , if remain untreated.

Symptoms:

Cyanosis.

Abnormal heart rhythms.

Chest pain.

Fatigue.

Fainting.

Kidneys problems

Stroke.

**Diagnosis:**

ChestX**-**ray**.**

ECG**.**

Cardiaccatherization**.**

**Q2:Why are NSAIDs used for treatment of PDA?**

**Ans:**NSAIDs (Prostagladin synthetase inhibitors ,E2 enzyme) may used in first week of life to induce closure because in fetal life its function is to keep open ductus arteroisis.NSAIDs inhibit the production of prostagladin by decreasing the activity of cyclooxygenase.the result is functional closure of patent ductus arteriosus in 80% of patients.

**Q3:How atherosclerotic plaque is developed in coronary arteries?**

**Ans:** Atherosclerosis is the disease in which plaque builds up inside the arteries.Plaque is made up of fat,cholesterol,calcium,and other substances found in the blood.Over time,plaque hardens and narrows the arteries.This limits the flow of oxygen-rich blood to the organs and other parts of the body.

**Q4:What are the classification of MI based on international consensus in 2012 ?**

**Ans : classification of MI based on international consensus in 2012 also exists . this classifies myocardial infarction into five types**

**Type 1 :** spontaneous MI related to plaque erosion and the rupture fissuring or dissection.

**Type** **2** :MI =related to ischemia such as form increased oxygen demands or decrease the supply e.g coronary artery spasm , anemia, high and low blood pressure.

**Type** **3**:Sudden unexpected cardiac death including cardiac arrest where symptoms may suggests MI and ECG maybe taken with suggestive changes or the blood clot is found in a coronary artery by angiography and autopsy but where blood samples could not be obtained or at a time before the appearance of cardiac biomarkers in the blood.

**Type** **4**: Associated with coronary angioplasty or stents.

**Type** **5**: Associated with CABG.

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