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**Q1.why are NSAID use for treatment of PDA?**

**Ans.**The NSAID can use for the treatment of PDA because they produce prostaglandin by decreasing the activity of cyclo oxygenase.Thus result is function closer fo the patient ducts arterious in 80% of patient.

**Q2.Briefly explain eisenmeger syndrome?**

**Ans. Eisenmeger syndrome:**The pressure in the pulmonary arteries become so high that is cause oxygen poor blood to flow from right to left ventricle and then to the body cause cyanosis the **eisenmeger syndrome** are most complicated having a hole between two chamber of our heart .

**Q3.how *atherosclerotic* plaque is developed in coronary arteries?**

**Ans. Atherosclerotic:**Causes by inflammation of the vascular disease which result in the accumulation of low density lipoprotein (LDL) cholesterol monocytes .This process is commonly referred to as plaque formation .Thus the macrophages are built up in the wall of arteries causing narrowing stenosis of the luman harding of arteries and loss of elasticity.

**Q4.Explain the classification of MI base on international consensus in 2012?**

**Ans.**When flow of blood decrease or stop to a part of the heart also known as heart attack.

- **Symptom:**Chest pain or may travel **arm,back,neck** and **jaw**.

### **Classification**

- **Primary:**Coronary event such as ***atherosclerotic*** plaque rupture .
- **Infraction Secondary :**Increase oxygen demand or decrease supply coronary artery spam.
- Sudden cardiac death suggestive of STEMI.
- Percutaneous Coronary Intervention(PCL).
- Infraction sent thrombosis (IST).
- Coronary arteries by pass grafting.

# Section A

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

- A) Aortic stenosis
- B) Coarctation of aorta
- C) mitral stenosis
- D) systemic hypertension

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

- A) Endothelial injury associated with one or more coronary risk factors
- B) Coronary endothelial fatty streak preceding atherosclerotic plaque formation
- C) Thrombus formation following atherosclerotic plaque rupture
- D) All of the above

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

- A) Chest pain is an infrequent finding in patients with an MI.
- B) All patients with MI have chest pain.
- C) Chest pain is the sole diagnostic determinant of MI.
- D) Chest pain may occur together with diaphoresis, nausea or vomiting, and shortness of breath.

4): Which of the following 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.
- B) Increase in circulation concentration of CK-MB continues to be a more sensitive indicator of MI than troponin I or T.
- C) ECG is unaffected by MI
- D) Increase in LDH concentration is still considered the most reliable change associated with MI.

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

- A. Coronary plaque erosion
- B. Coronary plaque rupture
- C. Coronary plaque progression causing progressive stenosis
- D. Coronary vasospasm

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

- A. abdominal ultrasound
- B. transvaginal ultrasound
- C. Electrocardiography
- D. Fetal echocardiography

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

- A. Cyanosis
- B. Fatigue

C. Restlessness

**D. Poor weight gain**

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

A. Right coronary artery (RCA)

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

C. Left circumflex artery (LCA)

D. Posterior descending artery (PDA)

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

A. Atrial septal defect (ASD), Patent ductus arteriosus (PDA), Ventricular septal defect (VSD)

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

C. ASD, TAPVR, VSD

D. PDA, Truncus arteriosus, tetralogy of

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

A. Fibrinous pericarditis

B. Coronary artery aneurysm

C. Arrhythmia

**D. Mitral insufficiency**