

Syncope

1.CS.Name the type of syncope ,that is most frequently met:

- A. Orthostatic hypotension
- B. Cardiac arrhythmias
- C. Neurogenic mediated
- D. Structural cardiopulmonary diseases
- E. Syncope of unknown origin

2.CS.Name the situation when the syncope is neurally mediated:

- A. Produced by prolonged standing
- B. Primary arrhythmic ca
- D. Diabetes
- E. Traumatic disorders of the spinal cord

3.CS.Name the condition when the situational syncope appears:

- A. Primary autonomic failure
- B. Secondary autonomic failure
- C. Produced by gastrointestinal stimulation, urination, weight lifting
- D. Occurs without triggers
- E. Hypovolaemia: bleeding, diarrhea, vomiting

4. CS. Orthostatic classic hypotension represents:

- A. Immediately reduction of the blood pressure in standing with over 40mmHg
- B. Progressive decrease of the systolic blood pressure in standing
- C. Sinus tachycardia rhythm with the frequency at least 30 bpm above the resting frequency or over 120bpm
- D. Decrease of the systolic blood pressure by at least 20mmHg and diastolic blood pressure of at least 10mmHg within 3 min of standing
- E. Occurs in situations of chronic fatigue syndrome

5. CS. Which of the preparations listed may cause orthostatic hypotension:

- A. Anticoagulants
- B. Diuretics
- C. Antiarrhythmics
- D. Antidiabetics
- E. NSAIDs

6. CS. Orthostatic hypotension occurs more frequently:

- A. At the adult population
- B. At the elderly patients
- C. At the young women
- D. At the adolescents
- E. At the young men

7.CS. Syncope through sinus carotid hypersensitivity occurs:

- A. At a sudden movement of the head, closely tie knot
- B. Produced by swallowing, defecation, visceral pain
- C. Emotional stress
- D. Instrumental manipulations
- E. During or immediately after the swallowing

8.CS. What are the most common causes of cardiac syncope:

- A. Hypovolaemia: bleeding, diarrhea, vomiting
- B. Structural Heart Disease: valvular diseases, myocardial infarction or ischemia
- C. Rhythm and conduct disorders
- D. Pulmonary valve stenosis
- E. Dissection

9. CS. What is the first and mandatory investigation in the diagnosis of syncope:

- A. Eco-Doppler
- B. Electrocardiogram (ECG)
- C. Holter ECG Monitoring
- D. Test of the inclined table
- E. Coronary angiography

10. CS. The most common type of syncope is:

- A. Reflex syncope
- B. Syncope caused by structural heart disease
- C. Orthostatic hypotension
- D. Cardiac syncope caused by arrhythmias
- E. The hypersensitivity syndrome of the carotid sinus

11. CM. Write the suspicious clinical signs for a cardiac syncope:

- A. The presence of an organic heart pathology
- B. Onset with exertion or supine
- C. Palpitations during the syncope
- D. Nauseas
- E. Vertigos

12. CM. Write the suspicious clinical signs for a neurosyncope fall :

- A. The presence of the post-critical disorientation
- B. Tonic-clonic seizures, which begin with the access
- C. Frequent hits with multiple somatic complaints, without organic heart damage
- D. The association of the fall with vertigo
- E. The association of the fall with dispnea

13. CM. Write the suspicious ECG signs of the cardiac syncope:

- A. Branch block
- B. AV block gr. II Mobitz
- C. Sinus ritm

- D. WPW
- E. QT prolonged

14. CM. What factors increase the possibility that a rhythm disorder causes the syncope

- A. Heart rate too low
- B. Heart rate too quick
- C. Left ventricular function with normal ejection fraction
- D. Left ventricular function with low ejection fraction
- E. Ventricular arrhythmia

15. CM. The structural heart diseases that cause syncope are:

- A. Atrial fibrillation
- B. Hypertrophic cardiomyopathy
- C. Aortic stenosis
- D. Mitral stenosis
- E. Supraventricular extrasystole

16. CM. What diagnostic tests have an informative value in the evaluation of the syncope:

- A. Massage of the carotid sinus
- B. Tilt-test
- C. ECG term monitoring (Holter, implantable devices)
- D. Lipid serumlevel
- E. Echocardiography

17. CM. For the evaluation of the neurogenic mediated syncope is performed:

- A. Carotid sinus massage
- B. Tilt-test
- C. ECG term monitoring (Holter, implantable devices)
- D. Electrophysiological studies
- E. Echocardiography

18. CM. Carotid sinus massage test will be considered positive at the:

- A. Combination of asystole > 3 sec. and / or decrease of the systolic blood pressure > 50 mm.
- B. Suggestive clinical symptoms
- C. The presence of post-critical disorientation
- D. Tonic-clonic seizures, which begin with the access
- E. Palpitations during the syncope

19. CM. What diagnostic tests have low informative value in evaluating the syncope:

- A. Tilt-test
- B. Lasting ECG monitoring
- C. Electroencephalography
- D. Magnetic Resonance Imaging
- E. Brain CT

20.CM. Diagnostic criteria for neurogenic mediated syncope are:

- A. Lack of cardiac pathology
- B. Recent history of syncope
- C. Onset after emotions, finding long in crowded places, prolonged orthostasis
- D. The presence of nausea, lightheadedness before syncope
- E. Syncope at 1 hour after eating

21. CM. The following statements are correct for performing carotid sinus massage:

- A. The patients > 40 years
- B. The unidentified genesis in syncope (after initial assessment)
- C. It performs cardiac syncope genesis
- D. It performs supine position / standing
- E. It is performed under ECG monitoring, BP for 5-10sec

22. CM. The following statements for the Tilt – test are true:

- A. It is shown in diagnosing the syncopes of unidentified genesis
- B. It is shown in particular to patients with intact heart
- C. Positive test (loss of consciousness with induction of hypotension and / or bradycardia) is considered the diagnosis for the vasovagal syncope
- D. Positive test (loss of consciousness with induction of hypertension)
- E. Positive test (loss of consciousness with induction of tachycardia)

23. CM. Complete evaluation of a patient with syncope may require:

- A. Specific neurological investigations
- B. Psychiatric evaluation
- C. Coronary angiographie
- D. Test with adenosine triphosphate
- E. . Uroculture

24.CM. When do we hospitalize a patient with syncope?

- A. When we suppose the genesis of the cardiac syncope
- B. Syncopa is followed by a severe trauma
- C. Syncopa with high recurrence
- D. Single syncopal episodes
- E. Episodic syncope without risk factors

25.CM. Patients will receive the following treatment:

- A. Single syncopal episodes without risk factors
- B. Frequent syncopes that affect the quality of life
- C. Syncope without premonitory period with an exposure to the trauma,
- D. High-risk activities (driving cars, machine operators, drivers and others. A.)
- E. Arrhythmic syncope with vital risk

26.CM. For the treatment of cardiac syncope are true the statements:

- A. Implantation of the electrocardiostimulator in syncope due to a AV block I degree
- B. Implantation of the electrocardiostimulator increases the survival and prevents the recurrence of syncope at the patients with heart block
- C. Implantation of the electrocardiostimulator will be considered at the patients with branch block and syncope (the suspected intermittent AV block)
- D. Ventricular tachycardia is suspected as a cause of syncope in patients with left ventricular dysfunction
- E. Supraventricular tachycardia usually do not induce syncope

27. CM. In which cases is shown the test of the tilted table?

- A. In patients with organic structural heart diseases
- B. In patients with one syncope , but with a high risk of trauma
- C. To differentiate between reflex syncope and orthostatic hypotension
- D. To differentiate between syncope and epilepsy with tonic-clonic movements
- E . Is indicated for the assessment of the treatment

28. CM. What statements are correct for the test with inclined table with a pharmacological challenge?

- A .The test is highly specific, for more than 90%.
- B. It is performed with dopamine i.v
- C. It is used isoproterenol injection i.v
- D. It is used 300-400 mg sublingual nitroglycerin
- E. It is performed 20 minutes after the base phase of the test

29.CM. Indications of the electrophysiological studies in patients with syncope are:

- A. Reflex syncope
- B. Ischemic heart disease in suggesting an arrhythmia as the cause of a syncope
- C. The syncope is preceded by palpitations, but the noninvasive studies have failed objectification of the diagnosis
- D. Brugada syndrome
- E. Arrhythmogenic right ventricular cardiomyopathy or hypertrophic cardiomyopathy

30.CM. Which statements are correct for syncope in the elderly?

- A. Syncope is more common than in the general population and increases with the age
- B. Rapid atrial fibrillation is a causal factor for the syncope in elderly
- C. Diuretic therapy may cause syncope
- D. Therapy with beta blockers can cause syncope
- E. Neurological diseases can cause syncope

31 CM. What diagnostic tests have an informative value in the evaluation of the syncope:

- A. Massage of the carotid sinus
- B. Tilt-test
- C. ECG term monitoring (Holter, implantable devices)
- D. Electrophysiological studies
- E. Electroencephalography (EEG)

32.CM. For the evaluation of the neurogenic mediated syncope is not performed:

- A. Carotid sinus massage
- B. Tilt-test
- C. ECG term monitoring (Holter, implantable devices)
- D. Electrophysiological studies
- E. Echocardiography

33.CM. For neurogenic mediated syncope are not diagnostic criteria:

- A. Lack of cardiac pathology
- B. Recent history of syncope
- C. Onset after emotions, finding long in crowded places, prolonged orthostasis
- D. The presence of nausea, lightheadedness before syncope
- E. Syncope at 6 hour after eating

34. CM. The following statements are correct for performing carotid sinus massage:

- A. The patients < 40 years
- B. The unidentified genesis in syncope (after initial assessment)
- C. It performs cardiac syncope genesis
- D. It performs supine position / standing
- E. It is performed under ECG monitoring, BP for 5-10sec

35. CM. The following statements for the Tilt – test are not true:

- A. It is shown in diagnosing the syncopes of unidentified genesis
- B. It is shown in particular to patients with intact heart
- C. Positive test (loss of consciousness with induction of hypotension and / or bradycardia) is considered the diagnosis for the vasovagal syncope
- D. Positive test (loss of consciousness with induction of hypertension)
- E. Positive test (loss of consciousness with induction of tachycardia)

36.CM. When do we not hospitalize a patient with syncope?

- A. When we suppose the genesis of the cardiac syncope
- B. Syncopa is followed by a severe trauma
- C. Syncopa with high recurrence
- D. Single syncopal episodes
- E. Episodic syncope without risk factors

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37.CM. Which statements are correct for syncope in the elderly?

- A. Syncope is more common than in the general population and increases with the age
- B. Rapid atrial fibrillation is a causal factor for the syncope in elderly
- C. Trimetazidine therapy may cause syncope

- D. Therapy with beta blockers can cause syncope
- E. Neurological diseases can cause syncope

Sudden death, cardiovascular resuscitation

- 1.CS. Indicate the clinical sign,that is not characteristic for the sudden cardiac death:
 - A. It is natural death
 - B. Death of cardiac disease
 - C. The sudden loss of consciousness
 - D. Occurs within one hour of the onset of acute symptoms
 - E. Occurs within two hours after the onset of acute symptoms

- 2.CS.In the definition of the sudden cardiac death we identify four elements that succeed, except the:
 - A. Prodroms
 - B. The onset of the final event
 - C. Respiratory failure
 - D. Cardiac arrest
 - E. Biological death

- 3.CS. For the biological death claims are correct the sentences except the:
 - A. It is an immediate consequence of cardiac arrest
 - B. It is the failure of resuscitation
 - C. It is the absence of mechanical activity / electrical of the cord / of the central nervous system after the resuscitation
 - D. It is only the absence of mechanical activity / electrical of the heart after the resuscitation
 - E. Usually occurs within some minutes after the cardiac arrest

- 4.CS. What is the characteristic for the premonitory symptoms in the sudden cardiac death:
 - A. They are often absent and nonspecific
 - B. They are often well expressed and specific
 - C. They have an insidious onset
 - D. They don't lead to cardiac imminent arrest
 - E. The occur in an interval longer than one hour

- 5.CS. Which statement is correct for the sudden cardiac death:
 - A. It constitutes approximately 60% of all deaths from cardiac cause
 - B. It constitutes approximately 75% of all deaths from cardiac cause
 - C. It constitutes approximately 65% of all deaths from cardiac cause
 - D. It constitutes approximately 50% of all deaths from cardiac cause
 - E. It constitutes approximately 80% of all deaths from cardiac cause

- 6.CS.Name the prevalence of sudden cardiac death by gender:
 - A. It is more common in males
 - B. It is more common in females
 - C. It has the same frequency in both sexes

- D. It is more common in the elderly
- E. It increases progressively the proportion of young people who die suddenly

7.CS. Which statement is incorrect for the sudden cardiac death:

- A. Prevalence by age group has two peaks
- B. Prevalence in the newborn period
- C. The prevalence in the elderly (75-85 years)
- D. In recent years gradually increase the proportion of women who die suddenly
- E. It increases progressively the proportion of young people who die suddenly

8.CS. Risk factors for sudden cardiac death are the following, except:

- A. Myocardial Ischaemia
- B. Hypertension
- C. Smoking
- D. Obesity
- E. Mitral valve prolapse

9. CS. Mention the most important cause for the sudden cardiac death:

- A. Cardiomyopathies
- B. Mechanical Heart Diseases
- C. Coronary atherosclerotic disease
- D. Electrical cardiac diseases
- E. Congenital heart disease

10.CS. The most important predictor of the risk of sudden cardiac death has been shown:

- A. Diabetes mellitus
- B. The elongation of the ventricular repolarization
- C. Severe left ventricular systolic dysfunction (EF <35%)
- D. Low social economical status
- E. Genetics

11.CS. What pathological relevance causes the electrical abnormalities (long QT syndrome, Brugada syndrome) in patients with sudden cardiac death:

- A. Scar zones
- B. Left ventricular hipertrophy
- C. Cracked plaque
- D. Cord structurally normal
- E. Occlusive thrombus

12.CS. Which statement is incorrect for the diabetes in combination with sudden cardiac death:

- A. The presence of accelerated forms of atherosclerosis
- B. The increase of the thrombogenicity
- C. Diabetic cardiomyopathy
- D. QT prolongation in diabetic patients
- E. Mitral valve prolapse

13. CM. The key elements in the diagnosis of sudden cardiac death are ,except:

- A. The traumatic character
- B. The natural character (non-traumatic)
- C. Rapid (within 1 hour)
- D. Insidious
- E. Unexpected (sudden)

14. CM. What malignant ventricular tachyarrhythmias can cause sudden cardiac death:

- A. Electromechanical dissociation
- B. Ventricular fibrillation
- C. Idioventricular rhythm
- D. Bradycardia
- E. Sustained ventricular tachycardia

15. CM. Mention the pathologies that can cause sudden cardiac death:

- A. Hypertrophic Cardiomyopathy
- B. Arrhythmogenic right ventricular cardiomyopathy
- C. Brugada syndrome
- D. Aortic stenose
- E. Renal failure

16. CM. Indicate the mechanisms by which the coronary atherosclerotic lesions cause an electrical instability, malignant ventricular tachyarrhythmias and sudden cardiac death:

- A. Transformation of the stable atherosclerotic plaques into instable active plate acute that leads to acute or subacute ischemia with the production of the electrical faults in the myocardium
- B. Increased oxygen consumption in the presence of a significant coronary stenosis
- C. The presence of myocardial infarction scars at the appearance of the reentrant circuits
- D. Ventricular remodeling of ischemic heart disease with progressive left ventricular dysfunction with neuro-hormonal activation of a cardiac failure
- E. The diffuse myocardial affection modulated by metabolic abnormalities (anoxia, acidosis, shock, renal failure)

17. CM. List the three classes of sudden cardiac death after Hinkle:

- A. Sudden arrhythmogenic death
- B. The occurrence of the ventricular ectopies
- C. Sudden death with circulatory failure
- D. Sudden death without stating the cause
- E. Installation of cardiac arrest

18. CM. What pathological changes caused by ischemic heart disease can be identified in patients with sudden cardiac death:

- A. Scar zones
- B. Left ventricular hypertrophy
- C. Cracked atheroma plaques
- D. Cord structurally normal

E. Occlusive thrombus

19.CM. The prodromal symptoms of sudden cardiac death are:

- A. Chest pain
- B. Dyspnea
- C. Fatigue
- D. Palpitations
- E. Syncope

20.CM. Which statement is correct for the final event in the onset of sudden cardiac death:

- A. Installing of an acute ischemic episode
- B. Slow changes of the clinical status
- C. Dynamic changes in the electrical activity of the heart (growth of the cardiac frequency, the occurrence of the ventricular ectopies)
- D. The occurrence of malignant ventricular arrhythmias
- E. The installation of the cardiac arrest

21.CM. Cardiac arrest is characterized by the following signs:

- A. Sudden stop of the pump function that quickly leads to death
- B. Loss of consciousness due to reduced cerebral flow
- C. Loss of effective circulation
- D. Hypotension
- E. Presyncope

22.CM. In which interval of time the irreversible brain damages occur:

- A. After 4-6 minutes from the stopping of the cerebral circulation in the absence of any intervention
- B. Approximately 8 minutes if it is followed by the application of basal measures for the support of life
- C. About 16 min if advanced resuscitation measures are applied according to the protocol
- D. After 20 minutes from the stop of the cerebral circulation in the absence of any intervention
- E. Approximately 20 minutes if it is followed by the application of basal measures for the support of life

23.CM. List the characteristic clinical signs of sudden cardiac death:

- A Gradual breathing stop- "mirror sign"
- B. Absence of pulse on large vessels (carotid)
- C. Mydriasis (2-3 minutes)
- D. Loss of consciousness
- E. Dyspnea

24.CM. Causes of the sudden cardiac death in children are:

- A. Idiopathic ventricular fibrillation
- B. Congenital QT syndrome
- C. Bleeding
- D. Myocarditis
- E. Asthma access

25.CM. Non-cardiac causes of sudden death in children are:

- A. Idiopathic ventricular fibrillation
- B. Congenital QT syndrome
- C. Bleeding
- D. Poisoning
- E. Asthma access

26.CM. Note the non-invasive methods for the assessment of patients with a risk of sudden cardiac death.

- A. Electrophysiological tests
- B. EcoCG-Doppler
- C. ECG
- D. CT heart
- E. Cardiac catheterization

27. CM. Write the invasive methods for the assessment of patients with a risk of sudden cardiac death

- A. Electrophysiological tests
- B. EcoCG-Doppler
- C. Coronary angiography
- D. Scheduled stimulation
- E. Cardiac catheterization

28. CM What changes can record the surface electrocardiogram in patients with increased risk of sudden cardiac death?

- A. Ischemic changes
- B. Left ventricular hypertrophy
- C. Sinus ritm
- D. Brugada syndrome
- E. Changes associated with electrolytes serum abnormalities

29.CM. List the relevant datas detected by Eco-CG Doppler in patients with high risk of sudden cardiac death:

- A. Ejection fraction <30-35%
- B. After myocardial sequelea
- C. T wave alternation
- D. Valvulopathies
- E. Congenital diseases

30.CM. In which cases is useful Holter ECG monitoring in patients with proven risk of sudden cardiac death?

- A. The evaluation of ventricular tachyarrhythmias
- B. Impaired left ventricular function
- C. An abnormal blood pressure response during exercise may identify patients with hypertrophic cardiomyopathy

- D. The assessment of ventricular bradyarrhythmias
- E. Syncope

31.CM. In which cases holter -ECG test is useful for patients with a high risk for sudden cardiac death?

- A. The evaluation of ventricular tachyarrhythmias
- B. Impaired left ventricular function
- C. An abnormal blood pressure response during exercise may identify patients with hypertrophic cardiomyopathy
- D. The assessment of ventricular bradyarrhythmias
- E. Syncopes

32.CM. In which cases ECG effort test is useful for the patients with a high risk of a sudden cardiac death?

- A. In the evaluation of the ventricular tachyarrhythmias
- B. Left ventricular function alteration
- C. An abnormal response of the blood pressure during the exercises may identify patients with hypertrophic cardiomyopathy
- D. In the assessment of ventricular bradyarrhythmias
- E. Identify the catecholaminergic polymorphic ventricular tachycardia

33.CM. What investigation will do the survivors of the sudden cardiac death?

- A. ECG
- B. EcoCG-Doppler
- C. Coronary angiography
- D. ECG test effort
- E. Bioassay (hypokalemia, metabolic acidosis, increased myocardial necrosis enzymes)

34.CM. Electrophysiological stimulation is performed in patients with:

- A. Renal disease
- B. Cardiomyopathy
- C. Ventricular tachycardia
- D. Having survived after sudden death
- E. Syncope

35.CM. Which statements are correct for cardiac resuscitation?

- A. Provides the basal life support (BSL-basic life support)
- B. Provides advanced life support (ALS - Advanced Life Support)
- C. Includes the use of antibiotics
- D. The beginning of the cardiopulmonary resuscitation techniques
- E. Resuscitation should be initiated quickly

36.CM. Basal life support (BLS) includes:

- A. Check of the victim's consciousness
- B. The surgical service telephone

- C. The opening of the airways, checking respiration
- D. Checking the pulse (only for the medical staff)
- E. Cardiac arrest <5 minutes with witnesses, automatic external defibrillator available

37.CM. Which statements are correct for external cardiac massage?

- A. Effective compressions supported (no intermission)
- B. Complete decompressions
- C. Compressions are performed with a frequency of 50/min
- D. Compressions are performed with a frequency of 100/min
- E. Compressions in the lower half of the sternum ,to depress the sternum with 4-5 cm

38.CM: Advanced life support (ALS) includes:

- A. Cardiopulmonary resuscitation (cycles of 30 compressions: 2 ventilations or 100 compressions / min and 8-10 ventilations / min)
- B. The attach of a defibrillator
- C. Administration of vasopressors(adrenaline, vasopressin, before / after shock)
- D. Administration of antiarrhythmics:Amiodaromă, lidocaine, Mg sulfate (in torsades of the pointes)
- E. It is possible endotracheal administration

39.CM. For which situations is the implantable defibrillator useful?

- A. Resuscitated cardiac arrest
- B. Sustained ventricular tachycardia (TVS)
- C. Structural heart disease
- D. Dysfunction of the left ventricle and significant left unexplained syncope
- E. Bradicardia

40. CM. Nonpharmacological primary prevention of sudden cardiac death provides:

- A. Change of the lifestyle
- B. The rigorous control of risk factors for atherosclerosis
- C. The reduction of exercises
- D. Administration of angiotensin converting enzyme inhibitors
- E. Administration of statins and beta-blockers

41.CM.Pharmacological primary prevention of sudden cardiac death states:

- A. Administration of angiotensin converting enzyme inhibitors
- B. Administration of statins
- C. Administration of antiarrhythmic drugs
- D. Administration of beta-blockers
- E. Administration of aldosterone receptor blockers

42.CM. Cardiac causes of sudden death in children are:

- A. Idiopathic ventricular fibrillation
- B. Congenital QT syndrome
- C. Bleeding
- D. Poisoning

E. Asthma access

43.CM. List the relevant datas detected by Eco-CG Doppler in patients with high risk of sudden cardiac death:

- A. Ejection fraction >30-35%
- B. After myocardial sequelea
- C. T wave alternatio
- D. Valvulopathies
- E. Congenital diseases

44. CM. In which cases is not useful Holter ECG monitoring in patients with proven risk of sudden cardiac death?

- A. The evaluation of ventricular tachyarrhythmias
- B. Impaired left ventricular function
- C. An abnormal blood pressure response during exercise may identify patients with hypertrophic cardiomyopathy
- D. The assessment of ventricular bradyarrhythmias
- E. Syncope

45.CM. In which cases ECG test is not useful for patients with a high risk for sudden cardiac death?

- A. The evaluation of ventricular tachyarrhythmias
- B. Impaired left ventricular function
- C. An abnormal blood pressure response during exercise may identify patients with hypertrophic cardiomyopathy
- D. The assessment of ventricular bradyarrhythmias
- E. Syncopes

46 CM. Nonpharmacological primary prevention of sudden cardiac death doesn't provides:

- A. Change of the lifestyle
- B. The rigorous control of risk factors for atherosclerosis
- C. The reduction of exercises
- D. Administration of angiotensin converting enzyme inhibitors
- E. Administration of statins and beta-blockers

47.CM.Pharmacological primary prevention of sudden cardiac death states:

- A. Administration of angiotensin converting enzyme inhibitors
- B. Administration of statins
- C. Administration of beta-blockers
- D. Administration of antiarrhythmic drugs
- E. Administration of aldosterone receptor blockers

Cardiomyopathys

1.CS. What type of cardiomyopathy develops in connective tissue disease?

- A. Ischemic Cardiomyopathy

- B. Valvular cardiomyopathy
- C. Hypertensive cardiomyopathy
- D. Inflammatory Cardiomyopathy
- E. Hypertrophic Cardiomyopathy

2. CS. To what large group of cardiomyopathies does the inflammatory cardiomyopathy belong?

- A. Dilated Cardiomyopathy
- B. Hypertrophic Cardiomyopathy
- C. Restrictive cardiomyopathy
- D. Arrhythmogenic right ventricular cardiomyopathy
- E. Nonclassified cardiomyopathies

3. CS. The cardiomyopathy triggers are those listed, except:

- A. Infections
- B. Smoking
- C. Cardiac asthma
- D. Hereditary factors
- E. Alcohol

4. CS. Dilated cardiomyopathy is characterized by the following, except:

- A. Expansion of heart cavities
- B. Decrease of the contractility (ejection fraction decrease)
- C. The onset of heart failure
- D. The occurrence of arrhythmias
- E. The emergence of scar areas

5. CS. The characteristics of the dilated cardiomyopathy are the following statements, except:

- A. Occurs at any age
- B. Prevalence in males
- C. In children prevails in boys
- D. At 50% the etiology is not identified
- E. Prevalence to the woman

6. CS. What type of cardiomyopathy develops in connective tissue disease?

- A. Ischemic Cardiomyopathy
- B. Valvular cardiomyopathy
- C. Inflammatory Cardiomyopathy
- D. Hypertensive cardiomyopathy
- E. Hypertrophic Cardiomyopathy

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- B. Decrease of the contractility (ejection fraction decrease)
- C. The install of a heart failure
- D. The occurrence of arrhythmias
- E. The emergence of scar areas

9.CM. Select the possible causes of dilated cardiomyopathy:

- A. Genetic Mutations
- B. Abuse of coffee
- C. Alcohol Abuse
- D. Viral infections
- E. The action of toxins (mercury, lithium, lead)

10.CM. Mention the forms of dilated cardiomyopathy:

- A. Primary
- B. Secondary
- C. Family
- D. Non-Family
- E. Tertiary

11.CM. Select the possible causes of dilated cardiomyopathy:

- A. Genetic Mutations
- B. Viral infections
- C. Alcohol Abuse
- D. Abuse of coffee
- E. The action of toxins (mercury, lithium, lead)

12.CM. Mention the morphofunctional changes in the dilated cardiomyopathy:

- A. Dilation of all the cardiac cavities
- B. Expansion of the isolated left ventricle
- C. Reduced ejection fraction
- D. Isolated right ventricular dilatation
- E. Subendocardial interstitial fibrosis

13.CM. The common symptoms in dilated cardiomyopathy are:

- A. Expiratory dyspnea
- B. Chest pain
- C. Abdominal discomfort
- D. Anorexia
- E. Cerebrovascular accident

14.CM. What data reveals ECG study in patients with dilated cardiomyopathy?

- A. VS myocardial hypertrophy ,sometimes VD
- B. Atrial fibrillation
- C. Interventricular septal hypertrophy
- D. Extrasystoles
- E. Sinus rhythm

15.CM. What radiological signs can contribute to the diagnosis of dilated cardiomyopathy?

- A. Pulmonary opacity
- B. Cardiomegaly
- C. Venous stasis in the lungs
- D. Azygos vein dilation
- E. Lack of the atherosclerosis

16.CM. What changes records the echocardiography in dilated cardiomyopathy?

- A. Expansion of cardiac chambers
- B. Expansion of isolated left ventricular
- C. Decrease of ejection fraction
- D. Interventricular septal hypertrophy
- E. Detection of the parietal thrombus

17.CM.Indicate the second step investigations in the diagnosis of dilated cardiomyopathy:

- A. Computered tomography
- B. Tilt test
- C. Exercise testing
- D. Magnetic Resonance
- E. Myocardial Biopsy