**Arrhythmias**

1. CS .Note the characteristic ECG sign of sinus bradycardia

A . PQ interval 0.22 mm/sec

B . Irregular RR intervals

C . Atrial and ventricular frequency >70 b/min

D . QRS complex more than 0.14 mm /sec

E . Atrial and ventricular frequency < 60 b/min

1. CS. In sinusal tachycardia, all ECG signs are present excepting

A. RR intervals equal

B. Atrial and ventricular frequency > 100 b / min

C. PQ interval 0.2 sec

D. QRS complex duration 0.1 sec

E. Presence of P waves before each QRST complex

3. CS. Specify the characteristic ECG sign of respiratory arrhythmia:

A. QRS complex is more than 0.1 sec

B. missing P wave before QRS

C. Present of ‘’F’’wave between the QRST complexes

D. cyclical shortening intervals R - R in inspiration

E. cyclical lengthening intervals R - R to inspiration missing

4. CS. Mention clinical sign characteristic in paroxysmal supraventricular tachycardia :

A. high heart frequency

B. tachycardia access begins abruptly

C. tachycardia access start slow

D. vagal maneuvres stops tachycardia access

E. tachycardia access stops abrupt missing

5. CS. Note the characteristic ECG sign in reciprocal atrioventricular tachycardia with acceding ways:

A. PQ interval 0.2 mm / sec

B. negative P waves in DII, DIII, aVF and positive in aVR following QRS

C. irregular RR interval

D. QRS duration > 0.14 sec.

E. usually aberrant QRS complex

6. CS. Note the characteristic ECG sign of paroxysmal ventricular tachycardia:

A. abnormal QRS complex, with secondary changes in ST, T

B. negative P wave before QRS

C. presence of delta wave

D. PQ interval <0.12 sec

E. negative P waves after QRS complex

7. CS. Mention the characteristic ECG sign for atrial extrasistolia :

A. ‘’f’’ wave between RR intervals

B. PQ interval< 0.12 sec

C. presence of premature P wave before QRST complex

D. full compensatory pause

E. absence P wave before QRST complex

8. CS. The characteristic ECG signs in ventricular extrasistolia are all excepting:

A. normal PQ interval

B. ST segment and T wave are opposite to the main deflexion QRS complex

C. full compensatory pause

D. negative P wave after QRS complex

E. QRS duration> 0.12 sec

9. CS. Atrial flutter is characterized by the following ECG signs excepting:

A. atrial frequency contractions 300 b / min

B. propagation of atrial impulses to the ventricles in relation 2:1

C. QRS complex usually normal

D. ‘’F’’ wave between where RR-looking like a saw tooth

E. incomplete compensatory pause

10. CS. The method of choice in paroxysm of ventricular tachycardia with severe haemodynamic instability is:

A. electric shock application 75-100 J

B. intravenous Sol. Novocainamyd

C. intravenous Sol Digoxin

D electric shock application 50 J

E. intramuscular Sol. Lidocaine

11. CM. ECG classification of tachyarrhythmia’s included:

A. wide QRS complex tachyarrhythmia

B. narrow QRS complex tachyarrhythmia

C. normal PQ interval tachyarrhythmia

D. lengthened PQ interval

E. with ST segment elevation tachyarrhythmia

12. CM. Characteristic ECG signs of atrial fibrillation are:

A. irregular RR intervals

B. ‘’F’’ wave between RR-looking saw tooth

C. absence of P-wave

D. ‘’f’’ wave between RR intervals

E. PQ interval duration 0.14 sec

13. CM. Specify the most common causes of atrial fibrillation

A. mitral stenosis

B. thyrotoxicosis

C. alcoholic cardiomyopathy

D. mixedema

E. atrial septal defect type ‘’ostium secundum”

14. CM. Classification of atrial fibrillation includes:

A. acute

B. chronic

C. paroxysmal

D. persistent

E. relapsing

15. CM. Mention correct statements of ‘’vagal’’ paroxysmal atrial fibrillation :

A. is more frequently in women

B. Standby is triggered

C. is more common in men

D. It appears during emotional stress

E. it begin postprandial or during sleep

16. CM. Correct statements in “adrenergic” paroxysmal atrial fibrillation are:

A. occurs during exercise

B is caused by stressful situations

C. mainly in the morning

D. meets more frequently in women's

E. Standby fires

17. CM. Mention the drugs that inhibit the impulse driving the atrioventricular node:

A. Digoxin

B. Propronalol

C. Amiodarone

D. Verapamil

E. Nifedipine

18. CM. Indicate medicines used to restore sinus rhythm in a patient with atrial fibrillation:

A. Digoxin

B. Novocainamid

C. Amiodarone

D. Propafenone

E. Sotalol

19. CM. Thromboembolic risk factors in atrial fibrillation are:

A. age > 60 years

B. arterial hypertension

C. diabetes

D. history of stroke

E. overweight

20. CM. Ventricular flutter is characterized by:

A. syncope

B. ‘’F’’ wave between RR-looking saw tooth

C. absence of peripheral pulse

D. presence of sinusoidal regular waves

E. heart rates 250 -300 per min

21. CM. Ventricular fibrillation is characterized by:

A. delta waves on ECG

B. lack of QRS complexes

C. syncope

D. presence of distorted waves, irregular, chaotic on ECG

E. presents of ‘’f’’waves between QRS

22. CM. Effective resuscitation measures in ventricular fibrillation and flutter included:

A. punch in the chest in the first few seconds

B. initial electrical cardioversion with 200 J

C. electrical cardioversion with 320 – 400 J in unloading effect

D. cardiac massage correctly done in the first minutes

E .Sol. lidocaine intravenous

23. CM. Sinus tachycardia is characterized by:

A. gradually heart rate increase

B. normal physiological response to physical exertion

C. QRS complex is normal

D. PQ interval is more 0.20 seconds

E. the pace is accelerating at inspiration and reduced to expiration

24. CM. Mention sinus tachycardia causes:

A. vagus nerve hypertonus

B. alcohol abuse

C. fever

D. thyreotoxicosis

E. cor pulmonale

25. CM. Junction nonparoxistic atrioventricular tachycardia is caused by:

A. cardiac glycosides poisoning

B. inferior myocardial infarction

C. hypocaliemia

D. heart surgery intervention

E. hypercalcaemia

26. CM. Treatment of atrioventricular reciprocal tachycardias includes:

A. vagal maneuvers application

B. face immersion in cold water 10-30 sec with breath retention

C. solution of Adenosine triphosphate 10 mg intravenous

D. external electric shock with 200 J

E. heart surgery intervention

27. CM. Reciprocal junction atrioventricular tachycardia mechanism includes:

A. atria and ventricles concomitant depolarization

B. impulse circulating into the atrioventricular node

C. anterograde ventricular activation of His – Purkijne system

D. retrograde activation of the atria

E. atria depolarization precedes ventricular depolarization

28. CM. Treatment of atrioventricular reciprocal tachycardias includes:

A. vagal maneuvers application

B. face immersion in cold water 10-30 sec with breath retention

C. solution of Adenosine triphosphate 10 mg intravenous

D. external electric shock with 200 J

E. transoesophageal heart electric stimulation

29. CM. Paroxysmal ventricular tachycardia is characterized by:

A. regular ventricular rhythm

B. effectiveness of vagal maneuvers in treatment

C. abnormal QRS complex with ST, T secondary changes

D. PQ interval prolongation

E. ‘’f’’ waves with 400-700/min frequency

30. CM. Choose antiarrhythmic drugs given to stopping ventricular tachycardia:

A. Digoxin

B. Lidocaine

C. Amiodarone

D. Disopyramide

E. Novocainamid

31. CM. ECG characteristic of atrial extrasitolia included:

A. normal QRS complex

B. lack of P wave

C. negative P wave after QRS complex

D. incomplete compensatory pause

E. premature P wave QRS complex precede

32. CM. Mention polymorphic extrasistolia s characteristic:

A. varying coupling intervals

B. extrasistolias in the same lead have different forms

C. extrasistolias in the same lead have equal forms

D. coupling intervals are equal

E. different outbreaks extrasistolias

33. CM. Ventricular extrasistolias manifested ECG by:

A. QRS complex pathological

B. full compensatory pause

C. P-Q interval less 0.12 sec

D. negative P wave, succeeded QRS

E. lack of P wave

34. CM. The ECG in superior atrioventricular extrasistolia recorded:

A. PQ interval over 0.20 sec

B. normal QRS complex

C. P wave negative in DII, DIII before the QRS complex

D. P wave negative in DII, DIII QRS after QRS

E. incomplete compensatory pause

35. CM. Note the ECG manifestations of average atrioventricular extrasistolias

A. QRS complex usually normal

B. P wave negative in DII, DIII subsequent to QRS

C. P wave is embedded in QRS complex

D. full compensatory pause

E. P wave negative in DII, DIII precede QRS complex

36. CM. In the lower atrioventricular extrasistolia ECG recorded:

A. P wave failure

B. normal QRS complex

C. incomplete compensatory pause

D. negative P wave after QRS complex

E. wide QRS complex

37. CM. Lawn-Wolf classification of extrasistolias includes:

A. Class I - solitary monomorphic extrasystoles -> 30 ex / h

B. Class II - solitary polymorph extrasystoles

C. Class III - polymorphic ventricular extrasistolias

D. Class IV - recurrent ventricular extrasistolias (duble, triples, sage)

E. Class V - early ventricular type “R on T”

38. CM. Name I class antiarrhythmic drugs

A. Lidocaine

B. Mexilitin

C. Quinidine

D. Novocainamid

E. Amiodarone

39. CM. Name II class antiarhythmic drugs:

A. Amiodarone

B. Lidocaine

C. Metoprolol

D. Nebivolol

E. Carvedilol

40. CM. Name III class antiarrhythmic drugs:

A. Lidocaine

B. Sotalol

C. Quinidine

D. Novocainamid

E. Amiodarone

**Conduction disturbances (heart blocks)**

41. CS. What disorder can not be diagnosed by electrocardiographic conduction?

A. Atrioventricular block gr. I

B. Complete right bundle branch block of His bundle

C. Sinoatrial block of gr. I

D. Atrioventricular block gr. III

E. Sinoatrial block of gr. II

42. CS. Sinoatrial block grade II, electrocardiographic, manifested by:

A. sinusal pauses; no P wave

B. periodical lack QRS complexes

C. full compensatory pause after PQRST complex

D. frequent atrial and ventricularare contractions

E. PQ interval prolongation

43. CS. Name conductivity disorder is characterized by ECG periods Wenckebach:

A. II degree atrioventricular block, type II (Mobitz II)

B. II degree sinoatrial block, type I (Mobitz I)

C. Third degree atrioventricular block

D. complete right bundle branch block of His beam

E. left bundle branch block of His beam

44. CS. The main clinical feature of advanced sinoatrial and atrioventricular blocks II degree type II (Mobitz II) is:

A. Palpitations

B. Dyspnea on exertion moderate or mixed

C. Fatigability

D. Syncopal states

E. Constrictive retrosternal pain with iradiation below the right shoulder blade

45. CS. Atrioventricular block gr. I electrocardiographic manifested by:

A. Elongated QRS Interval

B. Negative P waves before QRST complex

C. PQ or PR intervals more than 0.2 sec

D. PQ intervals different

E. Where Delta

46. CS. The atrioventricular block gr. II, electrocardiographic, stating:

A. lack of periodic PQRST complex

B. lack of P wave

C. lack regular QRS complexes

D. The presence of “F” waves

E. The presence of “f”waves

47. CS. Characteristic sign called third degree atrioventricular block:

A. None of atria impulses propagate to the ventricles

B. Gradual slowing of the propagation of impulses to the ventricles

C. Organic lesion His-Purkinje system

D. Pausing the electrical activity of sinus node

E. Impulses are conducted retrograde from the ventricles to the atria

48. CS. Third degree atrioventricular block electrocardiographically is manifested by

A. atrial contractions and ventricular ratio is 3:1

B. atrial and ventricular contractions independent

C. sinus pause without P wave

D. lack of periodic PQRST complexes

E. QRST complexes lack regular

49. CS. Mentione ECG carcateristic sign of complete right bundle branch block beam Hiss:

A. presence of large R wave, crocheted in III, AVF, V1, V2

B. PQ interval prolongation

C. PQ interval shortening

D. where R wide, crocheted in I, AVL, V5, V6

E. where S is larger in III, AVF, V1, V2

50. CS. Mention ECG sign of complete left bundle branch block beam Hiss:

A. presence of large R wave, crocheted in III, AVF, V1, V2

B. PQ interval prolongation

C. PQ interval shortening

D. where R wide, crocheted in I, AVL, V5, V6

E. where S range in I, AVL, V5, V6

51. CS. Mention indication to implantable cardioverter-defibrillator:

A. Ventricular fibrillation recurrences at varying intervals of time

B. Complete atrioventricular block

C. Atrial fibrillation

D. Atrial flutter

E. Complete sinoatrial block

52. CM. Name asistolias causes:

A. atrioventricular block III degree

B. atrioventricular block I degree

C. ectopic rhythm from the middle of atrioventricular junction

D. complete sinoatrial block

E. chronic atrial fibrillation

53. CM. The causes of abnormal automatism can be:

A. Extent of myocardial fibers

B. Changes in electrolyte balance

C. Action of catecholamine

D. Myocardial infarction

E. Anemia’s

54. CM. Specify the electrophysiological mechanisms of arrhythmias

A. Decreasing of normal automatism

B. Increasing of normal automatism

C. Presents of pathological automatism

D. Early postdepolarization

E. Late posdepolarizations

55. CM. What is ECG characteristic II degrees sinoatrial block type II (Mobitz II)

A. equal PP periods

B. incomplete compensatory pause after PQRST complex

C. sinusal pause, no P wave

D. pause duration corresponding to 2,3 or more PP normal intervals

E. pause is preceded by progressive decrease in PP intervals

56. CM. Classic version of Morgan - Adams - Stocks syndrome included:

A. hypertension

B. sudden onset

C. syncope with pronounced pale skin

D. reactive hyperemia after exit from the crisis

E. transient character

57. CM. Specify the correct statements atrioventricular block gr. I

A. Keeping of all atrial impulses to the ventricles

B. PQ or PR interval over 0.2 sec

C. common in the elderly

D. PQ or PR interval less than 0.12 sec.

E. Gradual lengthening of the PQ interval

58. CM. Name atrioventricular block features II degree, type I (Mobitz I):

A. Progressive lengthening of PQ or PR interval

B. Omission of ventricular contraction

C. The presence of Wenckebach periods Samoilov

D. Irregular RR intervals

E. Regular RR intervals

59. CM. The atrioventricular block II degree, type II (Mobitz II) is characterized:

A. Samoilov-Wenckebach periods

B. RR intervals equal

C. Not all atrial impulses are propagated to the ventricles

D. the ECG recorded absence of 1, 2, 3 …QRS complex

E. Organic lesion is present in conductibility heart system

60. CS. Frederic syndrome includes a combination of atrial fibrillation with:

A. Atrioventricular block II degree, type II

B. Complete sinoatrial block

C. Frequent atrial extrasistolia

D. Frequent ventricular extrasistolia

E. complet atrioventricular block

61. CM. Specify characteristics of third degree atrioventricular block located in the AV node:

A. It is often congenital

B. In most patients AV junctional rhythm is registered with the heart rate40-60 b / min

C. During exercise and stress the heart rates is accelerating up to 100 b / min

D. heart rates is not more that 40 b / min

E. It is almost always acquired

62. CM. Specify characteristics of third degree atrioventricular block in the system based Hiss - Purkinje:

A. It is often congenital

B. Patients have syncopal states

C. During exercise and stress the heart rates is accelerating up to 100 b / min

D. The frequency rate does not exceed 40 b / min

E. It is almost always acquired

63. CM. Note rhythm disorders manifested by syncopal states:

A.Ventricular fibrillation

B. Atrial fibrilation

C. Ventricular flutter

D. Ventricular tachycardia

E. Complete atrioventricular block

64. CM. The complete left bundle branch block of His beam on ECG is registered:

A. QRS duration exceeding 0.12 sec.

B. S-ventricular complex in III, AVF, V1, V2

C. S-ventricular complex in I, AVL, V5, V6

D. ventricular complex type R in I, AVL, V5, V6

E. QRS duration from 0.10 to 0.12 sec.

65. CM. Note the ECG signs of incomplete right bundle branch block of His beam:

A. widening of QRS complexes over 0.12 sec

B. ventricular complex in leads RSR type III, AVF, V1, V2

C. absence and presence of Q waves in leads V5 wide S waves, V6

D. ventricular rhythm

E. QRS duration from 0.10 to 0.12 sec

66. CM. Specify the correct statements Wolff-Parkinson-White syndrome:

A. The presence of a pathway directly linking accessories atrium of the ventricles

B. Atrial impulse propagated simultaneously towards node Hiss and f. Kent

C. Early depolarization ventricles

D. The presence of delta wave on ECG

E. PQ interval within 0.12 to 0.20 sec

67. CM. Incomplete left bundle branch block of His beam is characterized by:

A. “R” type complex in I, AVL, V5, and V6

B. electric axis suddenly diverted to the left

C. S complex type III, AVF, V1, V2

D. QRS duration from 0.1 to 0.12 sec

E. junction rhythm

68. CM. Wolff-Parkinson-White syndrome is manifested on electrocardiogram by:

A. The presence of delta wave

B. RR intervals equal

C. normal P wave and PQ interval less that 0.12 sec

D. PQ interval over 0.18 seconds

E. Progressive lengthening of the interval PQ

69. CM. Specify the indications for implantation of permanent cardio stimulation:

A. Complete atrioventricular block associated with symptomatic bradycardia

B. Frederick Syndrome

C. Recurrent syncope associated with systolic intervals over 3 sec.

D. Atrioventricular block gr. II persistent after previous myocardial infarction

E. Ventricular fibrillation

70. CM. Rhythm disorders indicate that you use transesophageal electrocardiostimulation:

A. Atrial flutter

B. Paroxysmal AV reciprocal tachycardia

C.Ventricular fibrillation

D. Ventricular Flutter

E. Bifascicular block

**Endocarditis**

71 CS. Infective endocarditis is a disease:

A. Degenerative

B. Destructive

C. Infectious

D. Congenital

E. Inherited two

72. CS. Infective endocarditis most rare involved:

A. Mitral valve

B. Aortic valve

C. Tricuspid valve

D. Pulmonary artery valve

E. Eustache valve

73. CS. Note predominantly infectious agent in intravenous drug users and patients with prosthetic valves:

A. Streprococcus virdans

B. Streptococcus β hemolytic

C. Staphylococcus aureus

D. Staphylococcus epidermal

E. Enterococcocus fecalis

74. CS. The first description of infectious endocarditis belongs to:

A. E. Libman

B. W. Osler

C. H. Schottmuller

D. W. Thayer's

E. S. Jaccoud

R: B

75. Treatment of infectious endocarditis includes the following drugs excluding:

A. Antibiotics

B. Antifungal

C. Cardiac glycosides

D. Anticoagulants

E. β-blockers

76. CS. Note the dose of Amoxicillin used in secondary prophylaxis of infection endocarditis:

A. 500 mg / day to 2 hours before dental procedure

B. 500 mg / day after the dental procedure

C. 2 g 30-min- 1 hour before procedure

D. 1 g / day to 2 hours before dental procedure

E. 500 mg / day in 4 divided doses

77. CS. Methicillin-resistant streptococcal endocarditis is exclusively treated with:

A. Penicillin G

B. Ceftriaxone

C. Vancomycin

D. Gentamicin is.

E. Amoxicillin

78. CS. Name the most common and most serious complication of infectious endocarditis:

A. Embolic events

B. Heart failure “Osler” type

C. Glomerulonephritis

D. Encephalitis

E. Toxic hepatitis

79. CS. Name the most informative laboratory tests in infective endocarditis:

A. Full blood

B. Urea

C. C-reactive protein

D. Blood culture

E. Urine culture

80. CM. Vegetatations in endocarditis are localized on:

A. Native valves

B. Valve Eustache

C. Ileocecal valve

D. Prosthetic valves

E. Ventricular septal defect

81. CM. Major criteria for diagnosis of infective endocarditis are:

A. Fever ≥ 38 C

B. Fever ≤ 38 C

C. Positive blood culture in three peripheral veins

D. Positive blood cultures from a single sample

E. The presence of vegetation on echocardiography

82. CM. Note the key clinical manifestations of infectious endocarditis

A. Diarrhea

B. Vomiting

C. Chills

D. Increased sweating

E. Fever

83. CM. The predominant right heart endocarditis has following complications:

A. Septic pneumonia

B. Destructive multifocal pneumonia

C. Cerebral embolism

D. Coronary embolism

E. Pulmonar abscess

84. CM. Note specific embolic complications of left heart endocarditis:

A. Renal emboli

B. Cerebral embolism

C. Splenic embolism

D. Renal emboli

E. Trombembolias

85. CM. Primary prophylaxis of infectious endocarditis is obligatory in patients with:

A. Mitral valve prolapse

B. Ischemic Heart Diseases

C. Hypertrophic cardiomyopathy

D. Prosthetic valves

E. Infective endocarditis in antecedence

86. CM. Infective endocarditis is considered active in the following cases:

A. In the first two months of the onset

B. Persistent fever regardless of disease duration

C. Endocardial inflammation by morphological examination proving

D. Positive blood cultures

E. Pathogenic detection in smears from the nasopharynx

87. CM. Name corrects statements of prosthesis endocarditis early:

A. Staphylococci and streptococci are predominant infectious agents’

B. Embolic complications are the cause high rate mortality

C. Develops in the first 12 months after valve replacement

D. Develops in the first 24 months after valve replacement

E. Also is called nosocomial endocarditis

88. CM. The treatment of heart failure in endocarditis included:

A. Surgical correction of the valvulopathy

B. Glycosides

C. Diuretics

D. Glucocorticosteroids

E. Angiotensin Converting Inhibitors

89. CM. Note the indication to surgical treatment of infectious endocarditis:

A. Fungal endocarditis

B. Streptococcal endocarditis

C. Complicated by Myocardial abscess

D. Infective endocarditis complicated by glomerulonephritis

E. Resistant to antibacterial therapy

**Valvular heart diseses**

90. CS. Name the most used laboratory investigation for diagnosis of rheumatic heart diseases:

A. Electrocardiography

B. Echocardiography

C. Chest X-ray

D. Cardiac CT

E. MRI of the heart

91. CS. Note uncharacteristic complication of mitral regurgitation:

A. Atrial fibrillation

B. Endocarditis

C. Systemic embolism

D. Stomach bleeding

E. Cardiac Asthma

92. CS. Treatment of manifest mitral regurgitation does not include:

A. ACE inhibitors

B. Beta blockers

C. Diuretics

D. Cardiac glycosides

E. Alfa mimetic drugs

93. CS. Name the most common rhythm disorder in mitral stenosis:

A. Sinus bradycardia

B. Ventricular Extrasistolia

C. Atrial fibrillation

D. Ventricular fibrillation

E. Atrioventricular blocks

94. CS. Name the cause of typical angina attacks mitral stenosis

A. Increased blood flow to the heart

B. Sudden increase in blood in the capillaries

C. Congestions in small circuit

D. Left coronary artery compression by increased left atrium

E. Right coronary artery compression by increased right atrium

95. CS. Specify normal hole surface of aorta

1. 2,5 – 3,0 cm2
2. 2,0 – 2,5 cm2
3. 3,5 – 4,0 cm2
4. 1,5 – 2,0 cm2
5. 3,0 – 4,0 cm2

96. CS. Note the valvulopathy causing severe left ventricular concentric hypertrophy:

A. Mitral stenosis

B. aortic stenosis

C. Mitral valve regurgitation

D. Aortic valve regurgitation

E. Pulmonary artery regurgitation

97. CS. Mention valvulopathy can reach values the diastolic blood pressure ​​to 60-0 mmHg.

A Aortic stenosis.

B Mitral stenosis

C. Pulmonary artery stenosis

D. Mitral valve regurgitation

E. Aortic valve regurgitation

98. CS. Mention normal ejection fraction

A. 50 %

B. 80-100%

C. 90-95%

D. 40-60%

E. 20-30%

99. CS. Specify a normal right atrium diameter size:

A. 20-40 mm

B. 15 - 20 mm

C. 40-50 mm

D. 10 - 20 mm

E. 50-60 mm

100. CS. Specify a normal left atrium size.

A. 10 - 20 mm

B. 15- 20 mm

C. 20-40 mm

D. 40-50 mm

E. 50-60 mm

101. CM. Mitral regurgitation is caused by:

A. Mitral valve calcification and fibrosis

B. Rupture of mitral cusp

C. Cordage rupture

D. Papillary muscle rupture

E. The decrease of mitral orifice area

102. CM. Pathology in mitral valvular regurgitation is characterized by:

A. Incomplete closure of the mitral cusps

B. The decrease of mitral orifice area

C. Thickening and shortening of trends chords

D. Cusps fusion

E. Inflammatory and sclerotic changes in mitral ring

103. CM. Mentioned changes in heart auscultation of mitral regurgitation:

A. Noise I snapped apex

B. Noise I fell apex

C. Systolic murmur at the apex

D. Diastolic murmur at the apex

E. Diastolic murmur at aorta

104. CM. Called ECG characteristics of sever mitral regurgitation:

A. Left atrium hypertrophy

B. Horizontal or left deviation electric cord axe

C. Left ventricle hypertrophy

D. Atrial fibrillation

E. Right atrium hypertrophy

105. CM. Clinical characteristics of patients with mitral insufficiency are:

A. Inspiratory dyspnea on exertion

B. Palpitations

C. Cardiac asthma attacks

D. Syncopal states

E. Constrictive retrosternal pain of short duration, dependent exercise

106. CM. Pathologic changes in mitral stenosis are characterized by:

A. Incomplete closure of the deformity mitral cusps

B. Fusion corner

C. Thickening and shortening of trends hordes

D. Cusps fusion

E. Inflammatory and sclerotic changes and mitral ring

107. CM. Mentioned changes in heart auscultation of mitral stenosis:

A. Noise I snapped apex

B. Noise I fell apex

C. Systolic murmur at the apex

D. Diastolic murmur at the apex

E. Noise mitral valve opening

108. CM. Characteristic ECG signs called mitral stenosis:

A. Left atrium hypertrophy

B. horizontal or left electrical axis deviation r

C. Right ventricle hypertrophy

D. Atrial fibrillation

E. Left Ventricle hypertrophy

109. CM. Clinical characteristics of patients with mitral stenosis are:

A. Inspiratory dyspnea on exertion

B. Expiratory dyspnea at rest

C. Cardiac asthma attacks

D. Syncopal states

E. Constrictive retrosternal pain of short duration

110. CM. Specify the correct statements of severe mitral stenosis

A. Mitral orifice area is less than 1. 5 cm

B. Mitral orifice area is less than 1 cm

C. Mitral orifice area is less than 2 cm

D. The average pressure in left atrium is above 30 mmHg

E. Average pressure in left atrium is 20 mmHg

**Dyslipidemia**

**111.** CM. Metabolic syndrome X include:

A. Abdominal circumference > 102 cm for men and > 88 cm women

B. Triglycerides ≥ 1.7 mmol / l

C. HDL-cholesterol levels < 1.0 mmol / l in men and <1.3 mmol / l in women

D. Blood pressure ≤ 120/80 mmHg arteries.

E. Glucose ≥ 6.1 mmol / l.

**112.** CM. What are the ways of recycling of cholesterol:

A. Reusing cholesterol for synthesis lipoprotein

B. Kidney storage

C. Storage within hepatocytes

D. Excretion with urine

E. Excretion in the bile

**113**. CM. Which factors leading to decreased HDL-cholesterol:

A. Obesity

B. Diet with low-carbohydrates

C. Smoking

D. Type 2 diabetes

E Genetics factors

**114**. CS. What lipoproteins carry tisular cholesterol from peripheral tissues and to the liver and realize the vascular protective effect.

A. Very low density lipoproteins (VLDL)

B. Lipoproteins intermediate density (IDL)

C. Lipoproteins density lipoprotein (LDL)

D. Lipoproteins high density lipoprotein (HDL)

E. Chylomicrones

**115.** CM. List lipid risk factors for ischemic heart disease:

A. High levels of LDL-cholesterol

B. Low levels of LDL – cholesterol

C. High levels of triglycerides

D. Increased level of non-HDL-cholesterol

E. Decreased levels of HDL-cholesterol

**116.** CM. List the non-lipid risk factors modifiable for coronary heart disease:

A. Hypertension

B. Hypotension

C. Smoking

D. Diabetes, obesity

E. Atherogenic diet

**117.** CM. List a functional symptoms for hypercholesterolemia.

A. Headache

B. Anuria

C. Tinnitus

D. Edema

E. Fatigue

118**.** CM. What are the main ocular stigmata of hiperlipidemia

A. Xantelasma

B. Sign Salus -Gunn

C. Corneal arch

D. Strabismus

E. Lipaemia retinalis

**119.** CM. The lipoprotein metabolism disorders is characteristic to determine:

A. Estrogens

B. Total cholesterol

C. Triglycerides

D. HDL cholesterol

E. LDL cholesterol

**120.** CS. What are the normal values ​​of total cholesterol in adults.

A. < 5.5 mmol / l

B. < 5.8 mmol / l

C. < 5.0 mmol / l

D. < 6.0 mmol / l

E. < 6.2 mmol / L

**121.** CS. What are the normal values ​​of triglycerides in adult.

A. <2.2 mmol / l

B. <2.5 mmol / l

C. <2.8 mmol / l

D. <1.7 mmol / l

E. <3.0 mmol / l

**122.** CM. What steps include lifestyle changes in non-pharmacological treatment of hipercholesterimiei

A. Decreased consumption of saturated fat

B. Increase carbohydrate consumption

C. Decreased consumption of cholesterol < 200 mg / day

D. Increase consumption of fiber (10-25 g / day)

E. Increase physical activity

**123.** CM. Elevation of total cholesterol may occur through:

A. Increased LDL-cholesterol: the type II

B. The reduction of LDL-cholesterol

C. Increased HDL-cholesterol: hyper α - lipoprotein

D. Increased VLDL - cholesterol

E. Elevation of triglycerides