Pathology Final

CVS 🫀

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IHD1+2

1.Thrombosis of atheromatous plaque, the most common complication:

A. Stable angina
B. Effort angina
C. Unstable angina
D. Prinzmetal angina
E. Variant angina

Ans:C

2.diminished oxygen-carrying capacity of the blood represents the most frequent mechanism of cardiac ischemia:

a. True
b. False

Ans: B

3.angina pectoris is defined as ischemia that causes pain but is insufficient to lead to death of myocardium

a. True
b. False

Ans:A

4.Stable angina pectoris is also known as crescendo angina

a. True
b. False

Ans: B

5.the following statements conform with angina pectoris except:

a. Prinzmetal is usually associated with elevated ST segment of ECG
b. Stable angina is relieved by rest
c. Unstable angina is considered a pre-infarction
d. Typical angina is produced mainly on rest
e. Variant angina is due to vasospasm

Ans: D

6.stable angina has the following characters except:

a. Appears with increased demand for blood
b. Associated with depressed ST segment of ECG
c. Basically there is fixed coronary narrowing by atherosclerosis
d. Usually of a short period
e. Being the least common

Ans:E (maybe NOT included)

7.angina pectoris that occurs more frequently and of progressively longer period than other is:

a. Crescendo
b. Stable
c. Variant
d. Prinzmetal
e. Effort angina

Ans:A

7.a man who suffer from chest pain and breathlessness after climbing the stairs to the 3rd floor, he has:

a. Stable angina
b. Prinzmetal angina
c. Unstable angina
d. Myocardial infarction

Ans: A

8.all of the following regarding ischemic heart disease are correct EXCEPT:

a. Associated with a severe substernal pain that can radiate to the left arm
b. Variant angina is associated with coronary artery vasospasm
c. Stable angina is also known as pre-infarction angina
d. Chronic IHD is usually associated with arrhythmias
e. Typical angina can be relieved by rest and nitroglycerin

Ans: C

9.all of the following would mostly lead to unstable angina EXCEPT:

a. Partially occlusive thrombus
b. Complete coronary obstruction
c. Stenosis with superimposed spasm
d. Distal embolus formation
e. Atheromatous plaque rupture

Ans:B

10.Which of the following mostly to proceed to MI?

Unstable angina

11.Not one of the clinical forms of IHD:

Endarteritis obliterans

12.Wrong pair:

Atherosclerotic plaque rupture/ prinzmetal angina

valvular diseases 1+2

13.Rheumatic fever is an infection of the heart caused by bacteria, especially Streptococci

a- True
b- False

Ans:B

14.Influenza viruses represent the most important pathogens in infective endocarditis

a- True
b- False

Ans:B

15.Prosthetic heart valves are considered risk factors for infective endocarditis

a- True
b- False

Ans:A

16.Fever and painful tender joints are common signs and symptoms of Rheumatic fever

a- True
b- False

Ans:A

17.IV drug usage is a unique risk factor for infective endocarditis of the pulmonary valve
a- True
b- False

Ans:B

18.Which of the following regarding infective endocarditis is TRUE:

a. No fever can be seen during infection
b. Is an auto-immune mediated disease
c. Acute endocarditis is due to infection with a low virulent microorganism
d. Can result in the formation of a septic infarct
e. Recovery is very difficult and most cases end in death

Ans:D

19.The second most common valve to be affected by rheumatic after mitral is:

a. Aortic
b. Pulmonary
c. Tricuspid
d. Pulmonary and tricuspid

Ans:A

20.Subacute endocarditis is often developed by presence of:

a. Abnormal valves
b. Congenital deformities
c. Rheumatic lesions
d. A&B is correct
e. All are correct

Ans:E

21.The microorganism responsible for rheumatic carditis is:

a. Alpha streptococcus hemolytic group A
b.Human papilloma virus
c.Staphylococcus aureus
d. All of the above
e.None of the above

Ans:E

22.The most common cause of death in acute rheumatic carditis is:

a. Serofibrinous pericarditis
b. Mitral stenosis
c. Thromboembolism
d. Valve incompetence
e.myocarditis

Ans:E

23.The cardiac vegetations which fragment and embolize most are due to:

a. Infective endocarditis
b. Rheumatic carditis
c. Systemic lupus erythematosus
d. Non-bacterial thrombotic endocarditis
 e. Marantic endocarditis

Ans:A

24.The valve most commonly affected by rheumatic carditis is the:

a. Pulmonic
b. Tricuspid
c. Mitral
d. Foramen ovale
e.Aortic

Ans:C

25.The cardiac valve vegetations most frequently embolizing are those of:

 a. Limban sacks
 b. Rheumatic carditis
c. Marantic
d. Infective endocarditis
e. Associated with cancer

Ans:D

26.All of the following regarding rheumatic heart fever are correct EXCEPT:

a. Aschoff bodies can be seen in acute rheumatic heart disease
b. Chronic form of rheumatic heart fever is associated with stenosis
c. Can affect the pericardium, myocardium or endocardium (including valves)
d. The most important cause of acquired post-inflammatory valves scarring
e. It's an infection due to group A – β hemolytic streptococci

Ans:E

27.The following conform with rheumatic carditis except:

a. Incidence peaks during childhood
b. Death in acute rheumatic carditis is most commonly due to mitral stenosis
c. Considered of immunologic etiology
d. Antibiotic prevention is possible
e. All cardiac tissues can be involved

Ans:B

28.Major cause of death in (acute) Rheumatic Carditis:

Acute Myocarditis

29.An 11 years old girl suffered from acute pharyngitis and died shortly after. Her condition became worse before she died. What will we expect to see in a postmortem sample?

Aschoff bodies (bcz its acute) .

30.The most common congenital valve disease:

 Bicuspid aortic valve

31.Not part of major Jones criteria:

Fever

32.Wrong combination:

Aschoff bodies & acute phase of infective endocarditis

33.Most systemic emboli results from:

Acute myocardial infarction.

Good luck