

## Microbiology:

which of the following is associated with nosocomial infection:

- a- hantavirus
- b- dengue fever
- c- yellow fever
- d- **ebola virus** .... correct
- e- lassa virus

most common cause of endocarditis ?

- a- Enterococcus
- b- Candida albicans
- c- Salmonella
- d- **Viridans streptococci**
- e- Brucella

the answer is: d- Viridans streptococci

## Pathology:

**A 17 year old woman complained of blurry vision and dizziness. Upon examination there was no pulse in the radial artery. What do we expect her to have?**

Buerger's Disease

Giant Cell Temporal Vasculitis

Kawasaki

**Takayasu**

The answer is Takayasu

**An old man complains of chest and lower back pain. He has a history of chronic hypertension. His ECG was normal, blood pressure 70/50mmHg and upon auscultation, aortic regurgitation could be heard.**

**What do we expect this man to have?**

I'm sorry I forgot the choices, but the answer is aortic dissection

**An 11 year 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 because its acute.

**A 67 year old man with a history of hypertension was sent home 4 days after an MI. He returned to his normal activities, but died suddenly the next day. We expect to see:**

A. Arrhythmia

**B. Myocardial rupture**

C. Ventricular aneurysm

I forgot the other choices

But the answer is B

\*Note: Fatal arrhythmia would have occurred while he was going to the ER. we may see ventricular hypertrophy, but that would not lead to sudden death. Remember he only had an MI 4 days ago, the walls are still very weak, any systole at any time may cause rupture

**Relations which is incorrect :**

Mural aortic thrombus >>> stasis

Paradoxical embolism >>> atrial dilation

i think Mural aortic thrombus >>> stasis

**caisson disease is caused by :**

A - thromboembolism

**b - nitrogen embolus**

c - saddle embolus

d amniotic fluid embolus

e - fat embolus

the answer is b - nitrogen embolus

**A tumor at the arch of aorta might compress all the following except:**

A. Thoracic duct

B. esophagus

C.

D

>>>lt. pulmonary artery , Because at the level of the aortic arch, the left pulmonary artery is not yet seen

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**Varicose Veins choose the correct answer :**

A- hypertension is a major risk factor

b- more in males

**c- chronic skin ulcers is a complication**

d- embolism is common

the answer is: c- chronic skin ulcers is a complication

**choose correct answer :**

malignant hypertension >>> with cance

r metastasis

hyaline arteriosclerosis >>> normo-tensive\*\*\*\*

Hyperplastic Arteriosclerosis >>> diabetes

essential hypertension is about 5%

**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

the answer is: A - stable angina

**about aortic aneurysm and aortic dissection :**

- a- hypertension is a major cause
- b- atherosclerotic aneurysm occurs more <50
- c- something about marfan syndrome
- d- syphilitic aneurysm is associated with obliterative endarteritis
- e- something about mycotic aneurysm

=B not sure

**woman has mastectomy for carcinoma and Removed axillary lymph nodes , complain of adema in the arm, she has :**

- A- chylous
- b- lymphadema\*\*\*

answer is b

**Subacute endocarditis often developed by presence of :**

- a- abnormal valves
- b- congenital deformities
- c- rheumatic lesions
- d- a & b is correct
- e- all are correct\*\*\*\*

the answer is : e- all are correct

**all of the following close at or shortly after birth:**

- a- ductus venosus
- b- ductus arteriosus
- c- foramen ovale
- d- right umbilical vein\*\*\*\*

answer d

**Which is wrong :**

Coagulation necrosis in the brain is as a result of ischemic injury

**Uncontrolled factor of \*something\***

- obesity
- diabetes
- smoking
- >race
- hyperlipidemia

**Which is true :**

Trousseau sign is migratory thrombophlebitis

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## Pharmacology:

a man who's been on clonidine for a year and stop it , he came to the er with tachycardia and hypertension, in addition to return him on clonidine you must give him:

- a- Pindolol
- b- Fenoldopam
- c- **Labetalol**
- d- Propranolol
- e- Enalapril

the answer is c- Labetalol

**a b-blocker that have short half-life and used for intraoperative and postoperative hypertension ?**

esmolol

**A side effect that distinguishes ACEi from ARBs ?**

- A. Cough \*\*
- B. hypotension
- C. hyperkalemia

**drug of choice for patient with low bp and angina >> Diltiazem**

**Combined use of statin with which drug increases myopathy:**

gemfibrozil

**Undesirable effect of b blocker>> increases ejection time**

**throbbing headache --> mononitrate**

**ARBs instead of ACEi because of ---> cough**

**ACEi with ARBs in heart failure ---> to blunt the effect**

**Hypokalemia increase the risk of ---> Digoxin**

**Transient Angina with Hypotension --> **Diltiazem****

**Contraindicated in Variant Angina ---> B blocker**

**Sensitivity is returned after 12 hours of tolerance in --> mononitrate**

**Undesirable effect of b blocker ---> increases ejection time**

**Additive side effect of Myopathy in statin and ---> Gemfibrozil**

**At high doses they impair the absorption of fat soluble vitamins (A,D,E,andK)--->Cholestyramine**

**which is wrong --> two answers loop diuretics with hyperkalemia , eprelnone with gynecematsia**

**patient with pulmonary edma --> Furosemide**

**Which drug should be given to a man suffering from both *chronic hypertension* an *prostate hypertrophy*?**

Silodosine \*\*

Propranolol

Doxasin

it is Doxasin\*\*\*

silodosin only w ith prostate hypertrophy without hypertension >> refer to record

## Biochem

The changes that happen in MI --> to preserve O<sub>2</sub>

NOT site of drug action after reperfusion --> MCT enzyme

CK MM is high, CK MB is high --> ana jawbt The test must be repeated ma  
cardiac index --> CK MB from Total CK

CK MB and CK Mm elevation

patient has MI

MI & liver \*\*

## Clinical :

which is true : with mechanical valves the INR should be 2-3

Patient has chest pain with exercise --> stable angina

low O<sub>2</sub> demand on the heart --> B blocker

unmodified risk of Heart diseases --> race

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## Physiology:

### **What's equal in both systemic and pulmonary circulation :**

Blood volume \*\*\*\*

Preload

After load

Stroke work

>> Blood vol !! He kept repeating inno blood in both is the same and he once said inno if it w as not a huge amout of blood w ould accumulate in the the ventricles !!! FOR sure

### **Maximum flow in left coronary :**

During ejection

At the beginning of diastole\*\*\*

>>due to accumulation of the vasodlatior from prev. contraction

### **During total block to bundle of his what happens**

Pr interval stays constant

Ventricles rate becomes 20-40

Qrs complex changes in length\*\*

it w as 30-40

the right answer was QRS change in shape not length

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### **the slowest conduction:**

a- sa node

b- av node\*\*\*

c-ventricle muscle

d- purkinje fiber

answer: b

### **cardiac muscle cell differ from skeletal cell :**

1- poor in mitochondria

2- have more t tubulre per sacromere

3- cardiac rest length is less than its optimal\*\*\*

3

**What baroreceptors don't do;** decrease renin secretion

### **something about cardac cycle :**

1-we can hear first sound before R .( nasi t8rebn )

2-second second during QT interval .

**In case of sudden increase in the peripheral pressure what happens to the afferant impulses from baro receptors and the efferent vasoconstrictor effect ?**

Increase decrease

**In case of decreasing diameter of artioloes what happens to the flow , conductance and resistance ?**

Decrease , decrease , increase

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**Kan fi so2al which "shunt" closes before birth**

interventricular foreamen \*\*

foramen ovalis

ductus venosus

ductus arteriosus

im not sure i think awal choice

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**One has his electrical axis angle 119 , which lead' s angle is close to this ?**

AVI

AVf

Lead 2

Lead 3 <<

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**Vagal stimulation would increase :**

PR interval \*\*

Contractibility

Ejection fraction

Stroke work

What defects decrease left ventricular output

kan el jawab A and B ( ASD and VSD)

A young girl who has 150/90 Bp in upper half of body and lower in low half of body. Chest x ray was ordered to >>show groovings on lower border of ribs

😊السموحه منكم هذي الي قدرت أجمعه والي متذكر اجابته بس تاكدوووووا منها  
أخوكم محمد سيف ..

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