Week 7

Acute coronary syndromes

(ACS) Structural heart disease

1.What is the pathophysiology of hyperacute T wave?

2.What is the de Winter pattern? And it signify blockage of which coronary artery ?

3.What are the causes of ST depression?

4.What are the potential causes of T wave inversion?

5.What is the pathophysiology of ST elevation on ECG caused by MI?

6.What is the pathophysiology of Q wave on the ECG due to MI?

7.What are the characteristics of pathological Q wave?

8.What is the normal T wave direction in lead V1? What are the causes that can make it abnormal?

9.What are the ECG changes in Inf MI?

10.What is the earliest sign on ECG due to Inf MI?

11.What is the ECG changes in Inf MI indicating RV involvement? And which vessel usually is involved?

12.What are the ECG changes due to RV infarction?

13.What are the causes for ST elevation in aVR?

14.What are the ECG characteristics of Post. MI?

15.What are the criteria for diagnosis of MI with LBBB pattern?

16.What are the most common causes of ST Elevation in emergency?

17.How long does the Troponin T remains elevated ?

18.What are the contraindications to exercise stress test?

19.What is the definition of acute myocardial infarction?

20.What is the definition of ST elevation AMI?

21.Which mode of pacing ,Transcutaneous or Transvenous,is potentially more successful in RV infarction?

22.What are the complications of AMI?

23. What are the risk categories in ACS according to national heart foundation of Australia 2016 guidelines?

24.What are the indications for immediate reperfusion therapy in acute MI?

25.What is the benchmark for reperfusion for ACS :

PCI :

Thrombolysis:

26.What is the therapeutic choice for each of the following:

patient presents < 1 hour of symptom onset and PTCA available < 60 min.:
patient presents 1-3 hours of symptom onset and PTCA available < 90 min:
patient presents 3-12 hours of symptom onset and PTCA available < 2 hours:
patient presents > 12 hours of onset and haemodynamically unstable:
patients <12 hours from symptom onset when PTCA possible within 120 min

patients with STEMI if there is clinical and/or ECG evidence of ongoing ischemia between 12 and 24 hours after symptom onset

27. In what group PCI is better than thrombolysis irrespective of the time of symptoms?

28.What are the Advantages of PTCA over thrombolysis?

29. What are the absolute contraindications to thrombolysis?

30.What are the relative contraindications to thrombolysis?

31.What are the adverse effects for thrombolysis?

32.List the patient preparation measures prior to thrombolysis for MI?

32.What is the management of ICH due to thrombolysis for MI?

33.What are the rate for the following complications post thrombolysis for MI:

ICH :
Major bleeding :
Minor bleeding :

34.What is Kussmaul's sign and list 2 of the potential causes?

35.What are the potential causes for Aortic Stenosis?

36.What are the three major symptoms of Aortic Stenosis what which one has the worst prognosis?

37.What are the systolic murmurs?

38.What are the causes for diastolic murmurs?

39.What are the causes for systolic and diastolic murmur?

40.What are the risk factors for native valve endocarditis?

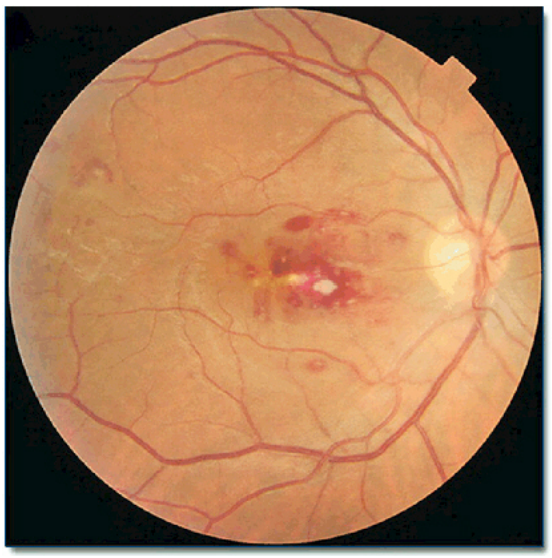
41.What is the most common valve infected in IVDU?

42.What is the most common cause of infective endocarditis?

43.What are the complications of Endocarditis?

44.What is the difference between Osler's nodes and Janeway lesions?

45.What is the name of this following lesion in the picture?



46.Up to how many splinter haemorrhage(s) is potentially normal?

47.What is the hallmark of mechanical valve endocarditis?

48.Which of the following does not require prophylactic antibiotics in a patient with prosthetic valve?

urinary catheterisation
intubation
vascular line placement
intercostal catheter insertion
gastrostomy tube replacement
nasogastric tube insertion

49.What is Duke criteria for diagnosis of Endocarditis?

50.What are the features of a non innocent murmur in a child?

51.What are the causes of Acyanotic congenital heart disease?

52.What are the causes of Cyanotic congenital heart disease?

53.what are the abnormalities with Tetralogy of Fallot?

54.What are the complications of TF?

55.What are the potential causes of Tet Spells?

56.What is the acute management of Tet Spells?