

# CARDIOLOGY MCQs

**Q-1**

A 62-year-old man is admitted to hospital following a myocardial infarction. Four days after admission he develops a further episode of central crushing chest pain. Which is the best cardiac marker to investigate his chest pain?

- A. LDH
- B. Troponin I
- C. Troponin T
- D. CK-MB
- E. AST

**ANSWER:**

CK-MB

**EXPLANATION:**

*By day four the CK-MB levels should have returned to normal from the initial myocardial infarction. If the CK-MB levels are elevated it would indicate a further coronary event*

## CARDIAC ENZYMES AND PROTEIN MARKERS

Interpretation of the various cardiac enzymes has now largely been superseded by the introduction of troponin T and I. Questions still however commonly appear in exams.

Key points for the exam

- myoglobin is the first to rise
- CK-MB is useful to look for reinfarction as it returns to normal after 2-3 days (troponin T remains elevated for up to 10 days)

	Begins to rise	Peak value	Returns to normal
Myoglobin	1-2 hours	6-8 hours	1-2 days
CK-MB	2-6 hours	16-20 hours	2-3 days
CK	4-8 hours	16-24 hours	3-4 days
Trop T	4-6 hours	12-24 hours	7-10 days
AST	12-24 hours	36-48 hours	3-4 days
LDH	24-48 hours	72 hours	8-10 days

**Q-2**

A patient is admitted with central chest pain and a diagnosis of non-ST elevation myocardial infarction is made. Aspirin and fondaparinux are given. What is the mechanism of action of fondaparinux?

- A. Reversible direct thrombin inhibitor
- B. Glycoprotein IIb/IIIa receptor antagonist
- C. Inhibits antithrombin III
- D. Inhibits ADP binding to its platelet receptor
- E. Activates antithrombin III

**ANSWER:**

Activates antithrombin III

**EXPLANATION:**

*Fondaparinux works in a similar way to low-molecular weight heparin.*

## ACUTE CORONARY SYNDROME: MANAGEMENT OF NSTEMI

NICE produced guidelines in 2013 on the Secondary prevention in primary and secondary care for patients following a myocardial infarction management of unstable angina and non-ST elevation myocardial infarction (NSTEMI). These superseded the 2010 guidelines which advocated a risk-based approach to management which determined whether drugs such as clopidogrel were given.

All patients should receive

- aspirin 300mg
- nitrates or morphine to relieve chest pain if required

Whilst it is common that non-hypoxic patients receive oxygen therapy there is little evidence to support this approach. The 2008 British Thoracic Society oxygen therapy guidelines advise not giving oxygen unless the patient is hypoxic.

Antithrombin treatment. Fondaparinux should be offered to patients who are not at a high risk of bleeding and who are not having angiography within the next 24 hours. If angiography is likely within 24 hours or a patients creatinine is > 265 µmol/l unfractionated heparin should be given.

Clopidogrel 300mg should be given to all patients and continued for 12 months.

Intravenous glycoprotein IIb/IIIa receptor antagonists (eptifibatide or tirofiban) should be given to patients who have an intermediate or higher risk of adverse cardiovascular events (predicted 6-month mortality above 3.0%), and who are scheduled to undergo angiography within 96 hours of hospital admission.

Coronary angiography should be considered within 96 hours of first admission to hospital to patients who have a predicted 6-month mortality above 3.0%. It should also be performed as soon as possible in patients who are clinically unstable.

The table below summarises the mechanism of action of drugs commonly used in the management of acute coronary syndrome:

Medication	Mechanism of action
Aspirin	Antiplatelet - inhibits the production of thromboxane A2
Clopidogrel	Antiplatelet - inhibits ADP binding to its platelet receptor

# **Mcqs In Cardiology With Explanations**

**Daniel Augustine,Paul Leeson,Ali  
Khavandi**



## **Mcqs In Cardiology With Explanations:**

**MCQs in Cardiology with Explanations** Vinod Sharma,2013-11-30      **MCQs for the European Exam in Core Cardiology** ,2024-07-19 Everything you need to know to pass the European Exam in Core Cardiology EECC is in this book Based on the bestselling MCQs for Cardiology Knowledge Based Assessment this new resource has been fully updated and refreshed to reflect the ESC core curriculum for cardiology It contains over 700 multiple choice questions with detailed explanations and links to related ESC guidelines for further reading Providing a thorough assessment of the reader s knowledge each chapter has been carefully mapped to the curriculum allowing for focused revision Written by a team of cardiology registrars and experienced consultants this resource has been cleverly designed to give you hands on experience of the level and type of questions you can expect in the exam as well as high quality concise answers possible under time constraints Complete and comprehensive MCQs for the European Exam in Core Cardiology is the ideal companion for cardiology trainees preparing to sit this high stakes exam as well as a valuable reference for practising cardiologists

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**Cardiology MCQs for Postgraduate and Superspecialty Medical Entrance Examinations** Ajay Mathur,2019-05-04  
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**Current Catalog**, 1989 First multi year cumulation covers six years 1965 70

**Research in Medical Education**, 1995

Review of Cardiac Anesthesia with 2100 MCQs Poonam Malhotra Kapoor, 2013-09-30 This comprehensive guide is a complete revision tool for trainees preparing for examinations in cardiac anaesthesia Presented in a question and answer format the book covers all aspects of the subject from traditional topics such as drugs for cardiovascular diseases to congenital heart disease embryology and rheumatic problems with valves Section two provides in depth coverage of echocardiography with each chapter offering detailed explanations of the correct answers to assist understanding The final chapter in this section is based on the accompanying DVD ROM of 70 echocardiography and echocardiogram videos The final section presents 250 questions on important topics such as critical care and infection control Key points Complete revision tool for trainees preparing for cardiac anaesthesia examinations Presented in question and answer format with detailed explanations of answers Includes chapter based on accompanying DVD ROM of 70 echocardiography videos More than 330 images diagrams tables and figures

**MCQs for the Paediatric MRCP Part 1** A. P. Winrow, G. Supramaniam, 1996 This work aims to provide relevant practice in answering questions specifically aimed at paediatric problems both in clinical and basic science fields All the questions are supported by short explanatory notes where appropriate

*100 MCQs in cardiology* Jeremy Davies, 1996

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