Tanta University

Cardiology Master Degree (Policy 2005)

Faculty of Medicine

Number of Questions: 5

Department of Cardiology

Time Allowed: 3 Hours

October 7th , 2019

Second Part, First Paper



Cardiology

All the following questions should be answered in short:

- 1- Medical management chronic coronary syndromes.
- 2- Prognosis of chronic heart failure.
- 3- Acute aortic syndromes.
- 4- Prosthetic valve dysfunction.
- 5- Management of haemodynamically stable suspected pulmonary embolism.

Good luck

Tanta University

Cardiology Master Degree (Policy 2005)

Faculty of Medicine

Number of Questions: 5

Department of Cardiology

Time Allowed: 3 Hours

October 13th, 2019

Second Part, Second Paper



Cardiology

All the following questions should be answered:

- 1- Causes and management of cardiac tamponade.
- 2- Hypertension in pregnancy.
- 3- Thrombo-embolic prevention in atrial fibrillation.
- 4- Cardiac Myxomas.
- 5- Thyroid disorders and heart.

Good luck

Tanta University

Cardiology Master Degree (Policy 2013 Semesters)

Faculty of Medicine

Number of Questions: 10 + One Problem Solving

Department of Cardiology

Time Allowed: 3 Hours

October 19th, 2019

Second Part, First Paper



Cardiology

Answer all the following questions in short (Each Question 15 marks):

- 1- Scheme of management of severe chronic primary mitral regurgitation.
- 2- Scheme of time management of patient presented to ER with STEMI.
- 3- Antithrombotic therapy indications in chronic coronary syndromes.
- 4- Lines of treatment of acute heart failure based on clinical profile.
- 5- Clinical, ECG and Echo characteristics of hypertrophic cardiomyopathy.
- 6- Classification of pulmonary hypertension.
- 7- Scheme of management of suspected pulmonary embolism with hemodynamic instability.
- 8- Risk criteria mandating invasive strategy in NSTE-ACS.
- 9- Role of echocardiography in infective endocarditis.
- 10- Enumerate causes and characteristics of restrictive cardiomyopathy.

Problem Solving (30 Marks):

A 44-year-old banker presents with a 3-month history of breathlessness on exertion, ankle swelling and palpitations. He has been previously fit and well. There is no history of hypertension or vascular disease. He is a non-smoker. There is no family history of cardiac disease. On examination, he is in atrial fibrillation at a rate of 100 bpm; blood pressure 100/70 mmHg. JVP is elevated to mid-neck with a prominent V wave. On cardiac auscultation, the apex beat is displaced and he has a third heart sound. Examination of the chest reveals bilateral basal crackles. A diagnosis of heart failure is made.

- 1. Give other symptoms are associated with this syndrome? (6 marks)
- 2. What other aspect of the history may be important? (4 mark)
- 3. What are the initial investigations would you request in the clinic? (10 marks)
- 4. Name classes of drugs that are proven to reduce mortality in this condition? (10 marks)

Good luck