**Question 1**

Which of the following is most commonly associated with ST segment elevation?

Select one:

a. Unstable angina only

b. Stable angina only

c. Stable and unstable angina

d. Prinzmetal’s angina only

Answer D. Robbins 8th Edition

**Question 2**

The pathology of unstable angina primarily involves:

Select one:

a. Mural thrombosis of an epicardial artery

b. Severe fixed atherosclerotic stenosis

c. Altered dynamics of myocardial blood flow

d. Increased blood viscosity

Answer A. Robbins 8th Edition pg 557 “disruption of a plaque with superimposed mural thrombus”

**Question 3**

In acute MI, which change will occur in the time frame indicated?

Select one:

a. Microvascular injury after 3 – 4 hours

b. Onset of irreversible cell injury 10 minutes

c. Loss of contractility 1 – 2 minutes

d. ATP reduced to 10 % of normal 60 minutes

Answer C. Robbins 8th Edition pg 548 table 12-4

**Question 4**

In compensated heart failure:

Select one:

a. Right atrial pressure drops

b. Maximum cardiac output is unchanged

c. Resting cardiac output is unchanged

d. Renin level eventually drops below the premorbid level

Answer C. Robbins 8th Edition pg 536 “cardiac output is relatively preserved at rest”

**Question 5**

Cor pulmonale may be caused by:

Select one:

a. Congenital heart disease

b. Left ventricular failure

c. Primary pulmonary hypertension

d. Mitral stenosis

Answer C. Robbins 8th Edition pg 536 “eg primary pulmonary hypertension”

**Question 6**

After occlusion of a coronary artery:

Select one:

a. The ischaemia is most pronounced in the epicardial region

b. Reperfusion of the ischaemic area can result in new cellular damage due to the generation of oxygen free radicals

c. Q waves on the ecg are diagnostic of transmural infarction

d. Loss of contractility only occurs when ultra structural changes are present in the myocyte

Answer B. Robbins 8th Edition pg 553 “reperfusion may also trigger…reperfusion injury”

**Question 7**

Chronic ischaemic heart disease is characterised by all of the following EXCEPT:

Select one:

a. Evolution to congestive heart failure

b. Severe stenosing coronary atherosclerosis

c. Diffuse myocardial atrophy

d. Diffuse, small myocardial scars

Answer C. Robbins 8th Edition pg 558 “left ventricular hypertrophy”

**Question 8**

Sudden cardiac death:

Select one:

a. Is rarely associated with critical single vessel coronary artery stenosis

b. Is most frequently due to ventricular wall rupture

c. Is associated with acute myocardial infarction in 90 % of cases

d. Is often the first clinical manifestation of ischaemic heart disease

Answer D. Robbins 8th Edition pg 558 “in some cases…the first clinical manifestation of IHD.”

**Question 9**

The histological appearance of contraction bands in association with acute myocardial infarction indicate:

Select one:

a. Recent reperfusion therapy

b. Early aneurysmal formation

c. Previous old myocardial infarctions

d. A right ventricular infarct

Answer A. Robbins 8th Edition pg 554 figure 12-16C “markedly ischaemic myocardium that has been reperfused”

**Question 10**

Myocardial infarction:

Select one:

a. Is characterised morphologically by liquefactive necrosis

b. Is usually a consequence of coronary vessel occlusion by embolus

c. Can be either transmural or subendocardial

d. Is most commonly complicated by ventricular rupture

Answer C. Robbins 8th Edition pg 551 figure 12-13