



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



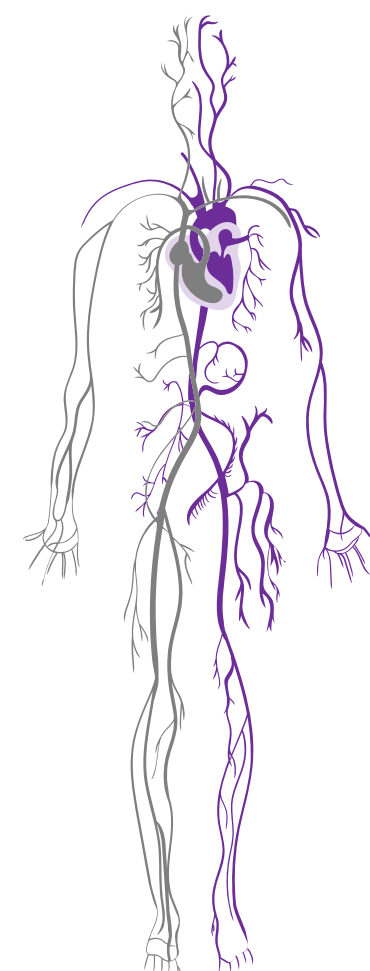
Final – Lec (1-9)

وَلَقَدْ خَلَقْنَا الْإِنْسَانَ وَنَعْلَمُ مَا تُوَسْوِسُ بِهِ نَفْسُهُ وَنَحْنُ أَقْرَبُ إِلَيْهِ مِنْ حَبْلِ الْوَرِيدِ
اللهم إنا نعوذ بك من شرور أنفسنا ومن سيئات أعمالنا

Past Papers

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قبل ما تبلشوا احكوا بسم الله، واحمدوا ربنا على نعمة الصحة والعافية

{ الحمد لله الذي عافانا مما ابتلي به غيرنا وفضلنا على كثير ممن خلق تفضيلا }

THROMBOSIS

Q1: The ingrowth of endothelial cells, smooth cells and fibroblasts into the fibrin rich thrombus is known as:

- A) Propagation
- B) Embolization
- C) Organization
- D) Dissolution

Ans: C

Q2: Refers to the ingrowth of endothelial cells, smooth muscle cells, and fibroblasts into the fibrin-rich thrombus:

A) Organized thrombus

B) Amniotic fluid

C) Embolus

D) Aneurysm

Q3: All of the following form Virchow's triad, except:

- A) Endothelial injury
- B) Turbulent flow
- C) Laminar flow
- D) Hyper-coagulability
- E) Stasis

Ans: C

Q4: Resolution is the fate that may occur in ONE of the following :

- A) Stable atheroma
- B) Old thrombus
- C) Recent thrombus
- D) Old infarct
- E) Vulnerable atheroma

Ans: C

Q5: Which of the following is wrong:

- A) Basal state of endothelial cells causes thrombosis.
- B) Thrombosis occurs when unnecessary blood clotting is activated.
- C) Turbulent flow retards inflow of clotting inhibitors.
- D) Multiple small emboli within pulmonary are asymptomatic.
- E) Most common target of venous emboli is lung.

Q6: All of the following matches regarding thrombosis are correct EXCEPT:

- A) Endothelial cell injury – arterial thrombi
- B) Stasis – venous thrombi
- C) The propagating part – the adherent part of the thrombus
- D) Hypercoagulability – immobilization (bed-rest)
- E) Recanalization – can establish some degree of blood flow

Q7: The term 'vegetations' refers to a formation at:



- A) Lumen of aorta
- B) Deep leg veins
- C) Canula insertion site
- D) Cardiac valves
- E) Coronary artery

Ans: D

Q8: All of the following are associated with stasis EXCEPT:

- A) Disrupts normal blood flow.
- B) Mostly causes venous thrombi
- C) Allows the dilution of activated clotting factors.
- D) Prevents the inflow of clotting factor inhibitors.
- E) Promotes endothelial cell injury.

Q9: Organization means:

- A) Accumulation of additional platelets and fibrin that obstruct the vessel.
- B) Removing thrombi using fibrolytic mechanisms.
- C) Ingrowth of endothelial cells, smooth muscle cells and fibroblasts into fibrin-rich thrombus.
- D) Fragmentation of thrombi and transport elsewhere in the vasculature.
- E) None of the above.

Ans: C

Q10: Vegetation means:

- A) Thrombi on heart valve.
- B) Thrombi in heart chambers.
- C) Fat deposit on the wall of vessels.
- D) Hardening of vessels.

Ans: A

Q11: What type of thrombus that is resolved:

- A) Recently formed thrombus.
- B) One week formed thrombus.
- C) Organized thrombus.

Ans: A

Embolism & Infarction

Q1: Which of the following statements is incorrect:

- A) White infarction occurs in solid organs such as the heart and kidney
- B) Red infarction typically occurs in tissues with dual blood supply such as small intestine
- C) White infarction can be found in lungs.
- D) Venous occlusion is a common cause of hemorrhagic infarction.

Ans: C

Q2: Which condition can happen to deep sea divers:

- A) Paradoxical embolism leading to stroke.
- B) Mural thrombus formation after myocardial infarction.
- C) Pulmonary thromboembolism from deep vein thrombosis.
- D) Nitrogen embolism.

Ans: D

Q3: What is the main site of origin for systemic embolism:

A) Upper limbs.

B) Lower limbs.

C) Lungs.

D) Heart.

Ans: D

Q4: The most common target of venous thrombi, is:

A) Legs.

B) Lungs.

C) Brain.

D) Heart.

Ans: B

Q5: White infarct occur in all of the following organs, except:

A) Heart.

B) Spleen.

C) Skeletal muscle.

D) Lungs.

Ans: D

Q6: Which statement accurately describes fat embolism syndrome?

- A) Known as Cassion disease.
- B) Linked to decompression sickness.
- C) Involves a systemic immune response triggered by fat globules.
- D) Death is seen in 90% of the cases.
- E) Can result in Cushing's syndrome.

Ans: C

Q7: The most common cause of pulmonary embolism:

- A) Thromboembolism.
- B) Fat embolism.
- C) Air embolism.
- D) Nitrogen embolism.
- E) Cholesterol embolism.

Ans: A

Q8: Which of the following is wrong:

- A) Paradoxical embolus means saddle shaped thrombi obstruct the pulmonary bifurcation.
- B) Lines of Zahn indicate antemortem thrombi.
- C) DVT is main cause of pulmonary thrombus.
- D) Immobilization causes secondary hypercoagulability.

Q9: Wrong about amniotic fluid embolism:

- A) Presence of Luongo hair within mother pulmonary circulation.
- B) Cause ARDS and DIC.
- C) Cause Cassion disease.
- D) Highly mortality.
- E) Mainly appears in the venous side.

Ans: C

Q10: All of the following regarding pulmonary thromboembolism are true EXCEPT:

- A) Arises in most of the cases from deep vein thrombosis of the lower limb.
- B) Organization is seen in most of the cases.
- C) Saddle embolus is an embolus that occurs in the arch of the aorta.
- D) Pulmonary hemorrhage occurs when medium-sized arteries are obstructed.
- E) Paradoxical embolus can pass into the systemic circulation due to ventricular septal defect.



Q11: Most prominent clinical feature of fat embolism syndrome:

- A) Caisson disease
- B) Neurological symptoms
- C) Bone fractures

Ans: B
(Fractures are a cause,
not a symptom).

Q12: The most frequent emboli are:

- A) Fat emboli
- B) Amniotic fluid
- C) Air emboli
- D) Thrombotic origin
- E) Atherosclerotic

Ans: D

Q13: Which is correct about fat embolism:

- A) Frequently follows complicated Caesarian sections.
- B) Represents the most common type of emboli.
- C) Anemia and thrombocytopenia may occur in associated syndrome.
- D) Fat along with epithelial cells and mucus are found within the embolus.
- E) Dissolved nitrogen is the major contributor to symptoms.

Ans: C

Q14: Cassion disease is caused by:

- A) Thromboembolism.
- B) Nitrogen embolus.
- C) Saddle embolus.
- D) Amniotic fluid embolus.
- E) Fat embolus.

Ans: B

Q15: Wrong about fat embolism:

- A) Symptoms need 1-3 days after injury to appear.
- B) It causes anemia and thrombocytopenia.
- C) Fat globules cause toxic injury.
- D) May be due to acute pancreatitis.
- E) Fat embolism syndrome occurs in 90% of tibia injury cases.

Ans: E

Q16: The major target of systemic thromboembolism is:

- A) Brain
- B) Lower limbs
- C) Intestine
- D) Kidney
- E) Spleen

Ans: B

Q17: The red infarction happens in:

A) Kidney

B) Spleen

C) Lung

D) Skeletal muscle

Ans: C

Q18: All of the following are examples of red infarcts except:

- A) Small intestinal infarct
- B) Renal infarct
- C) Reperfused spleen infarct
- D) Pulmonary infarct
- E) Liver infarct

Ans: B

Q19: Not a cause of pulmonary embolism:

A) Saddle thrombus

B) Varicose vein

Ans: B

Q20: All most commonly a source of embolus to lower limb EXCEPT:

- A) Mural thrombus from left ventricle after MI
- B) Left atrial thrombus
- C) Aortic aneurysm
- D) Deep vein thrombosis

Ans: D

Q21: Decompression sickness:

A) Air embolus

B) Fat embolus

C) Amniotic embolus

D) Septic embolus

Ans: A

Q22: Which is wrong:

- A) The brain undergoes liquefactive necrosis after ischemic injury.
- B) The kidney usually shows coagulative necrosis after infarction.
- C) Coagulative necrosis in the brain is a result of ischemic injury.

Ans: C

Pathology of Veins & Lymphatics

Q1: Symptoms resulting from a mass in the lung compressing the superior vena cava vein can lead to:

A) Dilation in head, neck, and arm veins.

B) Edema in the lower extremities.

C) Ascites.

D) Gastrointestinal bleeding.

Q2: Not a risk factor of varicosity:

- A) Obesity.
- B) Female gender.
- C) Osteoporosis.
- D) Pregnancy.
- E) Familial tendency.

Q3: Varicose Veins, choose the correct answer:

- A) Hypertension is a major risk factor.
- B) More in males.
- C) Chronic varicose ulcers are a complication.
- D) Embolism is common.
- E) None of the above are correct.

Ans: C

Q4: Filariasis is an infection that can lead to:

A) DVT

B) Lymphedema

C) Benign hypertension

Ans: B

Q5: A patient who underwent a procedure to treat breast cancer, which includes removal of tumor and breast tissue in addition to ipsilateral axillary lymph node, she will absolutely suffer from:

A) Secondary lymphedema.

B) Primary lymphedema.

Q6: Varicose veins are associated with all of the following EXCEPT:

- A) Superficial veins of the upper limb.
- B) Increase in intra-luminal pressure.
- C) Venous wall thinning and loss of support.
- D) Chronic varicose ulcers.
- E) Congestion and swelling.

Q7: A 26-yo woman has mastectomy for carcinoma and removed axillary lymph nodes, complains of edema in the arm, she has:

A) Chylous.

B) Lymphedema.

Q8: Which of the following occurs as a paraneoplastic syndrome related to tumor elaboration of pro-coagulant factors:

- A) Migratory Thrombophlebitis.
- B) Superior vena cava syndrome.
- C) Inferior vena cava syndrome.
- D) Chylothorax.

Q9: Lymphadenitis refers to which one of the following definitions:

- A) Inflamed, swollen, and tender draining lymph nodes.
- B) Dilated and tortuous bluish subcutaneous vessels.
- C) Lymph accumulation in pleural cavity.
- D) Bacterial infection and inflammation of lymph vessels.
- E) Absence of lymphatics in a certain organ or tissue.

Q10: Tumor that causes superior vena cava syndrome:

A) Kidney.

B) Liver.

C) Lung.

D) Colon.

E) Renal.

Ans: C

Q11: The major structural difference between artery and vein is:

- A) Absence of endothelial cells in veins.
- B) Smooth muscle layer (media) is thicker in the artery.
- C) The number of layers in the wall.

Ans: B

Q12: All of the following are things that help the veins in the process of venous blood return, except one:

- A) Pocket valves inside the veins.
- B) Skeletal muscles surrounding the veins.
- C) Gravity.

Q13: Which statements are correct regarding superficial varicose veins: (more than 1 ans)

- A) More frequent in males.
- B) Congestion and edema are possible complications.
- C) Most common in superficial veins of the upper limbs.
- D) Maybe aggravated by obesity.
- E) Pressure on pelvic veins by the pregnant uterus may be a cause.

Ans: B+D+E

Q14: IVC syndrome is most commonly caused by colon cancer:

A) True

B) False

Ans: B

Q15: The most important causative microorganism of lymphaginitis is:

A) Viruses

B) Fungi

C) Bacteria

Ans: C

Q16: Accumulation of lymph in peritoneal cavity is called:

- A) Chylous ascites.
- B) Chylothorax
- C) Chylopericardium

Ans: A

Arteriosclerosis



Q1. Which of the following is not a risk factor of atherosclerosis?

- A) Obesity
- B) Stable atheroma
- C) Male gender
- D) Hypertension
- E) Diabetic patient

Ans: B

Q2. Monckeberg medial sclerosis is:

- A. It is usually found in young people.
- B. Causes vascular obstruction and ischemia.
- C. Underlying atherosclerosis is always found.
- D. It is calcified deposits in muscular arteries.
- E. Seen in benign hypertension and diabetes.

Q3. All are true regarding atherosclerosis EXCEPT:

- A. Consists of a soft necrotic center surrounded by a white fibrous cap.
- B. Due to formation of an atheromatous plaque in the vessel's intima.
- C. Hyperlipidemia is a major non-modifiable risk factor.
- D. The lower abdominal aorta is mostly affected.
- E. Premenopausal women are protected more than their counterpart aged men.

Q4. One of the following is a modifiable risk factor of atherosclerosis:

A. Age

B. Gender

C. Hypertension

D. Genetic abnormality

E. Family history



Ans: C

Q5. One of the following is a component of necrotic center:

A. Neutrophils

B. Cholesterol

C. Macrophages

D. Lymphocytes

E. Proteoglycans

Q6. All are true regarding Mönckeberg medial calcific sclerosis EXCEPT:

- A. Affects muscular arteries
- B. Occurs mostly in children
- C. Radiologically visible on x-ray
- D. Doesn't encroach on the vessel lumen
- E. Not significant

Aneurysm & dissections



Q1. One of the following is correct regarding aneurysm:

- A) Ehlers-Danlos syndrome causes aneurysms by defective fibrillin
- B) Aneurysms are disorders that only involve arteries
- C) Abdominal Aortic Aneurysms may be related to weak aortic media
- D) False aneurysms and dissections are interchangeable terms
- E) Chancre of primary syphilis may lead to aortic aneurysms

Q2. Aneurysms are most commonly due to:

A) Aging

B) Syphilis

C) Atherosclerosis

D) Systemic hypertension

E) Inflammation

Q3. Wrong about aortic aneurysm and aortic dissection:

- A) Hypertension is the most common cause for aortic dissection
- B) Atherosclerotic aneurysm occurs more in men <50 years
- C) Marfan syndrome is the most common CT disorder for aortic dissection
- D) Syphilitic aneurysm is associated with obliterative end-arteritis
- E) Mycotic aneurysm is an infection of a major artery

Q4. Regarding abdominal aortic aneurysm, all are correct EXCEPT:

- A) Occurs mostly in men and above 50 years of age
- B) Marfan syndrome is one of its causes
- C) Bacteremia from Salmonella gastroenteritis could be one of the causes
- D) Occurs at the infra-renal level of the abdominal aorta
- E) Syphilitic aneurysms are the most common cause nowadays

Q5. The most common cause of aortic dissections is:

- A) Hypertension
- B) Connective tissue disorders
- C) Hypotension
- D) Hypercholesterolemia
- E) Obesity

Ans: A

Q6. An example of a false aneurysm:

- A) Ventricular aneurysm post-MI
- B) Atherosclerotic fusiform aneurysm
- C) Berry aneurysm
- D) A leak at the junction of a vascular graft with a natural artery
- E) Thoracic aortic aneurysm

Q7. Which of the following regarding aneurysm is TRUE?

- A) Marfan syndrome causes aneurysm due to defective fibrillin
- B) Aneurysms involve veins more than arteries
- C) AAA is unrelated to media weakness
- D) False aneurysms and dissections are the same
- E) Berry aneurysm caused by trauma

Q8. Aortic dissection: Which is TRUE?

- A) Dissections do not result in hypotension
- B) Dissections rarely occur at aneurysm sites
- C) SVC and IVC are main affected vessels
- D) Diabetes is major risk factor
- E) Proximal dissections are more dangerous

Ans: E

Q9. Which of the following is an example of a false aneurysm?

- A) Ventricular aneurysm
- B) A leak at vascular graft junction
- C) Atherosclerotic aneurysm
- D) Thoracic aortic dilation
- E) Fusiform aneurysm

Ans: B

Hypertensive vascular disease



Q1. Malignant hypertension is usually superimposed on:

- A) Normotension
- B) Chronic benign hypertension
- C) Diabetes
- D) Chronic kidney disease only

Q2. The most common cause of secondary hypertension is:

- A) Endocrine disorders
- B) Neurologic diseases
- C) Renal disease or renal artery stenosis
- D) Cardiovascular abnormalities

Ans: C

Q3. Which of the following is a classic complication of long-standing hypertension?

- A) Aortic dissection
- B) Pulmonary embolism
- C) Cardiac tamponade
- D) Pericarditis



Ans: A

Q4. Genetic susceptibility to essential hypertension involves polymorphisms in:

- A) Glucose transporters
- B) Angiotensinogen and angiotensin II receptors
- C) DNA repair enzymes
- D) Clotting factors

Q5. Hyaline arteriolosclerosis is MOST commonly associated with:

- A) Malignant hypertension
- B) Benign hypertension
- C) Trauma
- D) Viral infection

Q6. Histology of hyaline arteriolosclerosis shows:

- A) Onion-skin thickening
- B) Homogeneous pink hyaline thickening with luminal narrowing
- C) Plasma cell infiltrates
- D) Fibroblastic crescents

Q7. Onion skin appearance of the arteriole results from:

- A) Cholesterol crystals accumulation
- B) Neutrophils and edema filling the inflamed vessel
- C) Alternating platelet-rich and red blood cell-rich layers
- D) Reduplication of basement membranes
- E) Deposition of hyaline material in the wall

Q8. Among the following, the most likely underlying cause of malignant hypertension is:

- A) Chronic hepatic disease
- B) A hidden malignancy in the lung
- C) Adrenal insufficiency syndrome
- D) Uncontrolled chronic hypertension
- E) Protein losing enteropathy

Q9. All are true about hypertensive vascular disease, EXCEPT:

- A. Secondary hypertension is the most common type of hypertension.
- B. Hyaline arteriolosclerosis affects small blood vessels.
- C. Hypertension is associated with arteriolosclerosis.
- D. Malignant hypertension is associated with hyperplastic arteriolosclerosis.
- E. Essential (idiopathic) hypertension may be familial.

Q10. Hyperplastic arteriolosclerosis is associated with which condition?

- A) Benign hypertension
- B) Malignant hypertension
- C) Diabetes mellitus
- D) Atherosclerosis
- E) Elderly age

Ans: B

Q11. Which of the following statements is incorrect?

- A) HTN is a major risk factor for aortic dissection
- B) Marfan syndrome predisposes to aortic dissection
- C) Atherosclerosis can weaken the aortic media
- D) Aortic dissection always requires a pre-existing aneurysm
- E) Uncontrolled hypertension accelerates medial degeneration

Ischemic Heart Disease

Q1. All the following statements conform with angina pectoris except ?

- A. Prinzmetal is usually associated with elevated ST segment of ECG
- B. Stable angina is relieved by rest
- C. Unstable angina is considered a pre-infarction
- D. Typical angina is produced mainly on rest
- E. Variant angina is due to vasospasm

Q2. What happens right before a Prinzmetal angina:

Answer: Coronary spasm.

Q3. Which type of angina manifests as transient substernal pain caused by exertion and relieved by resting:

Answer: Classic angina.

Q4. Choose the incorrect tissue: time relation:

Answer: Wavy fibers: 4 weeks.

Q5. Thrombosis of atheromatous plaque, the most common complication of?

A. Unstable angina

B. Stable angina

C. Effort angina

D. Prinzmetal angina

E. Variant angina

Ans: A

Q6. Regarding the histological findings and the time of frame following myocardial infarction, when does granulation tissue occurs?

A. 7-10 days

B. 2 weeks

C. 2-3 days

D. 6 weeks

Ans: B

Q7. Angina pectoris that occurs more frequently and of progressively longer period than other is:

- A. Crescendo
- B. Stable
- C. Variant
- D. Prinzmetal
- E. Effort Angina

Ans: A

Q7. A 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. MI

Ans: A

Q8. Thrombosis of atheromatous plaque, the most common complication:

A. Stable Angina

B. Effort Angina

C. Unstable Angina

D. Prinzmetal Angina

E. Variant Angina

Ans: C

Q9. All of the following would mostly lead to unstable angina EXCEPT:

- A) Partially occlusive thrombus
- B) Complete coronary obstruction
- C) Stenosis with superimposed spasm
- D) Distal embolus formation
- E) Atheromatous plaque rupture

Ans: B

Q10. All of the following regarding ischemic heart disease are correct
EXCEPT:

- A) Associated with a severe substernal pain that can radiate to the left arm
- B) Variant angina is associated with coronary artery vasospasm
- C) Stable angina is also known as pre-infarction angina
- D) Chronic IHD is usually associated with arrhythmias
- E) Typical angina can be relieved by rest and nitroglycerin

Q11. Stable angina pectoris is also known as crescendo angina

A) True

B) False

Ans: B

Q12. Diminished oxygen-carrying capacity of the blood represents the most frequent mechanism of cardiac ischemia:

- A) True
- B) False

Ans: B

Q13. Wrong pair:

ANSWER: Atherosclerotic plaque rupture / Prinzmetal angina

Q14. Not one of the clinical forms of IHD:

ANSWER: Endarteritis obliterans

Q15. Which of the following mostly to proceed to MI?

ANSWER: Unstable angina

Q16. Angina pectoris is defined as ischemia that causes pain but is insufficient to lead to death of myocardium

A) True

B) False

Ans: A

Q17. ONE match is FALSE regarding the histological findings and the corresponding time frame following acute myocardial infarction:

- A) Macrophages: 7–10 days
- B) Granulation tissue: 2 weeks
- C) Neutrophils: 2–3 days
- D) Wavy fibers: 6 weeks

Ans: D

Q18. The best cardiac enzymes in the evaluation of acute myocardial infarction are:

- A) Myoglobins
- B) Troponins
- C) LDH
- D) Creatine Kinases

Ans: B

Q18. Occlusion of the Right circumflex coronary artery is responsible for the majority of acute myocardial infarctions:

- a) True
- b) False

Ans: B

Q19.Regarding myocardial infarction, all are correct EXCEPT:

- A) Most cases of pre-hospital deaths are due to lethal arrhythmias
- B) Troponin I and T are the best indicators for MI
- C) 40–50% of cases are due to occlusion of the circumflex artery
- D) Coagulative necrosis and wavy fibers are seen within 24 hours of injury
- E) Most cases of in-hospital deaths are due cardiogenic shock

Q20. In right coronary dominant patients, the most frequent coronary artery occlusion causing MI is:

- A) Left main stem
- B) Right main stem
- C) Left circumflex
- D) Left anterior descending
- E) Right posterior descending

Ans: D

Q21. The heart-specific enzyme/protein serum elevation indicative of myocardial infarction is:

- A) Lactic dehydrogenase
- B) Creative kinase index
- C) Troponin I
- D) Troponin C

Q22. Papillary muscle rupture can lead to

A) Aortic regurgitation

B) Mitral Stenosis

C) Mitral regurgitation

D) Aortic Stenosis

Ans: C

Q23. Hours following acute myocardial infarction , the infarct site reveals a dense neutrophil infiltrate:

- A) True
- B) False

Ans: A

Q24. Wrong complication of MI:

ANSWER: Papillary muscle rupture/severe aortic regurgitation

Q25. Up to 50% of all MI are due to occlusion of:

ANSWER: left anterior descending artery

Valvular Heart Disease

Q1. Which of the following is false about valvular disease:

Answer: The pulmonary valve is targeted most in acquired.

Q2. Which of the following is one of JONES criteria?

- A. Erythema marginatum
- B. Elevated ESR
- C. Leukocytosis
- D. Fever

Ans: A

Q3. Which of the following is a wrong combination?

Answer: Aschoff bodies & acute phase of infective endocarditis

Q4. which of the following is true regarding Bicuspid aortic valve?

- A. It is an acquired disease
- B. Progressive degenerative calcification of aortic valve
- C. In the early life it is symptomatic
- D. Symptoms appear after 2 weeks of the birth

Ans: B

Q5. Which of the following considered a complication of infective endocarditis?

A. Fever

B. Murmurs

C. Septic infarcts

D. Valve vegetations

Ans: C

other options are clinical features of IE

Q6. The second most common valve to be affected by rheumatic after mitral is:

A. Aortic

B. Pulmonary

D. Tricuspid

C. Pulmonary and Tricuspid

Ans: A

Q7. The most common cause of death in acute rheumatic carditis is:

- A) Serofibrinous pericarditis
- B) Mitral stenosis
- C) Thromboembolism
- D) Valve incompetence
- E) Myocarditis

Ans: E

Q8. The microorganism responsible for rheumatic carditis is:

- A) Alpha streptococcus hemolytic group A
- B) Human papilloma virus
- C) Staphylococcus aureus
- D) All of the above
- E) None of the above

Ans: E

Q9. The valve most commonly affected by rheumatic carditis is the:

- A) Pulmonic
- B) Tricuspid
- C) Mitral
- D) Foramen ovale
- E) Aortic

Ans: C

Q10. All of the following regarding rheumatic heart fever are correct
EXCEPT:

- A) Aschoff bodies can be seen in acute rheumatic heart disease
- B) Chronic form of rheumatic heart fever is associated with stenosis
- C) Can affect the pericardium, myocardium or endocardium (including valves)
- D) Most common cause of acquired post-inflammatory valvular scarring
- E) It's an infection due to group A β -hemolytic streptococci

Ans: E
its NOT an infection

Q11. The following conform with rheumatic carditis except:

- A) Incidence peaks during childhood
- B) Death in acute rheumatic carditis is most commonly due to mitral stenosis
- C) Most common etiology of immunologic etiology
- D) Antibiotic prevention is possible
- E) All cardiac tissues can be involved

Ans:B

Q12. Rheumatic fever is an infection of the heart caused by bacteria, especially Streptococci

A) True

B) False

Ans:B

Q13. Fever and painful tender joints are common signs and symptoms of Rheumatic fever

A) True

B) False

Ans:A

Q14. An 11 years 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?

ANSWER: Aschoff bodies (because its acute)

Q15. The most common congenital valve disease:

ANSWER: Bicuspid aortic valve



اللَّهُمَّ صَلِّ وَسَلِّمْ وَبَارِكْ عَلَى نَبِيِّنَا مُحَمَّدٍ

Q17. Which of the following is true regarding bicuspid valve stenosis?

- A) In early life, it is asymptomatic. Later, there will be early & progressive degenerative calcification of aortic valve
- B) Its prevalence is 50% of live births
- C) It is acquired

Ans: A

Q18. Which of the following is not one of JONES criteria?

A) Elevated ESR

B) Arthritis

C) Erythema marginatum

D) Carditis

E) Syndham chorea

Ans: A

Q19. About valvular disease, which is wrong:

ANSWER: Rheumatic disease affects pulmonary valve.

Q20. Which of the following regarding infective endocarditis is TRUE:

- A) No fever can be seen during infection
- B) Is an auto-immune mediated disease
- C) Acute endocarditis is due to infection with a low virulent microorganism
- D) Can result in the formation of a septic infarct
- E) Recovery is very difficult and most cases end in death

Q21. Subacute endocarditis is often developed by presence of:

- A) Abnormal valves
- B) Congenital deformities
- C) Rheumatic lesions
- D) A&B is correct
- E) All are correct

Ans: E

Q22. The cardiac vegetations which fragment and embolize most are due to:

- A) Infective endocarditis
- B) Rheumatic carditis
- C) Systemic lupus erythematosus
- D) Non-bacterial thrombotic endocarditis
- E) Marantic endocarditis

Ans: A

Q23. Prosthetic heart valves are considered risk factors for infective endocarditis:

A) True

B) False

Ans: A

Q23. IV drug usage is a unique risk factor for infective endocarditis of the pulmonary valve

A) True

B) False

Ans: B

Q24. What could be found as a result of infective endocarditis?

A) Aschoff bodies

B) Bacteria on vegetation

Ans: B

Q25. Wrong combination:

ANSWER: Aschoff bodies & acute phase of infective endocarditis

Q26. Most systemic emboli results from:

ANSWER: Acute myocardial infarction.

Q27. Which of the following can be found in infective endocarditis?

ANSWER: Vegetations that contain bacteria

CVS Neoplasms

Q1. Which cancer is intermediate between malignant and benign:

Answer: Kaposi sarcoma.

Q2. Which statement is true:

Answer: Capillary hemangioma is the most common type of hemangioma.

Q3. True statement regarding vascular and cardiac cancers:

- A. Cavernous hemangiomas are the most common type of hemangiomas
- B. Kaposi sarcoma is considered a borderline tumor
- C. Benign cardiac tumors are common
- D. Angiosarcoma is the most common secondary malignant cardiac tumor

Ans: B

Q4. The best term that you would use to describe a "hepatic vascular tumor that has a benign clinical behavior and composed of dilated large vascular spaces" is:

- A. Capillary hemangioma
- B. Pyogenic granuloma
- C. Cavernous hemangioma
- D. Angiosarcoma
- E. Kaposi sarcoma

لَا إِلَهَ إِلَّا اللَّهُ وَحْدَهُ لَا شَرِيكَ لَهُ، لَهُ الْمُلْكُ وَلَهُ
الْحَمْدُ وَهُوَ عَلَى كُلِّ شَيْءٍ قَدِيرٌ.

Q5. A vascular tumor is more likely to be malignant if it shows any of the following features EXCEPT :

- A. Locally destructive and metastasize
- B. Associated with exposure to carcinogens
- C. Contains normal-appearing endothelial cells
- D. Does not form well-organized vessels
- E. High degree of histologic atypia

Q6. Which of the following is a malignant vascular tumor:

- A. Lymphangioma
- B. Cavernous hemangioma
- C. Strawberry hemangioma
- D. Hepatic angiosarcoma

Ans: D

Q7. One is the name of a malignant vascular tumor:

A. Hemangioma

B. Lymphangioma

C. Angiosarcoma

Ans: C

Q8. One is correct regarding cardiac neoplasms:

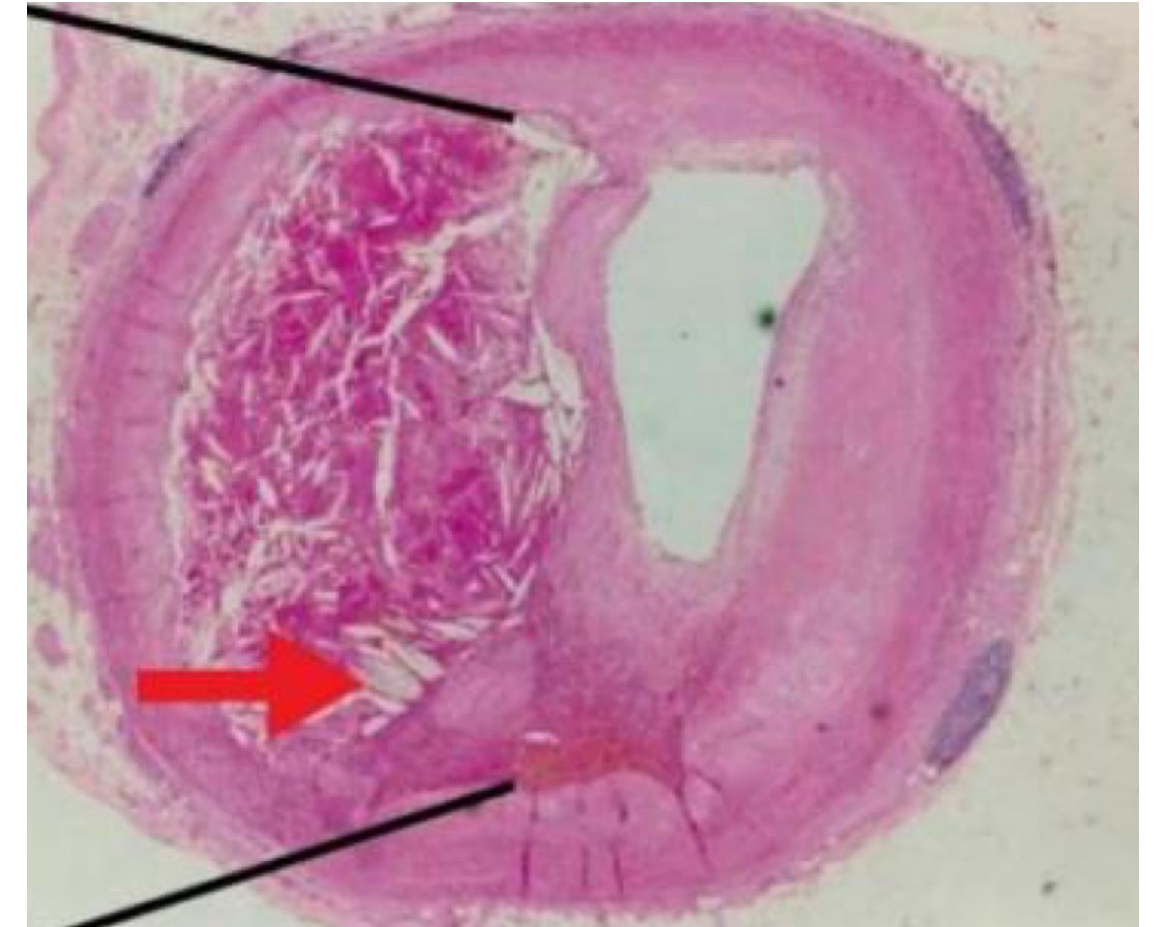
- A. All are benign
- B. Significant in part because of their critical location
- C. All are malignant
- D. Extremely common neoplasms

Ans: B

Pathology Lab

Q1: What is the red arrow pointing to:

- A. Cholesterol crystal
- B. Calcium deposits
- C. Fibrin strands
- D. Purulent exudate



Ans: A

Q2:In the case of a baby presenting with this lesion, it is likely to be:

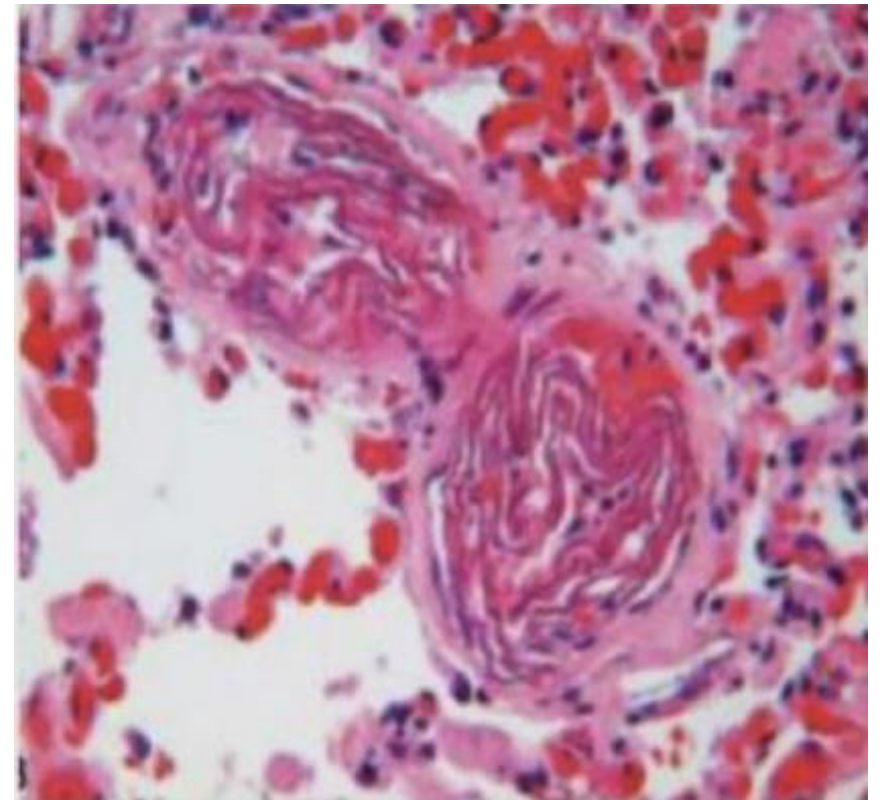
- A. Angiosarcoma
- B. Kaposi's sarcoma
- C. Lymphangiosarcoma
- D. Strawberry Hemangioma



Ans: D

Q3: A 23-year-old woman who recently had a cesarian section delivery has sudden severe dyspnea, cyanosis, pulmonary distress, The histological section of the artery shows the following:

Answer: Amniotic Fluid Embolism.



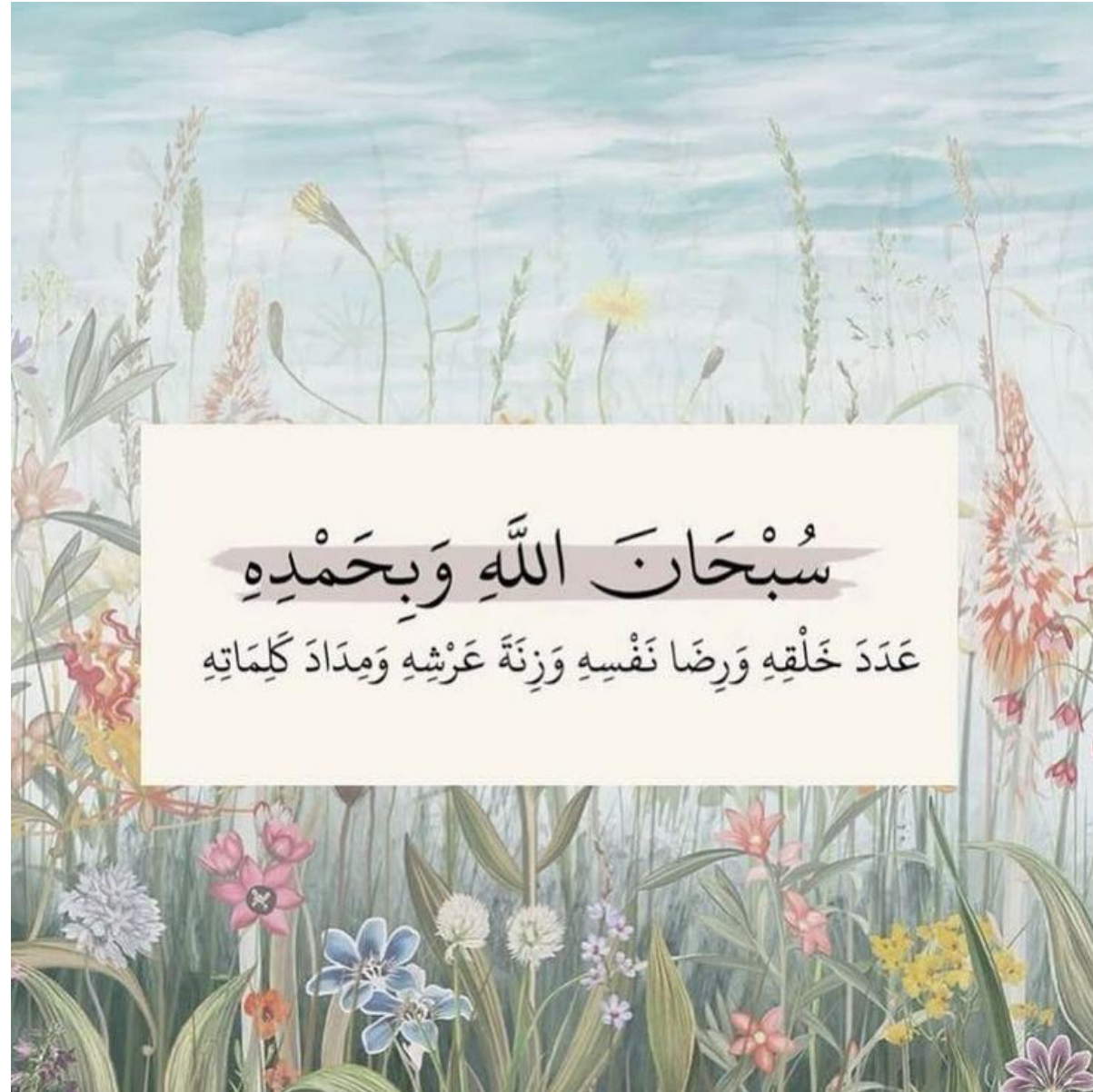
الحمد لله

اللهم إني أستودعك ما قرأت وما حفظت وما تعلمت، فردّه إلي عند حاجتي إليه، إنك على كل شيء قدير
اللهم أدخلني مدخل صدق، وأخرجني مخرج صدق، واجعل لي من لدنك سلطانًا نصيرًا
ربِّ اشرح لي صدري، ويسر لي أمري، واحلل عقدة لساني، يفقهوا قولي، باسم الله الفتاح

لا تنسونا من صالح دعواتكم

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