

## Self-assessment questions (Single best response)

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1. Which of the following is most likely to occur in all forms of acute coronary syndrome?
  - a) Atherothrombotic manifestation of a coronary artery
  - b) Chest pain at rest
  - c) Dynamic ST/T abnormalities in resting ECGs
  - d) Elevated cardiac enzymes
  - e) Sudden cardiac death
2. Which one of the following medications is most likely to reduce an adverse cardiac event in patients with chronic coronary syndrome?
  - a) Amlodipine
  - b) Colchicine
  - c) Nicorandil
  - d) Ranolazine
  - e) Trimetazidine
3. A middle-aged man presents with anterior STEMI. It was decided to treat him with fibrinolytic therapy as the primary percutaneous angioplasty was not readily available. Which of the following antiplatelet medication should be given as a loading dose together with aspirin?
  - a) Cilostazol
  - b) Clopidogrel
  - c) Dipyridamole
  - d) Prasugrel
  - e) Ticagrelor
4. A 28-year-old male patient presented with sudden onset of palpitation with presyncope. His ECG shows rapid atrial fibrillation with wide QRS complex. blood pressure recorded to be 85/60mmHg. What is the next step of management to this patient?
  - a) Immediate defibrillation
  - b) Synchronized DC cardioversion
  - c) Intravenous noradrenaline infusion and intravenous amiodarone
  - d) Intravenous noradrenaline infusion and intravenous metoprolol
  - e) Intravenous digoxin
5. A 58-year-old man with a history of anterior ST elevation myocardial infarction 5 years back, presents with worsening shortness of breath for three-month duration. He also claims intermittent episodes of blackouts and palpitations. He is on bisoprolol, spironolactone, and enalapril for heart failure. His repeated echo reveals EF 35%. His holter monitoring shows short runs of non-sustained ventricular tachycardia with left bundle branch of pattern during the sinus rhythm (QRS>150ms) and his mean heart rate is 54 bpm with intermittent P dropouts. What is the definitive management of this patient?
  - a) Add oral amiodarone and optimize beta blocker
  - b) Dual chamber pacemaker insertion
  - c) Biventricular pacing (CRT-P) and add amiodarone
  - d) Dual chamber internal cardioverter defibrillator (ICD) implantation
  - e) Insertion of biventricular pacing and defibrillator therapy (CRT-D)
6. A 75-year-old woman presents with a history of atrial fibrillation for the last 6 months. She was on bisoprolol 5mg daily and warfarin. She also has recurrent pre-syncopal episodes with 2 episodes of syncope. What is the next step of her management?
  - a) Stopping anticoagulation
  - b) Reduce rate control medication
  - c) Planned DC cardioversion
  - d) 24-hour Holter monitoring to exclude tachy-brady syndrome
  - e) Atrial fibrillation ablation

*(Please see the page 174 for the answers)*