

1. What does IHD stand for?
  - a. Infectious Heart Disease
  - b. Ischemic Heart Diseases
  - c. Inherited Heart Disorder
  - d. Invasive Heart Dysfunction
2. What causes Ischemic Heart Diseases?
  - a. Imbalance between cardiac blood supply and myocardial oxygen demand
  - b. Lack of exercise
  - c. Eating too many sweets
  - d. Watching too much TV
3. Which term is synonymous with IHD?
  - a. Bacterial Heart Infection
  - b. Coronary Artery Disease (CAD)
  - c. Pulmonary Arterial Hypertension
  - d. Neurological Heart Disorder
4. What is the primary cause of IHD cases?
  - a. High cholesterol levels
  - b. Obstructive atherosclerotic vascular disease
  - c. Genetic factors
  - d. Lack of sleep
5. Which condition can lead to sudden cardiac death (SCD) in IHD patients?
  - a. Increased heart rate
  - b. Hypotension
  - c. Pneumonia
  - d. Lethal arrhythmia
6. What does Angina pectoris refer to?
  - a. Chronic muscle pain
  - b. Intermittent chest pain from myocardial ischemia
  - c. Joint inflammation
  - d. Skin rash
7. What type of Angina pectoris is associated with particular levels of exertion?
  - a. Typical or stable angina
  - b. Unstable angina (crescendo angina)
  - c. Prinzmetal or variant angina
  - d. None of the above
8. Which type of chest pain can be relieved by rest or nitroglycerin?
  - a. Typical or stable angina
  - b. Unstable angina (crescendo angina)
  - c. Prinzmetal or variant angina
  - d. None of the above
9. What characterizes unstable angina (crescendo angina)?
  - a. Pain associated with exertion
  - b. Pain relieved by rest
  - c. Increasingly frequent pain
  - d. Caused by coronary artery spasm
10. When does Prinzmetal or variant angina typically occur?
  - a. During physical exertion
  - b. At rest
  - c. During sleep
  - d. After a meal

11. What type of vessels can be affected by Prinzmetal or variant angina?
- Clogged vessels
  - Irregularly shaped vessels
  - Completely normal vessels
  - Enlarged vessels
12. Which of the following can help relieve Prinzmetal or variant angina?
- Blood thinners
  - Vasodilators such as nitroglycerin
  - Antibiotics
  - Painkillers
13. What is the term applied to the three catastrophic manifestations of IHD?
- Accurate Heart Syndrome
  - Medical Emergency Syndrome
  - Acute coronary syndrome
  - Chronic Heart Disorder
14. What percentage of stenosis can cause critical stenosis and lead to stable angina?
- 50%
  - 60%
  - 70% to 75%
  - 80%
15. Which of the following is a clinical presentation of Ischemic Heart Diseases?
- Angina pectoris
  - Migraine headaches
  - Asthma attacks
  - Stomach pain
16. Which condition is characterized by inadequate coronary perfusion relative to myocardial demand?
- Hypertension
  - Stable angina
  - Acute coronary blockage
  - Low blood pressure
17. What is the primary cause of sudden cardiac death (SCD) in IHD patients?
- Hypertension
  - Myocardial infarction (MI)
  - Kidney failure
  - Irregular heartbeat
18. In which scenario can collateral perfusion protect against myocardial infarction (MI)?
- Slow rate atherosclerosis over time
  - Acute coronary blockage
  - Increased demand due to physical activity
  - Complete vessel occlusion
19. What induces the chest pain in Angina pectoris?
- Vitamin deficiency
  - Myocardial infarction
  - Transient, reversible myocardial ischemia
  - Joint inflammation
20. Which medication is used as a vasodilator for chest pain relief?
- Insulin
  - Aspirin
  - Nitroglycerin

21. What is the other term for Myocardial Infarction?
- Heart illness
  - Heart attack
  - Chest pain
  - Breathing difficulty
22. What is the most common cause of Myocardial Infarction?
- Lung infection
  - Acute coronary artery thrombosis
  - Stomach ache
  - Broken bone
23. Which artery is involved in Myocardial Infarction that affects the anterior left ventricle, anterior interventricular septum, and apex?
- Left anterior descending artery
  - Right coronary artery
  - Left circumflex artery
  - Pulmonary artery
24. What happens within seconds of vascular obstruction in the context of Myocardial Infarction?
- Increase in aerobic glycolysis
  - Decrease in ATP accumulation
  - No metabolic changes
  - Reduced heart rate
25. How long does severe ischemia typically last before irreversible damage and coagulative necrosis occur?
- 5-10 minutes
  - 10-20 minutes
  - 20-40 minutes
  - 40-60 minutes
26. When does irreversible injury of ischemic myocytes first occur in the heart?
- Subepicardial zone
  - Subendocardial zone
  - Inner myocardium
  - Apex of the heart
27. What determines the location, size, and morphologic features of an acute Myocardial Infarction?
- The patient's age
  - The rate of blood flow
  - The size of the involved vessel
  - Eye color
28. What is true about Transmural infarctions?
- They involve only the outer layer of the heart
  - They are visible through normal ECG
  - They are also known as STEMI
  - They do not affect heart function
29. How can infarcts more than 3 hours old be visualized?
- With an X-ray
  - By exposing myocardium to triphenyltetrazolium chloride
  - By performing a CT scan
  - By listening to the heart sounds
30. What color do infarcts typically turn within 12-24 hours after a Myocardial Infarction?
- Black
  - White
  - Red-blue

31. When do infarcts become soft, yellow-tan areas?
- Within hours after the event
  - After 2-3 days
  - 10-14 days after
  - A month later
32. What does the red-blue discoloration within 12-24 hours of a Myocardial Infarction indicate?
- Reduced blood flow
  - Accumulation of drugs
  - Stagnated, trapped blood
  - Infection
33. What happens to infarcts 10-14 days after a Myocardial Infarction?
- They disappear
  - They turn black
  - They are replaced with granulation tissue
  - They shrivel up
34. Over the succeeding weeks after a Myocardial Infarction, what develops in the infarcted area?
- Muscle tissue
  - Fibrous scar
  - Infections
  - Nothing
35. How do the size and distribution of the involved vessel affect the features of an acute Myocardial Infarction?
- They don't have any impact
  - They determine the patient's height
  - They influence the morphologic features
  - They change hair color
36. What is the observable sign of a Transmural infarction on an ECG?
- ST segment elevations
  - T wave inversions
  - Bradycardia
  - Nothing
37. In what timeframe does the infarct usually achieve its full extent after a Myocardial Infarction?
- 1-3 hours
  - 3-6 hours
  - 6-12 hours
  - 12-24 hours
38. What is the rationale for early diagnosis and prompt intervention in cases of Myocardial Infarction?
- To increase medical bills
  - To avoid exercise
  - To salvage myocardium at risk
  - To prolong hospital stays
39. How can the area of ischemic necrosis be visualized within the heart?
- By measuring blood pressure
  - By performing surgery
  - By exposing it to a specialized substrate
  - By taking a biopsy
40. Which zone of the heart receives blood from the epicardial vessels last?
- Subepicardial zone
  - Subendocardial zone
  - Inner myocardium
  - Outer pericardium

- 1b. Ischemic Heart Diseases
- 2a. Imbalance between cardiac blood supply and myocardial oxygen demand
- 3b. Coronary Artery Disease (CAD)
- 4b. Obstructive atherosclerotic vascular disease
- 5d. Lethal arrhythmia
- 6b. Intermittent chest pain from myocardial ischemia
- 7a. Typical or stable angina
- 8a. Typical or stable angina
- 9c. Increasingly frequent pain
- 10b. At rest
- 11c. Completely normal vessels
- 12b. Vasodilators such as nitroglycerin
- 13c. Acute coronary syndrome
- 14c. 70% to 75%
- 15a. Angina pectoris
- 16c. Acute coronary blockage
- 17d. Irregular heartbeat
- 18a. Slow rate atherosclerosis over time
- 19c. Transient, reversible myocardial ischemia
- 20c. Nitroglycerin
- 21b. Heart attack
- 22b. Acute coronary artery thrombosis
- 23a. Left anterior descending artery
- 24b. Decrease in ATP accumulation
- 25c. 20-40 minutes
- 26b. Subendocardial zone
- 27c. The size of the involved vessel
- 28c. They are also known as STEMI
- 29b. By exposing myocardium to triphenyltetrazolium chloride
- 30c. Red-blue
- 31c. 10-14 days after
- 32c. Stagnated, trapped blood
- 33c. They are replaced with granulation tissue
- 34b. Fibrous scar
- 35c. They influence the morphologic features
- 36a. ST segment elevations
- 37b. 3-6 hours
- 38c. To salvage myocardium at risk
- 39c. By exposing it to a specialized substrate
- 40b. Subendocardial zone