Primary cardiomyopathies in children .

Simple complement.

1. The most frequent form of primary cardiomyopathy in children is:

A. Hypertrophic cardiomyopathy
B. Acute myocarditis
C. Dilative cardiomyopathy
D. Restrictive cardiomyopathy
E. Peripartum cardiomyopathy

2. In the diagnosis of acute myocarditis in children the molecular biology techniques are used for to confirm:

A. Myocytar necrosis
B. Virus presence
C. Cellular apoptosis
D. Myocardium inflammation
E. Interstitial fibrosis

3. Acute fulminant myocarditis in suckling babies frequently begins with:

A. Absence of cardiac failure signs
B. Signs of acute respiratory infection
C. Digestive signs
D. Cardiogenic shock
E. Febrile convulsions

4. Which clinical sign is characteristic for acute myocarditis onset in big child:

A. Congestive cardiac failure
B. Acute respiratory infection
C. Arterial hypertension
D. Acute gastrointestinal infection
E. Difficulties of alimentation

5. The characteristic echocardiographic sign in the diagnosis of acute myocarditis in children is:

A. Advanced pulmonary hypertension
B. Left ventricle ejection fraction decreasing
C. Right ventricle myocardium hypertrophy
D. Presence of pericardic effusion
E. Mitral insufficiency

6. In the treatment of acute viral myocarditis onset in children is not recommended to administer:

A. Antivirals
B. Steroid antiinflammatory preparations
C. Antiarrhythmics
D. Diuretics
E. Inotrope positive preparations

7. The treatment of dilative cardiomyopathy in children includes the follows, except:

A. Endocardectomy
B. Therapy of cardiac failure syndrome
C. Prevention of thromboembolic accidents
D. Arrhythmias therapy
E. Heart transplantation

8. The Holter monitoring is indicating in children's primary cardiomyopathies in:

A. Idioventricular rhythm on standard ECG
B. Dyspnea in rest
C. Each child with suspicion of primary cardiomyopathy
D. Tachycardia
E. Peripheral edemas

9. The obligatory diagnosis methods in primary cardiomyopathy in children are the follows, except:

A. Endomyocardial biopsy
B. ECG with Holter recording
C. Echocardiography
D. Complete familial inquiry
E. Cardiopulmonary radiography

10. **The hypertrophic cardiomyopathy in child differs from that in adult by the following criterion:**
A. Left ventricular hypertrophy
B. More unfavourable prognosis
C. Don't needs follow-up
D. Absence of arrhythmic complications
E. Syncopes

Multiple complement

1. The etiologic classification divides primary cardiomyopathies in the following groups:
A. Genetic
B. Acute
C. Restrictive
D. Viral
E. Mixt

2. The seric specific markers used in the diagnosis of acute myocarditis in children are :
A. Creatininkinase fraction MB
B. Cardiac troponine T
C. Lactatdehydrogenase fractions 1,2
D. Antistreptolysin O
E. Cardiac troponine I

3. The most frequent etiologic viral factors involved in children's acute myocardites development are:
A. Coxsackie A
B. Coxsackie B
C. Adenovirus
D. Herpesvirus
E. Trypanosoma cruzi

4. The instrumental noninvasive investigations used in children for to confirm the diagnosis of myocarditis are:
A. X-ray chest
B. Endomyocardial biopsy
C. Electrocardiography
D. Cardiac catheterism
E. Echocardiography

5. The electrocardiographic changes suggestive for acute myocarditis in children are:
F. Incomplete block of His fascicle right bundle
G. Sinusal tachycardia
H. ST segment and T wave changes
I. Ventricular preexcitation syndrome
J. Atrioventricular block by II or III degree

6. The most common criteria of echocardiographic diagnosis in children's acute myocarditis are:
A. Left ventricle cavity dilation
B. Hypo-/akinesia of left ventricle wall
C. Hypertrophy of right ventricle wall
D. Ejection fraction decreasing
E. Left ventricle walls hyperkinesia

7. The most frequent complications in big child's acute myocarditis are:
A. Dilative cardiomyopathy

B. Congestive cardiac failure
C. Vascular cerebral accident
D. Arterial hypertension
E. Disorders of rhythm and conductibility

8. For acute fulminant myocarditis in infant the following signs are characteristic:

A. Short viral prodromal period
B. Cardiogenic shock
C. Arterial hypertension
D. Convulsive syndrome
E. Normal heart dimensions at cardiopulmonary radiography.

9. Differential diagnosis of acute myocarditis in infant is performing with the following clinical entities:

A. Deficit of carnitine
B. Primary pulmonary hypertension
C. Abnormal origin of left coronarian artery
D. Atrio-ventricular congenital block
E. Coarctation of the aorta

10. The common characteristics of dilative cardiomyopathy in children are:

A. There is the most frequent form of primary cardiomyopathy
B. Mixt etiology (acute/genetic)
C. Onset with hypoxic accesses
D. Association with left ventricle systolic dysfunction
E. there is the most frequent cause of sudden death by cardiac origin

11. Which are the suggestive ECG modifications in children's hypertrophic cardiomyopathy:

A. ST segment and T-wave changes
B. Normal ECG in sucklings
C. Signs of right ventricle hypertrophy
D. Association of long QT interval
E. Pathologic Q wave

12. The differential diagnosis in suckling's hypertrophic cardiomyopathy is performing with the following clinical entities:

A. Aortic stenosis
B. Down syndrome
C. Restrictive cardiomyopathy
D. Acute myocarditis
E. Glycogenoses

13. The clinical examination of I degree relatives of a child with hypertrophic cardiomyopathy will include:

A. Electrocardiography
B. Echocardiography
C. Troponines and cardiac enzymes
D. Genetic consultation
E. Myocardium scintigraphy

14. **The management of a child with hypertrophic cardiomyopathy includes:**

A. Moderated restrictions of physical activity with performant sport avoidance
B. Calcium channels blockers in asymptomatic child
C. ß-adrenoblockers in children with obstructive variant of disease
D. Prophylaxis of infectious endocarditis during all life
E. Digoxin

Simple complement

1. **C**
2. **B**
3. **D**
4. **A**
5. **B**
6. **B**
7. **A**
8. **C**
9. **A**
10. **B**

Multiple complement

1. **A, B, E**
2. **A, B, C,E**
3. **A, B, C, D**
4. **A, C,E**
5. **B, C, E**
6. **A, B, D**
7. **A, B,E**
8. **A, B, E**
9. **A, C, D, E**
10. **A, B, D**
11. **B,D,E**
12. **A,C,E**
13. **A,B,D**
14. **A,C,D**