1.1 Which ONE of the following is MOST likely to be found in a patient with longstanding constrictive pericarditis?
A A wide pulse pressure  
B A rise in systolic pressure on inspiration  
C Pulsus alternans  
D A fall in venous pressure on inspiration  
E Ascites

1.2 A 54-year-old male, non-smoker, presents with chest pain. Which ONE of the following features MOST suggests a non-cardiac aetiology?
A A fall in the ejection fraction on exercise echocardiography  
B Pain occurring at the start of exercise which then improves during exercise  
C Pain relieved by glyceryl trinitrate within 5 minutes  
D A normal resting ECG  
E Up-sloping ST segment depression occurring during exercise testing

1.3 A 46-year-old woman presents with hypertension. The blood pressure (BP) is 170/108 mmHg, plasma creatinine 190 μmol/L and there is marked left ventricular hypertrophy on the resting ECG. The plasma renin activity is <10 mU/L. She is on no medication other than the combined contraceptive pill. Which ONE of the following statements is TRUE?
A Blood pressure control should lead to regression of left ventricular hypertrophy  
B Angiotensin converting enzyme (ACE) inhibitor therapy is contraindicated  
C Bendroflumethiazide (bendrofluazide) would be an appropriate choice of antihypertensive agent  
D ‘White coat’ hypertension is a likely possibility  
E Oestrogen-containing contraceptive therapy is not contraindicated
1.4 Which ONE of the following abnormalities is MOST likely to be found in a patient diagnosed with syndrome X (metabolic syndrome)?
   A hypouricaemia
   B hypercholesterolaemia
   C haematuria
   D hypoinsulinaemia
   E hypertriglyceridaemia

1.5 A 58-year-old man who suffered a myocardial infarction 5 years ago presents to the outpatient clinic with tiredness, worsening shortness of breath on exercise, and swollen ankles. Anterior wall hypokinesia is present on echocardiography and the ejection fraction is 40%. Which ONE of the following drug therapies is MOST likely to improve survival?
   A Furosemide (frusemide)
   B Digoxin
   C Isosorbide mononitrate
   D Spironolactone
   E Verapamil

1.6 Which ONE of the following statements about disorders associated with a bicuspid aortic valve is TRUE?
   A The finding occurs more often in females than males
   B No association with an abnormal origin to the coronary arteries
   C No association with coarctation of the aorta
   D A decreased risk of aortic dissection
   E An increased risk of endocarditis

1.7 Which ONE of the following statements concerning atrial myxomas is TRUE?
   A They are usually found to be malignant on histopathology
   B They are the commonest benign tumour in adolescents
   C They are most often located in the right atrium
   D Often produce thromboembolic events
   E Typically associated with a soft first heart sound

1.8 A 67-year-old Caucasian man presents within 4 hours of the onset of crushing, central chest pain. The ECG findings indicate 3 mm ST elevation in the anterior chest leads. Which ONE of the following plasma concentrations is MOST likely to be elevated at presentation?
   A Creatinine kinase–MB fraction
   B Lactate dehydrogenase
   C Troponin I
   D Aspartate transaminase
   E Troponin T
1.9 A 76-year-old woman with no significant past medical history is found to be asymptotically hypertensive. Which ONE of the following statements is TRUE?
A Both systolic and diastolic pressures are likely to be elevated
B Plasma renin is likely to be elevated
C Secondary hypertension is more likely than in younger patients
D Treatment of the high BP should reduce the risk of heart failure
E Treatment of the high BP is unlikely to reduce the risk of stroke significantly

1.10 Which ONE of the following cardiac findings in an asymptomatic subject requires permanent endocardial pacing?
A Intermittent second degree AV block
B Previous history of recurrent vasovagal syncope
C Left bundle branch block occurring after myocardial infarction
D Sick sinus syndrome
E Third degree AV block following coronary artery bypass surgery

1.11 A 76-year-old woman presents with a history of syncopal episodes and on echocardiography, she is found to have severe aortic stenosis. Which ONE of the following features is MOST likely to be found on examination?
A Pulsus bisferiens
B A widely split second heart sound
C A thrill over the right anterior second intercostal space
D A wide pulse pressure
E A pan-systolic murmur

1.12 In a patient presenting with a supraventricular tachycardia, which ONE of the following is LEAST likely to be responsible?
A Mitral valve prolapse
B Lown–Ganong–Levine syndrome
C Flecaïdine therapy
D Lange–Nielsen syndrome
E Digoxin toxicity

1.13 A 24-year-old man is admitted to hospital having collapsed. He has a previous history of blackouts which had been attributed to vasovagal syncope. Clinical examination was unremarkable and the resting ECG was normal except for a prolonged QT interval. Which ONE of the following suggests the MOST likely cause of the syncopal episodes?
A Use of beta blocker therapy
B Serum potassium 5.6 mmol/L
C Family history of premature sudden death
D Congenital lymphoedema of the lower limbs
E Resting tachycardia
1.14 Which ONE of the following features suggests an alternative or additional diagnosis to that of severe mitral stenosis?
A Right ventricular hypertrophy
B Left ventricular dilatation
C Dilated left atrium
D Tricuspid regurgitation
E Absence of a diastolic murmur at rest

1.15 At an insurance medical examination, a 50-year-old male is found to be a heavy smoker with a blood pressure of 170/108 mmHg, body mass index 37, serum cholesterol 7.5 mmol/L and HDL-cholesterol 1.3 mmol/L. Which ONE of the following measures is likely to have the greatest impact on reducing his cardiovascular risk?
A Reducing his blood pressure to 140/85 mmHg
B Reducing his total cholesterol by 1.5 mmol/L
C Stopping smoking
D Taking aspirin 75 mg daily
E Losing 8 Kg in weight

1.16 In a patient with a wide-complex tachycardia, which ONE of the following ECG findings MOST suggests a supraventricular tachycardia?
A AV dissociation
B Negative chest lead QRS concordance
C QRS axis −60˚ to −180˚
D Fusion beats
E QRS duration 140 milliseconds

1.17 Which ONE of the following is the LEAST LIKELY to be responsible for the finding of impaired left ventricular filling observed on echocardiography?
A Hypertension
B Hypertrophic cardiomyopathy
C Constrictive pericarditis
D Chronic alcohol intake
E Amyloidosis

1.18 A 20-year old is found to have hypertrophic cardiomyopathy on echocardiography. Which ONE of the following disorders suggests that the echocardiographic changes are likely to be due to an additional and unrelated diagnosis?
A Friedreich’s ataxia
B Fabry’s disease
C Noonan’s syndrome
D Pompe’s disease
E Devic’s syndrome
1.19 Which ONE of the following findings is most likely to be found in a 30-year-old woman presenting with an acute myocarditis?
A Shortness of breath at rest
B Sinus bradycardia
C ST segment depression
D A pericardial effusion on echocardiography
E A raised serum lactate dehydrogenase level

1.20 Which ONE of the following features suggests an alternative diagnosis to that of patent ductus arteriosus?
A Prominent vascular markings on a chest radiograph
B Disappearance of the continuous supraclavicular murmur in the supine position
C A collapsing pulse
D Right bundle branch block
E A mid-diastolic murmur in the mitral area

1.21 On auscultation, a patient is found to have splitting of the second heart sound which increases during expiration. Which ONE of the following disorders suggests that an alternative diagnosis is likely to be present to explain the finding?
A Severe hypertension
B Right bundle branch block
C Acute unstable angina
D Aortic stenosis
E Hypertrophic obstructive cardiomyopathy

1.22 Which ONE of the following statements about Kawasaki disease is TRUE?
A It is more common in girls
B The incidence in Japan is decreasing
C Cervical lymphadenopathy is rare
D Aneurysms are restricted to the coronary arteries
E Polymorphous exanthema is typical

1.23 Which ONE of the following statements about hyperlipoproteinaemia is TRUE?
A The children of patients with familial type IIa hyperlipoproteinaemia have a 25% chance of inheriting the trait
B Chylomicrons consist primarily of cholesterol
C Plasma cholesterol is reduced in the nephrotic syndrome
D Long-term gemfibrozil therapy decreases the incidence of cardiac events
E Plasma cholesterol decreases with age
1.24 A 28-year-old man presents with a fever and breathlessness and is found to have a diastolic murmur along the left sternal edge. The echocardiogram reveals evidence of significant left ventricular dysfunction and aortic regurgitation with vegetations on the aortic valve. Which ONE of the following statements concerning the investigation and management is TRUE?
A  Alpha-haemolytic streptococci are likely to be present on blood cultures
B  Tetracycline therapy is indicated prior to the results of blood cultures
C  Diffuse glomerulonephritis usually leads to irreversible renal failure
D  Valve replacement should be deferred until 4 weeks of antibiotic therapy is given
E  Blood cultures are unlikely to be positive except during peaks of pyrexia

1.25 In a patient with tricuspid incompetence, which ONE of the following findings is the MOST likely to be present?
A  Giant ‘a’ waves in the neck veins
B  A soft pulmonary component to the second heart sound
C  Evidence of a right ventricular heave
D  An increased risk of pulmonary embolism
E  A murmur which decreases with inspiration

1.26 Which ONE of the following statements about a 40-year-old man presenting with upper limb hypertension and rib notching is TRUE?
A  Constriction of the aorta is most likely to be proximal to the left subclavian artery
B  An association with pulmonary stenosis would be an expected finding
C  Marfan's syndrome is a recognized association
D  A to-and-fro continuous murmur is characteristic of the anomaly
E  There is likely to be an increased risk of cerebrovascular accidents

1.27 Which ONE of the following statements about the electrocardiogram is TRUE?
A  Hypokalaemia produces flattened T waves
B  Right ventricular hypertrophy causes an anticlockwise rotation
C  Pathological Q waves are usually an early feature of acute infarction
D  A QT interval of 500 milliseconds is normal, given a heart rate 80 beats/min
E  Mobitz type II AV block shows progressive lengthening of the PR interval
1.28 In a man presenting with acute chest pain and ECG evidence of acute myocardial infarction, which ONE of the following features indicates a poorer prognosis?
   A Atrial fibrillation at onset
   B Ventricular fibrillation occurring on day 5 post-infarction
   C Left ventricular ejection fraction in range 40–50
   D Patient aged 75 or over
   E Inferior rather than an anterior infarction

1.29 Which ONE of the following statements about the cardiac silhouette on a routine chest X-ray is TRUE?
   A Left atrial size can be accurately assessed
   B The cardio-thoracic ratio is usually abnormal in right ventricular hypertrophy
   C The cardio-thoracic ratio is typically increased in chronic hypoadrenalism
   D Estimated LV size correlates poorly with the severity of hypertensive heart disease
   E The pulmonary arteries are often prominent in normal adolescents

1.30 In the assessment of a cardiac catheterization study, which ONE of the following statements is TRUE?
   A A gradient of 20 mmHg across the aortic valve usually indicates severe stenosis
   B Pulmonary artery oxygen saturation is independent of the cardiac output
   C The mortality from coronary angiography is approximately 5%
   D In constrictive pericarditis, end-diastolic pressures are not equal in both ventricles
   E A left ventricular end-diastolic pressure of 25 mmHg indicates a myocardial abnormality in the absence of valve disease

1.31 In atrial tachyarrhythmias, which ONE of the following statements is TRUE?
   A The delta wave in Wolff–Parkinson–White syndrome is due to myocardial activation via an additional conduction pathway
   B Ventricular pacing is the best way to control atrial tachycardias
   C Atrial fibrillation excludes the diagnosis of Wolff–Parkinson–White syndrome
   D Polyuria suggests a ventricular rather than a supraventricular focus
   E Atrial tachycardias are rarely as distressing to the patient as ventricular tachycardias
1.32 Routine auscultation of a young, asymptomatic marathon runner at an insurance medical examination reveals a systolic murmur. The murmur is best heard between the left sternal edge and the apex without obvious radiation to the neck or axilla. Which ONE of the following statements about the murmur is TRUE?
A The murmur is likely to be due to a bicuspid aortic valve
B If the murmur radiates to the third left interspace, tricuspid incompetence is likely
C The severity of mitral incompetence is best assessed by pulmonary wedge pressures
D A loud fourth heart sound suggests severe mitral incompetence
E Mitral valve prolapse is the likeliest explanation

1.33 Which ONE of the following statements about congenital ventricular septal defects (VSD), is TRUE?
A In Eisenmenger syndrome, there is a left- to-right shunt
B A large VSD usually closes spontaneously
C If endocarditis develops, the left ventricular cavity is usually involved
D The murmur typically radiates to the carotids
E The defect typically involves the membranous part of the septum

1.34 An elderly hypertensive man presents with a 2-hour history of tearing, central chest pain radiating to his back. The ECG and plasma troponin are both normal. Which ONE of the following is MOST consistent with a diagnosis of aortic dissection?
A The presence of a purely systolic murmur suggesting aortic stenosis
B Pain which increases gradually over several hours after onset
C Persistent bradycardia
D Absence of any past history of hypertension
E Pleural effusion on chest X-ray

1.35 A 22-year-old is admitted with a fever and arthropathy. Which ONE of the following features suggests an alternative diagnosis to that of rheumatic fever?
A Recent group A beta-haemolytic streptococcal infection
B A short rumbling diastolic murmur
C Erythema marginatum sparing the face
D An elevated ESR
E Symmetrical, small joint polyarthritis

1.36 In which ONE of the following disorders would the development of a congestive cardiomyopathy suggest the presence of an alternative, unrelated diagnosis?
A Thyrotoxicosis
B Chronic alcohol abuse
C Viral myocarditis
D Advanced HIV disease
E X-linked muscular dystrophy
1.37 In which ONE of the following disorders is the development of pulmonary hypertension primarily due to an increase in pulmonary blood flow?
A. Chronic bronchitis and emphysema
B. Mitral stenosis
C. Multiple pulmonary emboli
D. Fibrosing alveolitis
E. Ostium primum atrial septal defect

1.38 A 45-year-old man is being considered for coronary artery bypass surgery. Which ONE of the following criteria is the MOST appropriate indication for surgery rather than percutaneous coronary intervention?
A. Asymptomatic airline pilot with an abnormal exercise ECG
B. Symptomatic patient with left main coronary artery stenosis
C. Symptomatic but untreated angina
D. Triple vessel disease with severe left ventricular failure
E. Symptoms of angina with normal coronary angiography

1.39 A 24-year-old woman presents with a history of episodic breathlessness and palpitation associated with weight gain, mild hypertension and painless diarrhoea. On clinical examination, she appears Cushingoid and tremulous. The electrocardiogram is normal. Which ONE of the following is the MOST likely cause?
A. Excessive consumption of coffee
B. Phaeochromocytoma
C. Alcohol abuse
D. Carcinoid syndrome
E. Wolff–Parkinson–White syndrome

1.40 A patient is seen in the review clinic after having had a mitral valve replacement with a Starr–Edwards ball valve prosthetic valve. Which ONE of the following statements is TRUE?
A. The patient is no longer at risk from endocarditis
B. The left atrial size returns to normal
C. X-ray screening is useful in assessing postoperative valve function
D. A reduction in the intensity of the valve click is unlikely to be of any significance
E. Concomitant omeprazole therapy will reduce the efficacy of warfarin therapy
ANSWERS

1.1 A ✗ Pulse pressure narrows
B ✗ Systolic pressure falls
C ✗
D ✗ Venous pressure rises
E ✔

1.2 A ✗
B ✗ Typical of ‘first effort angina’
C ✗
D ✗
E ✔ Ischaemia is indicated by down sloping or horizontal ST segment depression

1.3 A ✔
B ✗ Treatment with an ACE inhibitor helps preserve renal function. Renal artery stenosis should be excluded but is unlikely with the low plasma renin activity
C ✗ Thiazide diuretics are ineffective in subjects with renal impairment
D ✗ End-organ damage due to hypertension is present
E ✗ Most women experience a small rise in BP on starting the pill. However, this rise is exaggerated in some individuals

1.4 A ✗
B ✗ Total cholesterol may be normal but HDL is usually reduced
C ✗ Proteinuria may occur and is associated with an increased mortality
D ✗ ‘Insulin resistance syndrome’
E ✔

1.5 A ✗ May reduce symptoms
B ✗ Improves symptoms even if not in AF, but no change in survival
C ✗ No evidence that nitrates alone increase survival
D ✔ The RALES study
E ✗ Relatively contraindicated in CCF

1.6 A ✗ Male:female ratio is 4:1
B ✗
C ✗ 50% of coarctations are found in association with a BAV
D ✗ Increased risk of dissection
E ✔ A bicuspid valve can be found in 20–25% of cases of aortic valve endocarditis
1.7 A × Usually benign tumours
B × Rhabdomyoma accounts for ~50% of benign tumours at this age
C × Over 80% are in the left atrium
D ✔ Up to 60% of cases
E × Usually a loud first or second heart sound, and holosystolic and diastolic murmurs

1.8 A ✔ Elevated after 4–6 hours and peaks at 12 hours
B × Elevated after 12 hours
C × Elevated after 6–12 hours and remains elevated for 7–10 days
D × Elevated after 12 hours
E × Elevated after 6–12 hours and remains elevated for 7–10 days

1.9 A × Isolated systolic hypertension accounts for ~70% of all cases
B × Renin falls with age, and unless there is renal artery stenosis or concomitant drug therapy (e.g. thiazide diuretics), is usually low in the elderly
C × Secondary hypertension is most commonly detected in young subjects with resistant hypertension
D ✔ The risk of heart failure can be reduced by 30–40%
E × The risk of stroke is reduced by ~33% and MI by 25%

1.10 A × Persistent, symptomatic second or third degree AV block
B ×
C ×
D × May improve survival if bradycardia limits exercise tolerance
E ✔

1.11 A × Indicates mixed aortic valve disease without severe stenosis
B × Usually single second sound, or reverse splitting
C ✔
D × Pulse pressure may be narrowed, but this is an unreliable sign
E × An ejection systolic murmur is often heard but may be relatively modest in the presence of severe stenosis limiting cardiac output

1.12 A ×
B × The re-enterant pathway makes atrial dysrhythmias more likely
C × May provoke atrial or ventricular dysrhythmias
D ✔ Associated with long QT syndrome and ventricular dysrhythmias
E × May cause any type of rhythm disturbance
1.13  A ✘ Helpful in both long QT syndromes and vasovagal syncope
      B ✘ Hypokalaemia and diuretic use are associated
      C ✔ Romano–Ward syndrome with prolonged QT and ventricular arrhythmias transmitted as an autosomal dominant trait
      D ✘ Milroy’s syndrome, an inherited lymphatic abnormality
      E ✘ Resting bradycardia

1.14  A ✘ Due to pulmonary hypertension
      B ✔ The left ventricle is usually normal unless there is also MR
      C ✗
      D ✘ Due to pulmonary hypertension
      E ✘ As the stenosis worsens the intensity of the murmur declines

1.15  A ✘ His risk of a coronary heart disease event in the next 10 years is 43%, although all the measures will help reduce this risk, the greatest impact will come from smoking cessation
      B ✗
      C ✔
      D ✗
      E ✗

1.16  A ✘ Strongly suggests VT
      B ✔ Positive concordance (all chest leads looking similar on ECG) is found only in patients with ventricular tachycardia
      C ✗
      D ✗ A rare but useful sign suggesting a ventricular origin
      E ✗

1.17  A ✘ Associated with an increased afterload
      B ✗
      C ✔ Typically causes diastolic LV dysfunction
      D ✔ Impairs systolic function — a dilated cardiomyopathy
      E ✗

1.18  A ✘
      B ✘ As can several other metabolic disorders
      C ✘ A Turner’s-like syndrome
      D ✘ A glycogen storage disorder
      E ✔ Neuromyelitis optica, a variant of multiple sclerosis

1.19  A ✘ Over 80% of subjects have minimal symptoms
      B ✘ Tachycardia is common in the acute stage
      C ✘ ST segment elevation and/or T wave inversion are common
      D ✔ Common
      E ✘ But serum troponins are often raised in the acute phase
1.20  A  ❌  Typical with moderate left-to-right shunt volume  
     B  ✔  A feature of a ‘benign venous hum’ in children  
     C  ❌  
     D  ❌  May occur with right- to-left shunt  
     E  ❌  Due to increased flow across the mitral valve

1.21  A  ❌  Reversed splitting suggests impaired conduction  
     B  ✔  Typical finding in left bundle branch block  
     C  ❌  Conduction abnormalities are likely  
     D  ❌  Left ventricular outflow obstruction  
     E  ❌  Left ventricular outflow obstruction

1.22  A  ❌  Male:female ratio is  1.5:1  
     B  ❌  
     C  ❌  A principal sign  
     D  ❌  But more common in the coronaries  
     E  ✔  As are changes in the lips, hands, tongue, and conjunctivae

1.23  A  ❌  Autosomal dominant with 50% chance of inheriting the trait  
     B  ❌  Consist primarily of triglycerides  
     C  ❌  The nephrotic syndrome increases plasma cholesterol and triglycerides  
     D  ✔  But does not prolong life  
     E  ❌  Increases progressively with age

1.24  A  ✔  In 50% of cases of endocarditis, the organism arises from the oropharynx  
     B  ❌  Not bactericidal; benzylpenicillin and amoxicillin should be used  
     C  ❌  Renal failure reverses with treatment of endocarditis  
     D  ❌  Valve replacement is indicated at all stages of treatment if LVF develops  
     E  ❌  Timing blood cultures with peaks of pyrexia does not increase the yield of positive cultures; six to eight samples should be taken in the first 24 hours

1.25  A  ❌  ‘CV’ waves due to rise in right atrial pressure during ventricular systole  
     B  ❌  Usually a loud P₂ signifying pulmonary hypertension  
     C  ✔  Secondary to pulmonary hypertension  
     D  ❌  
     E  ❌  Characteristically increases with inspiration

1.26  A  ❌  Coarctation is likely to be just distal to the left subclavian artery  
     B  ❌  Incidence of aortic stenosis and aortic dissection is increased  
     C  ❌  But also causes aortic dissection  
     D  ❌  Coarctation produces a systolic murmur only  
     E  ✔  due to hypertension, atheroma, dissection and berry aneurysms
1.27 A ✔ Also seen in hypercalcaemia
B ✗ Clockwise rotation
C ✗ A late sign of acute infarction, ST elevation is usually seen first
D ✗ The normal QT is less than 440 msec and is rate dependent
E ✗ Mobitz type I (Wenckebach) block has a lengthening of the PR interval; Mobitz type II has a fixed PR interval

1.28 A ✗ Unlike ventricular fibrillation within the first 12 hours
B ✔ Indicates acceptable LV function
C ✗ But coexisting diseases are more common, e.g. diabetes
D ✗ Inferior infarcts tend to cause less damage and have a better prognosis

1.29 A ✗ Can reveal left atrial enlargement but not accurately quantify the size; echocardiography is much better
B ✗ Typically normal, the right ventricle lies within the cardiac silhouette
C ✗ Typically decreased CT ratio
D ✗ Good correlation but better with the ECG and echocardiogram
E ✔ And can be confusing

1.30 A ✗ Gradients greater than 50 mmHg
B ✗ Pulmonary artery oxygen saturation reflects cardiac output as the arteriovenous oxygen saturation difference increases as cardiac output falls
C ✗ 0.2% mortality
D ✗
E ✔

1.31 A ✔ Accessory pathway of Kent
B ✗ Atrial pacing can control atrial tachycardias
C ✗ AF occurs in about 15% of patients
D ✗ Possibly as a result of atrial natriuretic peptide release
E ✗ Impossible to distinguish from the severity of patient distress

1.32 A ✗ Mitral incompetence due to a prolapsing mitral valve
B ✗ Suggests a pulmonary flow murmur
C ✗ Radionuclide ventriculography or angiography
D ✗ Loud third HS due to rapid ventricular filling in early diastole
E ✔ Common and rarely troublesome

1.33 A ✗ Right-to-left
B ✗
C ✗ The ‘jet lesion’ occurs on the right ventricle
D ✗ Localized to the left sternal edge and associated with a palpable thrill
E ✔
1.34 A ✘ Usually associated with aortic incompetence
   B ✘ Usually maximal from the onset
   C ✘ Typically a tachycardia
   D ✘ Most patients have had longstanding hypertension
   E ✔ Due to leak, reaction or underlying aortic inflammation

1.35 A ✘ Characteristically within the previous 3–4 weeks
   B ✘ Indicates mitral valvitis
   C ✘ Unlike SLE or adult Still's disease
   D ✘
   E ✔ Usually an additive, pauciarticular, large joint arthropathy

1.36 A ✘ Typically causes a congestive cardiomyopathy
   B ✘
   C ✘ CCF occurs in 10%
   D ✔ Also haemochromatosis
   E ✘

1.37 A ✘ Hypoxia causes pulmonary vasoconstriction and hypertension
   B ✘
   C ✘ Increased vascular resistance
   D ✘
   E ✔

1.38 A ✘ PCI would be too hazardous
   B ✔ Anti-anginal therapy alleviates symptoms
   C ✘ High risk from surgery
   D ✘ Risk of surgery is greater than the risk from variant angina

1.39 A ✘ A rare diagnosis
   B ✘
   C ✔ Pseudo-Cushing's syndrome associated with alcohol use
   D ✘
   E ✘

1.40 A ✘ Patients with prosthetic valves are particularly vulnerable to endocarditis
   B ✘
   C ✔ For prosthetic valves with a tilting disc or a ball
   D ✘ Indicates thrombus developing at the valve
   E ✘ Interaction with warfarin enhances the anticoagulant effect