1. A 37-year-old man suffers from attacks of unconsciousness, dyspnea during physical exertion, and periodical sensations of heart rate disorder. Father of the patient died suddenly at the age of 45. Objectively: heart rate is 90/min., BP is 140/90 mm Hg. On heart US: ejection fraction - 49%, significant myocardium thickening of the left ventricle and interventricular septum. What drug should be prescribed for the treatment?

   Phenyhydinum (Nifedipine)

   Bisoprolol*

   Enalapril

   Furosemide

   Hydrochlorothiazide

2. A 42-year-old woman has lost her consciousness after physical exertion. Her blood pressure decreased to 40/20 mm Hg. According to the patient's medical history, she has been taking glucocorticoids for a long time (5 years) because of her bronchial asthma. She has not been taking glucocorticoids for the last 4 days. Objectively, the patient is sluggish, her skin is of normal color, her heart sounds are muffled, her pulse is 100/min., rhythmic, of poor volume. Blood glucose levels - 3.0 mmol/L, Na^+ - 117 mmol/L, K^+ - 6.0 mmol/L. What is the most likely diagnosis in this case?

   Acute adrenal insufficiency*

   Thyrotoxic crisis

   Hypoglycemic coma

   Hypovolemic shock

   Cardiogenic shock

3. A 14-year-old girl has fainted during a meeting. The day before she complained of a headache. The skin is pale, the limbs are cold, shallow breathing, heart sounds are muffled; heart rate is 51/min.; BP is 90/50 mm Hg. The abdomen is soft. Meningeal symptoms are negative. Make the provisional diagnosis:

   Unconsciousness

   Acute right ventricular failure

Respiratory failure

Collapse*

Acute left ventricular failure

4. A 70-year-old man complains of weakness, dizziness, brief episodes of unconsciousness, and pain in the cardiac region. Objectively, his heart rate is 40/min, heart sounds are rhythmic, and the first heart sound is muffled and significantly intensifies from time to time. Blood pressure is 180/90 mm Hg. What is the most likely cause of these hemodynamic disorders?

   Complete block of the His left bundle branch

   First-degree AV block

   Bradysystolic form of ciliary arrhythmia

   Third-degree AV block*

   Sinus bradycardia

5. A 68-year-old man diagnosed with acute myocardial infarction is in an intensive care unit. Suddenly he fell unconscious. Objectively, his pulse and blood pressure cannot be detected. ECG shows frequent irregular waves of varying shape and amplitude. What complication occurred in this patient?

   Ventricular fibrillation*

   Asystole

   Acute heart failure

   Pulmonary embolism

   Paroxysmal ventricular tachycardia

6. A 42-year-old patient got out of bed after rest and felt general weakness, dizziness, darkening in the eyes, and lost consciousness. Objectively: the patient is unconscious; the skin is pale and cold. Pupillary and tendon reflexes are preserved. Blood pressure - 75/50 mm Hg, pulse - 100/min. What is the most likely diagnosis?

   Epileptic syndrome

   Hysterical attack

Orthostatic collapse*

Ischemic stroke

Hypoglycemic coma

7. A 46-year-old patient with squeezing pain in the heart has experienced circulatory and respiratory arrest. On the ECG monitor: high-wave ventricular fibrillation. What should be done first?

   Intravenous dopamine

   Intravenous lidocaine

   Perform defibrillation*

   Intravenous atropine

   Implant a pacemaker

8. At a bus stop, an elderly man clutched his heart and then lost consciousness. He took several deep breaths at intervals of 8-10 seconds, then stopped breathing. The skin is pale and cold. The pulse on the carotid arteries is not detected. The pupils are dilated and react to light. Sudden coronary death has been diagnosed. When should cardiopulmonary resuscitation be started?

   Indirect heart massage*

   Tracheostomy

   Carotid sinus massage

   Artificial ventilation

   Valsalva maneuver

9. A 27-year-old male athlete suddenly lost consciousness during training. Pulse and blood pressure are not determined. Breathing is absent. Heart sounds are not auscultated. Pupils are dilated. On ECG: polymorphic ventricular tachycardia. Chest compressions are started. What is the most appropriate next step?

   transesophageal cardiac pacing

   electrical defibrillation*

   IV lidocaine

IV digoxin

vagus probes

10. A 35-year-old female patient experienced dizziness, general weakness, nausea, difficulty breathing, and fainting that lasted for 20 seconds during an ultrasound examination of the carotid and vertebral arteries. Objectively observed: pale skin, blood pressure - 90/60 mm Hg, heart rate - 96/min. Decreased reaction to light. No focal neurological symptoms were detected. No pathological changes were found on the electroencephalogram and echoencephalogram. What is the most likely diagnosis?

    Cerebral infarction

    Epileptic seizure

    Syncope*

    Subarachnoid hemorrhage

    Transient ischemic attack

11. A 67-year-old patient complains of dizziness, general weakness, and lost of consciousness twice. From the anamnesis, it is known that 4 years ago he suffered a myocardial infarction. Objectively observed: moderate severity, skin and mucous membranes of normal color, vesicular breathing in the lungs, no wheezing. Heart sounds are muffled, arrhythmic, heart rate - 62/min. Blood pressure - 140/90 mm Hg. The abdomen is soft and painless. There is no peripheral edema. The ECG revealed: PQ interval - 200 ms, QRS - 80 ms, sudden loss of the QRS complex without a prior increase in the PQ interval, with a frequency of 3:1, 4:1. What cardiac arrhythmia did the patient have?

    Second-degree AV block: Mobitz type I

    First-degree AV block

    Sinoatrial block

    Third-degree AV block

    Second-degree AV block: Mobitz type II*