

Management of the patients with heart murmurs

Management of the patients the with cyanosis

A 35-year-old woman complains of pain in her left arm that progresses over the last 4 months and intensifies after physical exertion of the affected limb. Additionally, she notes a cold and <<tingling>> sensation in her arm. The pain decreases slightly at night, when the arm hangs down from the bed. Moreover, the woman notes deteriorating vision and the weight loss of 4 kg. She does not smoke. Objectively, she is underweight, the pulse on the left arm cannot be found. There is no pulsation over the left carotid artery, a murmur is heard above the right carotid artery. Make the diagnosis:

Питання 16Відповідь

- a. Arterial thrombosis of the left arm
- b. Systemic lupus erythematosus
- c. Neurological amyotrophy
- d. Dermatomyositis
- e. Obliterating aortoarteritis**

A 31-year-old drug-addicted person complains of a cough with bloody expectorations, dyspnea, persistent fever, and leg edemas. The jugular veins are distended. There is a coarse pansystolic murmur detected above the base of the xiphoid process and in the second intercostal space on the left, close to the edge of the sternum. Heart sounds are clear, arrhythmia is detected, heart rate is 128/min., pulse - 82/min., blood pressure is 100/70 mm Hg. What is the most likely diagnosis?

- a. Pulmonary embolism
- b. Community-acquired pneumonia
- c. Infective endocarditis**
- d. Lutembacher syndrome
- e. Coarctation of the aorta

A 16-year-old girl addressed a doctor with complaints of fatigability and dizziness. On heart auscultation: systolic murmur in the II intercostal area along the breastbone edge on the left. ECG revealed signs of the right ventricular hypertrophy. X-ray revealed dilatation of the the pulmonary artery trunk, enlargement of the right heart. What heart disorder is it?

- a. Fallot's tetrad
- b. Pulmonary artery outflow stenosis**
- c. Pulmonary artery valve failure
- d. Coarctation of aorta
- e. Defect of the interatrial septum

A 29-year-old patient complains of shortness of breath during moderate physical exertion and rapid heart rate. According to the patient's medical history, the patient had frequent cases of acute tonsillitis. Palpation of the chest detects pulsation in the III-V intercostal spaces on the left and in the epigastric region, as well as diastolic tremor over the apex of the heart. Auscultation detects intensified first heart sound at the apex of the

heart and a diastolic murmur. The second heart sound reduplicates and is intensified over the pulmonary artery. What is the most likely diagnosis in this case?

- a. Pulmonary artery stenosis
- b. Aortic insufficiency
- c. Mitral insufficiency
- d. Mitral stenosis**
- e. Aortic stenosis

A 19-year-old girl, registered for regular check-ups for a congenital heart defect, complains of shortness of breath and palpitations during physical exertion. Objectively, her physical development is lagging. Palpation detects trembling at the base of the heart on the left. Auscultation detects a systolo-diastolic murmur in the second intercostal space on the left near the sternum and intensification of the second heart sound over the pulmonary artery. ECG shows signs of left ventricular hypertrophy. Chest X-ray shows an intensified pulmonary pattern and distension and bulging of the pulmonary artery. What is the most likely diagnosis in this case?

- a. Patent ductus arteriosus**
- b. Coarctation of the aorta
- c. Pulmonary artery stenosis
- d. Ventricular septal defect
- e. Atrial septal defect

An 18-year-old young man complains of pain in his knee and ankle joints and a fever of 39.5°C . A week and a half before, he had a case of respiratory disease. Objectively, his body temperature is 38.5°C , his knee and ankle joints are swollen. His pulse is 106/min., rhythmic. His blood pressure is 90/60 mm Hg. The heart borders are normal, the heart sounds are weakened, and there is a soft systolic murmur at the apex. What parameter is most closely associated with the possible etiology of this process?

- a. Antistreptolysin O**
- b. Rheumatoid factor
- c. Seromucoid
- d. α_1 -antitrypsin
- e. Creatine kinase

A 65-year-old man with acute anterior myocardial infarction developed an asphyxia attack. Examination detected diffuse cyanosis. In the lungs there are numerous heterogeneous wet crackles. Heart rate is 100/min. Blood pressure is 120/100 mm Hg. What complication occurred in this patient?

- a. Ventricular septal rupture
- b. Pulmonary edema**
- c. Cardiogenic shock
- d. Hypertensive crisis
- e. Pulmonary embolism

A 33-year-old patient has developed dyspnea during physical exertion, palpitations, disruptions of heart rate, swollen legs. In the childhood the patient had a case of acute rheumatic fever that required in-patient treatment. There were no further requests for

medical care. Objectively: heart rate is 92/min., rhythmic; BP is 110/70 mm Hg. At the apex the I heart sound is increased, triple rhythm, diastolic murmur. What heart disease is most likely?

- a. Aortic outflow stenosis
- b. Mitral valve failure
- c. Aortic valve failure
- d. Tricuspid valve stenosis
- e. ***Mitral valve stenosis***