

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

A 65-year-old patient with a history of arterial hypertension complains of dizziness and palpitations that occurred throughout the last hour. Objectively, the following is observed: blood pressure - 80/40 mm Hg, heart rate - 150/min., pulse - 106/min. ECG revealed missing P wave and varying RR intervals, ventricular contraction rate is 136-148/min. What aid must be provided to the patient first?

- a. Prescription of beta-blockers intravenously
- b. Prescription of amiodarone intravenously
- *c. Urgent electrical cardioversion
- d. Pacemaker implantation
- e. Prescription of calcium channel blockers intravenously

A 62-year-old woman was brought into the admission room with complaints of severe burning retrosternal pain and asphyxia. She has a 10-year-long history of essential hypertension. Objectively her condition is moderately severe. She presents with skin pallor, cyanotic lips, and vesicular respiration over her lungs. The II heart sound is accentuated over the aorta. Blood pressure - 210/120 mm Hg, heart rate (pulse) - 76/min. ECG shows elevation of ST segment in the leads I, AVL, and V5-V6. What is the most likely diagnosis?

- *a. Hypertensive crisis complicated with acute myocardial infarction
- b. Pulmonary embolism
- c. Hypertensive crisis complicated with instable angina pectoris
- d. Hypertensive crisis complicated with acute left ventricular failure
- e. Uncomplicated hypertensive crisis