**Subject:** ECG-signs of myocardial infraction. Functional exercise testing.

Table 1.General information

|  |  |  |
| --- | --- | --- |
| 1 | School | Astrakhan SMU |
| 2 | Speciality | General medicine |
| 3 | Discipline | [Propaedeutics of Internal Diseases](https://www.multitran.com/m.exe?s=Propaedeutics+of+Internal+Diseases&l1=1&l2=2) |
| 4 | Author of the tasks | V.V. Antonyan, E.A. Uklistaya, A.V. Dedov,  А.А.Panov, N.V.Kamneva, S.G. Kasatkina |
| 5 | Tel. number | 89033484838 |
| 6 | E-mail | antonian.vika@yandex.ru |
| 7 | SNILS | - |

Table 2.List of tasks in the discipline

|  |  |  |
| --- | --- | --- |
| **Type** | **Code** | **Text of a job function title /a question of the task/possible answers** |
| Ф |  |  |
|  |  |  |
| В | 001 | If leads I, II and in the lead aVL have registered ventricular complexes represented with the only negative wave (QS) then we can reckon: |
| О | А | Q-wave anterior myocardial infarction |
| О | B | non Q- wave anterior myocardial infarction |
| О | C | non Q- wave inferior diaphragmal myocardial infarction |
| О | D | Q- wave inferior diaphragmal myocardial infarction |
| О | E | arterial hypertension |
|  |  |  |
| В | 002 | If leads II, III and in the lead aVF have registered ventricular complexes represented with the only negative wave (QS) then we can reckon: |
| О | А | Q- wave inferior diaphragmal myocardial infarction |
| О | B | non Q- wave anterior myocardial infarction |
| О | C | non Q- wave inferior diaphragmal myocardial infarction |
| О | D | Q-wave anterior myocardial infarction |
| О | E | arterial hypertension |
|  |  |  |
| В | 003 | If leads V2-V4 have registered ventricular complexes represented with the only negative wave (QS) then we can reckon: |
| О | А | anterior- posterior myocardial infarction |
| О | B | myocardial infarction of the septal area and apex |
| О | C | inferior diaphragmal myocardial infarction |
| О | D | myocardial infarction of anterior-lateral wall |
| О | E | myocardial infarction of lateral wall |
|  |  |  |
| В | 004 | If leads V2-V6 have registered ventricular complexes represented with the only negative wave (QS) and ventricular complexes with waves Q bigger than 1/4 of the following waves R then we can reckon: |
| О | А | myocardial infarction of anterior-lateral wall |
| О | B | myocardial infarction of the septal area and apex |
| О | C | inferior diaphragmal myocardial infarction |
| О | D | anterior- posterior myocardial infarction |
| О | E | myocardial infarction of lateral wall |
|  |  |  |
| В | 005 | If leads V5-V6 have registered ventricular complexes represented with the only negative wave (QS) then we can reckon: |
| О | А | myocardial infarction of lateral wall |
| О | B | myocardial infarction of the septal area and apex |
| О | C | inferior diaphragmal myocardial infarction |
| О | D | anterior myocardial infarction |
| О | E | anterior- posterior myocardial infarction |
|  |  |  |
| В | 006 | If leads II, III, aVF, V2-V4 have registered ventricular complexes represented with the only negative wave (QS) and ventricular complexes with waves Q bigger than 1/4 of the following waves R then we can reckon |
| О | А | anterior- posterior myocardial infarction |
| О | B | myocardial infarction of the septal area and apex |
| О | C | inferior diaphragmal myocardial infarction |
| О | D | anterior myocardial infarction |
| О | E | myocardial infarction of lateral wall |
|  |  |  |
| В | 007 | If leads II, III and lead aVF have waves Q bigger than 1/4 of the following waves R in the ventricular complexes and elevation of ST-segment with the negative wave T then we can reckon: |
| О | А | acute inferior diaphragmal myocardial infarction |
| О | B | pericarditis |
| О | C | anterior myocardial infarction in the peracute stage |
| О | D | subacute anterior myocardial infarction |
| О | E | cicatrical changes of the inferior diaphragmal area |
|  |  |  |
| В | 008 | If leads I, II and in lead aVL в have waves Q bigger than 1/4 of the following waves R in the ventricular complexes with isoelectric ST-segment and the negative wave T then we can reckon: |
| О | А | subacute anterior myocardial infarction |
| О | B | anterior myocardial infarction in the peracute stage |
| О | C | acute inferior diaphragmal myocardial infarction |
| О | D | cicatrical changes of the inferior diaphragmal area |
| О | E | pericarditis |
|  |  |  |
| В | 009 | If leads II, III and in lead aVF have the ventricular complexes QS-type with isoelectric ST-segment and positive wave T then we can reckon: |
| О | А | cicatrical changes of the inferior diaphragmal area |
| О | B | pericarditis |
| О | C | anterior myocardial infarction in the peracute stage |
| О | D | acute inferior diaphragmal myocardial infarction |
| О | E | subacute anterior myocardial infarction |
|  |  |  |
| В | 010 | If leads I, II and lead aVL have the ventricular complexes QS-type, and arch rises of ST-segment, combining with the wave T (Pardee wave) then we can reckon: |
| О | А | anterior myocardial infarction in the peracute stage |
| О | B | acute inferior diaphragmal myocardial infarction |
| О | C | subacute anterior myocardial infarction |
| О | D | cicatrical changes of the inferior diaphragmal area |
| О | E | pericarditis |
|  |  |  |
| В | 011 | If we reveal separately the depressions of the ST-segment and negative waves T in the leads V3-V4 with unchanged ventricular complexes then we can reckon: |
| О | А | non Q- wave myocardial infarction |
| О | B | non-coronarogenic disorder processes of repolarization in the myocard |
| О | C | Q- wave myocardial infarction |
| О | D | right His bundle branch block |
| О | E | left ventricular hypertrophy |
|  |  |  |
| В | 012 | If we reveal rises of ST-segment in leads I, II, and in leads V2-V4 simultaneously, and in the leads III, aVF - ST-segment depressions then we can reckon: |
| О | А | anterior myocardial infarction |
| О | B | non-coronarogenic disorder processes of repolarization in the myocard |
| О | C | pericarditis |
| О | D | arterial hypertension |
| О | E | inferior diaphragmal myocardial infarction |
|  |  |  |
| В | 013 | If we reveal rises of ST-segment in the leads II, III, aVF ; and depressions of ST-segment in the lead I and in the leads V2-V4 then we can reckon: |
| О | А | inferior diaphragmal myocardial infarction |
| О | B | non-coronarogenic disorder processes of repolarization in the myocard |
| О | C | pericarditis |
| О | D | arterial hypertension |
| О | E | anterior myocardial infarction |
|  |  |  |
| В | 014 | If ventricular complexes have waves Q bigger than 1/4 of the following waves R in the I, II leads and in the lead aVL then we can reckon: |
| О | А | Q-wave anterior myocardial infarction |
| О | B | Q- wave inferior diaphragmal myocardial infarction |
| О | C | non Q-wave anterior myocardial infarction |
| О | D | non Q- wave inferior diaphragmal myocardial infarction |
| О | E | arterial hypertension |
|  |  |  |
| В | 015 | If ventricular complexes have waves Q bigger than 1/4 of the following waves R in the II, III leads and in the lead aVF then we can reckon: |
| О | А | Q- wave inferior diaphragmal myocardial infarction |
| О | B | Q-wave anterior myocardial infarction |
| О | C | non Q-wave anterior myocardial infarction |
| О | D | non Q- wave inferior diaphragmal myocardial infarction |
| О | E | arterial hypertension |
|  |  |  |
| В | 016 | If ventricular complexes have waves Q bigger than 1/4 of the following waves R and in the I, II, aVL leads and in the lead V5-V6 then we can reckon:: |
| О | А | Q- wave anterior-labial myocardial infarction |
| О | B | Q- wave labial myocardial infarction |
| О | C | non Q- wave anterior-labial myocardial infarction |
| О | D | non Q- wave labial myocardial infarction |
| О | E | arterial hypertension |
|  |  |  |
| В | 017 | ECG-criteria of subepicardial myocardial ischemia are: |
| О | А | rises of ST-segment higher than isoline, more than 2 mm from the point j |
| О | B | lengthening of the interval PQ more than 0,2 s |
| О | C | pathologic waves Q |
| О | D | shortening of the interval PQ less than 0,12 s |
| О | E | depressions of ST-segment lower isoline more than 2 mm from the point j |
|  |  |  |
| В | 018 | ECG-criteria of subendocardial myocardial ischemia are: |
| О | А | depressions of ST-segment lower isoline more than 2 mm from the point j |
| О | B | lengthening of the interval PQ more than 0,2 s |
| О | C | rises of ST-segment higher than isoline, more than 2 mm from the point j |
| О | D | pathologic waves Q |
| О | E | shortening of the interval PQ less than 0,12 s |
|  |  |  |