

Cardiology Quiz

by Laura King, MA, MFA, ELS

ANSWER KEY

Directions: Edit the following sentences based on your understanding of section §14.3, Cardiology of the *AMA Manual of Style*.

1. Pertinent physical findings on admission included noticeable hypertension, S₃ gallop, and radiographic evidence of hilar engagement with an enlarged cardiac silhouette.

ANSWER: Pertinent physical findings on admission included noticeable hypertension, S₃ gallop, and radiographic evidence of hilar engagement with an enlarged cardiac silhouette.

Editor's Note: The 4 heart sounds and 4 components are commonly abbreviated and numerical subscripts are used (eg, S₁, S₂, S₃, and S₄) (§14.3.3, Heart Sounds).

2. Reciprocal ST segment depressions were seen in the study patients in leads 2, 3, and aVF.

ANSWER: Reciprocal ST-segment depressions were seen in the study patients in leads II, III, and aVF.

Editor's Note: Standard leads are designated with roman numerals (eg, I, II, and III). Augmented limb leads are designated with a lowercase "a" for augmented, with uppercase letters following (V, voltage; R, right arm; L, left arm; F, foot). ST segment should be hyphenated when used as a modifier (§14.3.1, Electrocardiographic Terms).

3. Period amplitude analyses showed significant reductions in Δ wave counts but not rapid eye movement counts.

ANSWER: Period amplitude analyses showed significant reductions in delta wave counts but not rapid eye movement counts.

Editor's Note: The term *delta wave* is preferred over Δ wave (§14.3.1, Electrocardiographic Terms).

4. Right-axis deviation (QRS axis of 90°-180°) was identified in 3 patients (mean [SD] QRS axis, 72° [18°]).

ANSWER: Right-axis deviation (QRS axis of +90° to +180°) was identified in 3 patients (mean [SD] QRS axis, +72° [+18°]).

Editor's Note: The P axis, QRS axis, ST axis, and T axis are specified with a plus or minus sign followed by the number of degrees in arabic numerals (§14.3.1, Electrocardiographic Terms).

5. Although the baseline QT interval was prolonged (mean [SD], 0.45 [0.05] seconds), the heart rate–corrected QT-C interval was within the reference range (mean [SD], 0.40 [0.03] seconds).

ANSWER: Although the baseline QT interval was prolonged (mean [SD], 0.45 [0.05] seconds), the heart rate–corrected QTc interval was within the reference range (mean [SD], 0.40 [0.03] seconds).

Editor's Note: The correct abbreviation for *corrected QT interval* is *QTc* (this term does not need to be expanded at first mention) (§14.3.1, Electrocardiographic Terms).

6. The intensity of the murmur varied from grade II/VI to grade III/VI, peaking at grade IV/VI.

ANSWER: The intensity of the murmur varied from grade 2/6 to grade 3/6, peaking at grade 4/6.

Editor's Note: Murmur grades are written in arabic numerals and may be presented in a virgule construction (§14.3.4, Murmurs).

7. Data on death, nonfatal myocardial infarction, the composite of death or nonfatal myocardial infarction, Canadian Cardiovascular Society class 3 or 4 angina, and subsequent hospitalization were extracted from each of the published studies independently by 2 investigators.

ANSWER: Data on death, nonfatal myocardial infarction, the composite of death or nonfatal myocardial infarction, Canadian Cardiovascular Society class III or IV angina, and subsequent hospitalization were extracted from each of the published studies independently by 2 investigators.

Editor's Note: In heart disease classifications (as opposed to scores), the numerals are designators and are not quantitative or semiquantitative. Therefore, roman numerals are appropriate (§14.3.10, Heart Disease Classifications and Scoring Systems).

8. Both cTnT and C-reactive protein remained independent predictors of death after adjusting for a number of potential confounders.

ANSWER: Both troponin T, cardiac form, and C-reactive protein remained independent predictors of death after adjusting for a number of potential confounders.

Editor's Note: The term *cTnT* should be expanded at first mention to *troponin T, cardiac form* (§14.3.12, Cellular and Molecular Cardiology).

9. Short-chain acyl-coenzyme A (CoA) dehydrogenase deficiency is an autosomal recessive, clinically heterogeneous disorder, and only 22 cases of acyl-CoA have been reported so far.

ANSWER: Short-chain acyl coenzyme A (CoA) dehydrogenase deficiency is an autosomal recessive, clinically heterogeneous disorder, and only 22 cases of acyl CoA have been reported so far.

Editor's Note: The term *acyl coenzyme A* and its abbreviated form *acyl CoA* are presented without hyphens (§14.3.12, Cellular and Molecular Cardiology).

10. The apo B concentration and the apo B to apo AI ratio were significantly lower for the low-carbohydrate vs the high-carbohydrate diet.

ANSWER: The apolipoprotein B concentration and the apolipoprotein B to apolipoprotein AI ratio were significantly lower for the low-carbohydrate vs the high-carbohydrate diet.

Editor's Note: Expand *apo* to *apolipoprotein* at first mention (§14.3.12, Cellular and Molecular Cardiology).

11. Values for LVEF were categorized into 2 groups: normal to mild dysfunction (LVEF ≥ 0.40) and moderate to severe dysfunction (LVEF < 0.40).

ANSWER: Values for left ventricular ejection fraction (LVEF) were categorized into 2 groups: normal to mild dysfunction (LVEF $\geq 40\%$) and moderate to severe dysfunction (LVEF $< 40\%$).

Editor's Note: The abbreviation *LVEF* should be spelled out as *left ventricular ejection fraction* at first mention (§13.11, Clinical, Technical, and Other Common Terms). Ejection fractions are reported in percentages not decimals (§14.3.6, Echocardiography).

12. All patients with implantable cardioverter-defibrillators with DDDR pacing capability were randomly assigned to have the defibrillators programmed to DDDR pacing at 70/min.

ANSWER: All patients with implantable cardioverter-defibrillators with dual-chamber, adaptive-rate (DDDR) pacing capability were randomly assigned to have the defibrillators programmed to DDDR pacing at 70/min.

Editor's Note: Although pacemaker codes need not be expanded when mentioned in passing, it is good practice to describe pacing codes in prose at first mention (§14.3.7, Pacemaker Codes and §14.3.8, Implanted Cardioverter-Defibrillators).