

Block O one liners

- Loud S1 + opening snap + mid-diastolic murmur = Mitral stenosis
- Pansystolic murmur at apex radiating to axilla = Mitral regurgitation
- Ejection systolic murmur radiating to carotids = Aortic stenosis
- Early diastolic decrescendo murmur at left sternal edge = Aortic regurgitation
- Fixed wide split S2 = Atrial septal defect
- Wide pulse pressure + collapsing pulse = Aortic regurgitation
- Continuous machinery murmur = Patent ductus arteriosus
- Bounding pulse + head nodding (de Musset sign) = Aortic regurgitation
- Radio-femoral delay = Coarctation of aorta
- Pulsus paradoxus = Cardiac tamponade
- Pulsus alternans = Left ventricular failure
- Bisferiens pulse = Aortic regurgitation / HOCM
- Narrow pulse pressure = Aortic stenosis / shock
- Cyanosis + decreased pulmonary blood flow = Tetralogy of Fallot
- Cyanosis relieved by squatting = TOF
- Cyanosis + single loud S2 = Transposition of great arteries
- Left-to-right shunt → Eisenmenger syndrome = Late cyanosis
- Differential cyanosis (lower limbs) = PDA with Eisenmenger
- Rheumatic fever most commonly affects = Mitral valve
- MS most common cause worldwide = Rheumatic heart disease
- Calcific degeneration most commonly affects = Aortic valve
- AF + embolic stroke = Mitral stenosis
- Severe MR → holosystolic murmur + S3 = Volume overload
- Chest pain relieved by rest or GTN = Stable angina
- Chest pain at rest with ST elevation = Acute MI
- Troponin I/T elevated = Myocardial infarction
- ST elevation in II, III, aVF = Inferior wall MI
- Most common artery involved in MI = LAD
- Sudden cardiac death most commonly due to = Ventricular fibrillation
- S3 gallop = Systolic heart failure
- S4 gallop = Diastolic dysfunction
- Orthopnea + PND = Left-sided heart failure
- Raised JVP + hepatomegaly = Right-sided heart failure
- BNP elevated = Heart failure
- Most common cause of heart failure = Ischemic heart disease
- Most common cause of hypertension = Essential (primary) HTN
- Renal artery stenosis → secondary HTN = Renovascular HTN
- BP >180/120 with organ damage = Hypertensive emergency
- ACE inhibitors contraindicated in = Bilateral renal artery stenosis
- Hypertension + hypokalemia = Hyperaldosteronism
- Beck's triad (hypotension + JVP ↑ + muffled heart sounds) = Cardiac tamponade
- Sharp chest pain relieved by leaning forward = Acute pericarditis

- Electrical alternans on ECG = Pericardial effusion
- Kussmaul sign = Constrictive pericarditis
- Pericardial knock = Constrictive pericarditis
- Irregularly irregular pulse = Atrial fibrillation
- Saw-tooth flutter waves = Atrial flutter
- Tall peaked T waves = Hyperkalemia
- Prolonged QT interval = Hypocalcemia
- ST depression = Myocardial ischemia
- U waves = Hypokalemia
- Most common cause of infective endocarditis = Staphylococcus aureus
- IE + IV drug use = Tricuspid valve
- Osler nodes + Janeway lesions = Infective endocarditis
- Acute AR after MI = Papillary muscle rupture
- Young athlete sudden death = Hypertrophic cardiomyopathy
- Giant 'a' wave = Tricuspid stenosis
- Giant 'v' wave = Tricuspid regurgitation
- Absent 'a' wave = Atrial fibrillation
- Cannon 'a' waves = Complete heart block
- Kussmaul sign = Constrictive pericarditis
- Rapid y descent = Constrictive pericarditis
- Slow y descent = Cardiac tamponade
- Most common artery involved in MI = LAD
- Inferior wall MI = RCA
- Anterior wall MI = LAD
- Posterior MI = LCX
- Earliest ECG change in MI = T wave inversion
- ST elevation = Acute MI
- Q waves = Old MI
- Most common cause of death in MI = Arrhythmia
- Ventricular fibrillation = Most common immediate cause of death
- Papillary muscle rupture → acute MR = Inferior MI
- Free wall rupture → tamponade = 5–7 days post MI
- Ventricular aneurysm = Persistent ST elevation
- Dressler syndrome = Autoimmune pericarditis
- Acute pericarditis = 1–3 days post MI

