CVS-Embryology



Lecture 1

Development of the Heart

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- The main cause of Fallots tetralogy:
 A.Anterior displacement of the bulbar septum
 B.failure of development of the membranous part of the interventricular septum
- C. Pulmonary stenosis
- **D**.Aortic overriding

2.The foramen ovale lies between? Select one:

- a. Septum secondum below and septum primum above
- b.Septum primum and endocardial cushions
- c.Septum primum and roof of the atrial chamber
- d. Septum secondum above and septum primum below
- e.Septum secondum and endocardial cushions

3. What are the borders of foramen ovale? a. Septum primum and septum secondum

4. Order of sacs in heart tube from cranial to caudal? a. Bulbus cordis-primitive ventricle-primitive atrium - sinus venosus

5. Which of the following is false according to fate of derivatives of the right side of sinus venosus?

Select one:

a. Right horn forms smooth part of the right atrium

- b.Right vitelline vein gives suprahepatic part of the inferior vena cava
- c. Right umbilical vein degenerated
- d. Right vitelline vein gives subhepatic part of the inferior vena cava.
- e.Right common cardinal vein forms lower part of the superior vena cava

Ans:d

Ans:A

Ans: d

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6) Septum secondum descends from? The roof of the atrium to the right side of the septum primum

7) Membranous part of the interventricular septum originate from !

- A. Roof of common ventricle
- B.Floor of common ventricle
- C.Proximal part of the bulbus cordis
- E. Distal part of bulbus cordis

All the following are true about interatrial septum except

A. - The anterior and posterior ends of the septum reach the atrioventricular septum before the central part.

- B. Both ostium primum and ostium secondum are present during fetal life
- C- foramen ovale close during childhood
- D- septum secondum at right side of the septum Primum
- E- fetamen ovale close due to prussure from the right atrium

answer:e

One of the following is true regarding sinus venosus

- A- left vittline vein degeneration
- B- common cardinal vein drain the blood from the body of the emberyo to left atrium C- umbalical vein take blood from placenta to the body of the fetus in neonate

answer:a

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Lecture 2

Development of Blood Vessels

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- 1. One of the following DOES NOT form part of the aorta:
- a. Right dorsal aorta.
- b. Left dorsal aorta.
- c. Left 4th pharyngeal arch.
- d. Aortic sac.
- e. Left horn of aortic sac.

Ans : A. Right dorsal aorta.

2.The distal part of the left 6th pharyngeal arch forms:

- a . Left common carotid artery.
- b. Maxillary artery.
- c. Arch of the aorta.
- d. Ductus arteriosus.
- e. Pulmonary artery.
- 3. The internal carotid artery arises from:
- a. The 1st pharyngeal arch.
- b. The 2nd pharyngeal arch.
- c. The 3rd pharyngeal arch.
- d. The 4th pharyngeal arch.
- e. The 5th pharyngeal arch.

4. Brachiocephalic artery arises from:

- a. The stem of the aortic sac.
- b. The left horn of the aortic sac.
- c. The right horn of the aortic sac.
- d. The 5th aortic arch.

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e. The 4th aortic arch.

5. Ductus arteriosus arises from:

- a. The 2nd pharyngeal arch.
- b. The 3rd pharyngeal arch.
- c. The 4th pharyngeal arch.
- d. The 5th pharyngeal arch.
- e. The 6th pharyngeal arch.

Ans: D. Ductus arteriosus.

Ans: C. The 3rd pharyngeal arch.

Answer: E. The 6th pharyngeal arch.

Answer: C. The right horn of the aortic sac.

<section-header>CVS-Encorptopology Lecture 2 6. A neonate developed dyspnea and dysphagia. The most possible defect is having a/an: a. Coarctation of the aorta. b. Double arch of the aorta. c. Patent ductus arteriosus. d. Abnormal right subclavian artery. c. Right arch of the aorta. Mers B. Double arch of the aorta. c. The remnants of 2nd aortic arch gives rise to: a. Ductus arteriosus. b. Common carotid artery. c. Maxillary artery. d. Stapedial artery. c. Subclavian artery.

8. The 3rd aortic arch gives rise to:

- a. Ductus arteriosus.
- b. Common carotid artery.
- c. Maxillary artery.
- d. Stapedial artery.
- e. Subclavian artery.

Ans: B. Common carotid artery.

Infant was born with dyspnea and dysphagia ,what congenital anomaly cause this condition ?

- a double aorta
- b- staying of 2nd arch
- c-patent ductus
- d -tightened aorta

answer:a