MEDICINE · PART 1 OF 7

Cardiology & Hypertension

NEET PG 2027 PYT Master Sheet

Previous Year Topics 2019–2026

EXAM TREND

NEET PG heavily favors clinical vignettes requiring immediate management decisions, identifying the Drug of Choice (DOC) in specific comorbidities, interpreting classic ECG patterns, and applying risk scores (e.g., CHA_2DS_2-VASc, CURB-65).

HY HY tag = Topic asked 3+ times across Medicine PYTs (2019–2026) — highest priority for revision.

IN THIS PART

1	Heart Failure (The “4 Pillars” & Acute Management)	HY	2
2	Acute Coronary Syndrome (ACS) & ECG Localization	HY	3
3	Valvular Heart Disease (Classic Presentations)	HY	5
4	Hypertension & Hypertensive Emergencies	HY	7
5	Arrhythmias & ACLS Pearls	HY	8
★	Clinical Pearls & Traps		10

TOPIC 1 HY

Heart Failure (The “4 Pillars” & Acute Management)

YEARS ASKED

2019 2020 2022 2023 2024 2025 2026

Massive Frequency

VIGNETTE TRIGGER

“65M with progressive exertional dyspnea, orthopnea, bilateral pedal edema, and an echocardiogram showing LVEF 30%.”

NEET PG EXPANSION

1 GDMT for HFrEF (The 4 Pillars that reduce mortality):

- ARNI (Sacubitril/Valsartan) OR ACEi/ARB. (Note: 36-hour washout needed if switching from ACEi to ARNI to prevent angioedema).
- **Beta-Blockers:** Only Bisoprolol, Carvedilol, or Metoprolol Succinate are proven.
- **MRA:** Spironolactone or Eplerenone.
- **SGLT2 Inhibitors:** Dapagliflozin or Empagliflozin (Now recommended for all HFrEF regardless of diabetes status).

2 Acute Pulmonary Edema Management (LMNOP Mnemonic):

- Lasix (IV Furosemide)
- Morphine (reduces anxiety and preload; use with caution)

- Nitrates (IV Nitroglycerin - excellent for flash pulmonary edema)
- Oxygen / NIV (BiPAP/CPAP is the respiratory support of choice)
- Position (Upright, legs dangling)

3 **Drugs that DO NOT reduce mortality (Symptom relief only): Digoxin, Loop diuretics, Ivabradine.**

TOPIC 2 HY

Acute Coronary Syndrome (ACS) & ECG Localization

YEARS ASKED

2019 2021 2023 2024 2025 2026

VIGNETTE TRIGGER

"Sudden onset crushing chest pain radiating to the left arm, diaphoresis. ECG shows ST elevation in leads II, III, and aVF."

NEET PG EXPANSION

1 **ECG Localization & Culprit Artery:**

- **Inferior Wall MI:** Leads II, III, aVF → RCA (Right Coronary Artery).
- **Anterior Wall MI:** Leads V1–V4 → LAD (Left Anterior Descending).
- **Lateral Wall MI:** Leads I, aVL, V5, V6 → LCX (Left Circumflex).

- **Posterior Wall MI:** ST depression in V1–V3, tall R waves in V1 → RCA or LCX.

⚠ **CRITICAL NEET PG TRAP: Right Ventricular (RV) Infarction**

- **Clues:** Inferior MI + Clear lung fields + Hypotension + Elevated JVP.

Management: IV Normal Saline bolus to increase preload.

⚠ **Absolute Contraindication:** Nitrates and Diuretics (will cause catastrophic hypotension by dropping preload).

3 Reperfusion Therapy:

- **Primary PCI:** DOC if door-to-balloon time is < 90 minutes.
- Fibrinolysis (Tenecteplase/Alteplase): If PCI is not available within 120 minutes of first medical contact.