1) In which of the following cardiac conditions is infective endocarditis prophylaxis recommended:
   a. 1 year after a Dacron patch closure of a ventricular septal defect
   b. After transcatheter sortic valve implantation (TAVI)
   c. Following mitral valve repair for mitral regurgitation
   d. Patients with pulmonary stenosis
   e. Patients with severe mitral stenosis

2) Which of the following clinical scenarios is an indication for urgent surgery in infective endocarditis:
   a. Aortic native valve endocarditis with a vegetation 5mm in diameter
   b. Mitral native valve endocarditis with haematuria
   c. Mitral prosthetic valve endocarditis with significant mitral regurgitation and heart failure symptoms
   d. Tricuspid valve endocarditis with asymptomatic severe tricuspid regurgitation
   e. Uncomplicated aortic valve endocarditis with fever and positive blood cultures after 3 days of antibiotic treatment

3) Regarding the diagnostic workup of patients with suspected infective endocarditis, which of the following statements is correct:
   a. Coronary angiography should be performed in all patients with infective endocarditis prior to cardiac surgery to detect coronary mycotic aneurisms
   b. In a patient with a mitral prosthetic valve and a clinical suspicion of infective endocarditis a TOE is always advised
   c. In a patient with initially uncomplicated left side endocarditis, repetition of echocardiography is not advised
   d. In patients with Staphylococcus aureus bacteraemia echocardiography is not recommended
   e. Transesophageal echocardiography (TOE) is considered the first-line imaging modality in suspected endocarditis

4) Male, 70 years-old, with a biologic mitral valve prosthesis implanted 5 years ago. The patient has a confirmed diagnosis of infective endocarditis, with a 5 mm vegetation in the prosthetic valve. Which statement is correct?
   a. Antibiotic therapy should be delayed until the results of blood cultures are available
   b. Empirical antibiotic therapy should be started promptly with ampicillin, flucloxacillin and gentamicin
   c. If a methicillin-susceptible staphylococci is identified flucloxacilin during 4-6 weeks is enough
   d. Repeat TOE should be performed after 24 hours of therapy
   e. The total duration of antibiotic therapy should be 4 weeks in uncomplicated cases