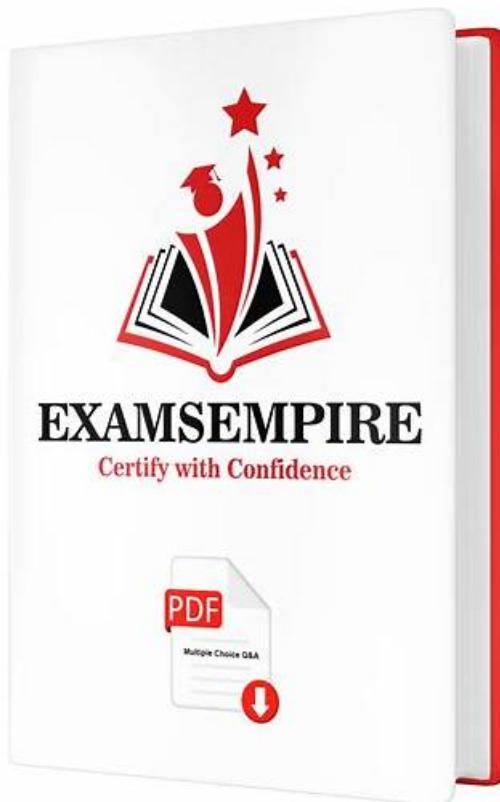


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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q133-

## Q138):

### NEW QUESTION # 133

A 25-year-old woman presents to the Emergency Department with a 4-hour history of severe left flank pain.

Her vital signs are as follows:

- \* Heart rate: 94/min
- \* Blood pressure: 130/80 mm Hg
- \* Temperature: 37.3 °C

A non-contrast computed tomography shows a 6 mm stone in the distal left ureter with mild associated hydronephrosis. In addition to appropriate analgesia, which one of the following is the best next step?

- A. Administer an alpha blocker
- B. Refer for urology consultation
- C. Provide reassurance
- D. Increase intravenous fluids
- E. Prescribe antibiotics

### Answer: A

Explanation:

Alpha blockers such as tamsulosin can facilitate the passage of ureteral stones, especially those between 5-10 mm. This is part of medical expulsive therapy.

Toronto Notes 2023 - Urology, Nephrolithiasis:

"Alpha blockers help relax the ureteral smooth muscle and improve stone passage in symptomatic distal ureteral stones." MCCQE1 Objectives - Surgery > Urologic Emergencies:

"Candidates should initiate medical expulsive therapy for ureteral stones under 10 mm with alpha blockers." Reassurance alone (A) is inadequate. Antibiotics (B) are not indicated without infection. IV fluids (E) do not significantly aid stone passage. Urology consult (D) is not needed unless there's infection, intractable pain, or obstruction.

### NEW QUESTION # 134

A 42-year-old man presents to your clinic for follow-up regarding his anxiety. He lost his job 1 year ago.

Since then, he constantly thinks about what happened, trying to understand what went wrong and how he could fix it or prevent it in the future. He is unable to sleep because of this. He has become socially isolated and when he does see friends, he worries constantly that he may say something hurtful. He wishes he could get past what happened and find another job but feels consumed by the fear that he may offend someone in the future. On history, his symptoms did not respond to escitalopram, sertraline, fluvoxamine, or venlafaxine, all at maximum tolerated doses. Which one of the following medications is the most appropriate?

- A. Clomipramine
- B. Paroxetine
- C. Amitriptyline
- D. Quetiapine
- E. Vortioxetine

### Answer: A

Explanation:

Comprehensive and Detailed Explanation:

This patient likely has treatment-resistant obsessive-compulsive disorder (OCD), with classic symptoms of rumination, excessive guilt, and fear of causing harm. Clomipramine, a tricyclic antidepressant with strong serotonergic activity, is effective in treatment-resistant OCD and is often used after failure of multiple SSRIs or SNRIs.

Toronto Notes 2023 - Psychiatry, OCD:

"Clomipramine is a first-line tricyclic antidepressant for OCD, particularly after failed SSRI/SNRI trials. It is effective due to potent serotonergic action." MCCQE1 Objectives - Psychiatry > OCD and Anxiety Disorders:

"Candidates must identify treatment strategies for resistant OCD, including the role of clomipramine and augmentation therapy." Quetiapine (C) may be used as augmentation. Paroxetine (E) is another SSRI. Vortioxetine (A) and amitriptyline (D) are not first-line or preferred for OCD.

### NEW QUESTION # 135

A 69-year-old woman with long-standing hypertension presents to the emergency department with a 2-hour history of persistent chest and back pain. A posteroanterior chest radiograph shows suspicious widening of the mediastinal shadow. Which one of the following is most likely to yield a clinical diagnosis?

- A. Transthoracic echocardiography
- B. Electrocardiography
- C. Pulmonary angiography
- D. Ventilation-perfusion lung scan
- E. **Computed tomography of the chest**

**Answer: E**

Explanation:

The presentation is highly suspicious for acute aortic dissection - sudden chest/back pain and mediastinal widening on chest x-ray. The most definitive and widely available test is contrast-enhanced computed tomography (CT) of the chest.

Toronto Notes 2023 - Cardiology, Aortic Dissection:

"CT angiography of the chest is the gold standard for stable patients with suspected aortic dissection. Look for mediastinal widening on chest x-ray as a clue." MCCQE1 Objectives - Internal Medicine > Cardiovascular Disease:

"Candidates should recognize acute aortic dissection and select appropriate imaging, such as CT chest, for diagnosis in stable patients." Transthoracic echo (A) may miss dissections. ECG (C) helps rule out MI but not dissection. V/Q scan (D) and pulmonary angiography (E) are for suspected pulmonary embolism

#### **NEW QUESTION # 136**

A 59-year-old woman is referred to you because of a 2-month history of left nipple discharge. She is otherwise healthy and is not on any medication. There are no palpable lesions on breast examination. She is able to express a small amount of blood-tinged liquid from her breast. Which one of the following would be the best next step?

- A. Galactography.
- B. Magnetic resonance imaging of breast.
- C. Serum prolactin.
- D. Biopsy of nipple complex.
- E. **Mammography.**

**Answer: E**

Explanation:

Spontaneous, unilateral, blood-tinged nipple discharge in a postmenopausal woman is considered pathologic and warrants imaging to rule out intraductal pathology including malignancy. The best initial test is diagnostic mammography, often with ultrasound if indicated.

Toronto Notes 2023 - Breast Disorders:

"Unilateral, spontaneous, bloody nipple discharge should be evaluated with mammography and targeted ultrasound. Further tests such as MRI or duct excision are based on findings." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must recognize red flags for breast malignancy and apply appropriate initial diagnostic imaging." Serum prolactin (C) is indicated in galactorrhea. Galactography (D) and MRI (E) are second-line. Biopsy (A) is premature without imaging.

#### **NEW QUESTION # 137**

A 28-year-old woman presents because of spotting mid-menstrual cycle. Speculum examination reveals an ulcerated endocervical polyp. Which one of the following is the most appropriate management?

- A. Colposcopy.
- B. Cryotherapy.
- C. Serial cytology.
- D. **Polypectomy.**
- E. Punch biopsy.

**Answer: D**

Explanation:

Endocervical polyps are common and often benign. An ulcerated polyp may bleed but is not itself suspicious unless it shows atypical features. The appropriate management is to remove the polyp (polypectomy) and send it for histopathology to exclude malignancy.

Toronto Notes 2023 - Gynecology, Cervical Pathology:

"Endocervical polyps are removed by polypectomy and sent for histological analysis. Most are benign.

Atypical or ulcerated appearance may raise concern, but biopsy is unnecessary if the entire lesion is excised." MCCQE1 Objectives - Gynecology > Abnormal Bleeding and Cervical Lesions:

"Candidates should recognize that cervical polyps causing intermenstrual bleeding should be removed and assessed histologically."

Colposcopy (B) is reserved for abnormal cytology or high-risk lesions. Cryotherapy (A) is for cervical dysplasia. Punch biopsy (E) is used for lesions that are not amenable to polypectomy.

## NEW QUESTION # 138

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