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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q156-Q161):

NEW QUESTION # 156

Your colleague's receptionist asks you to assess her 4-year-old daughter who has had 2 episodes of acute otitis media in the last month. The mother wants you to arrange a consultation with an ear, nose and throat (ENT) specialist to get a tympanostomy before her daughter starts school. You do not believe there is a surgical indication at this time. Which one of the following is the best next step?

- A. Decline to send her daughter for consultation and explain your decision.
- B. Suggest that the next time they go to the Emergency Department for quicker access to the ENT consultant.
- C. Call the ENT consultant on call to discuss your dilemma.

- D. Ask another family physician to see the daughter due to a conflict of interest.
- E. Explain that there is no indication for the surgery but refer her daughter for consultation.

Answer: A

Explanation:

Referrals should be medically indicated. Physicians are not obligated to refer simply because a patient (or colleague) requests it, especially when it may lead to unnecessary care. The ethical and appropriate action is to explain your medical reasoning and decline an unwarranted referral.

Toronto Notes 2023 - ELOM, "Professionalism and Resource Stewardship" Section:

"Physicians have a responsibility to act as gatekeepers to specialist services and should not refer patients when criteria are not met.

Explaining the reasoning and declining the request respectfully is appropriate." MCCQE1 Objectives (ELOM > 99-1:

Professionalism and Clinical Judgment):

"Candidates must demonstrate ethical reasoning in managing requests for unwarranted interventions." Involving the emergency department (B) or another physician (C) is not appropriate unless there's a true conflict of interest. Calling a consultant (E) may be unnecessary if no medical reason exists.

NEW QUESTION # 157

You are called to the Emergency Department to see a 6-month-old boy with a 3-day history of fever. Physical examination reveals an irritable infant with a temperature of 38.1°C. His vital signs are:

Blood pressure: 87/50 mm Hg

Respiratory rate: 80/min

Heart rate: 140/min

Oxygen saturation: 92% on room air

The infant has no skin findings. On chest examination, you hear coarse crackles on the right side of the chest.

Which one of the following is the best next step in the management of this child?

- A. Oral antibiotics.
- B. Intravenous fluids.
- C. Oral steroids.
- **D. Intravenous antibiotics.**
- E. Reassurance.

Answer: D

Explanation:

This 6-month-old presents with signs of systemic illness, tachypnea, hypoxia, and focal lung findings. In this age group, pneumonia can rapidly progress, and given the severity of symptoms, oral treatment is insufficient.

Intravenous antibiotics are urgently indicated.

Toronto Notes 2023 - Pediatrics, Respiratory Infections in Infants:

"Infants under 6 months with signs of systemic illness, hypoxia ($SpO_2 < 94\%$), and respiratory distress should receive IV antibiotics.

Delayed treatment may result in rapid clinical deterioration." MCCQE1 Objectives - Pediatrics > Respiratory Conditions:

"Candidates must recognize signs of serious lower respiratory tract infection in infants and initiate prompt IV antibiotic therapy when criteria for hospitalization are met." Oral antibiotics (C) are appropriate for mild outpatient pneumonia. Reassurance (B) and oral steroids (A) are inappropriate. IV fluids (D) may be supportive but do not address the infectious cause.

NEW QUESTION # 158

An 18-year-old man presents to your clinic with a history of intermittent, dull, aching pain on the left side of his scrotum, and he has now noted left scrotal enlargement. On examination, you note a swelling in the left scrotum when he is standing that disappears when he is supine. Which one of the following is the most likely diagnosis?

- A. Cryptorchidism.
- B. Hydrocele.
- C. Intermittent testicular torsion.
- D. Spermatocyte.
- **E. Varicocele.**

Answer: E

Explanation:

A varicocele is a dilatation of the pampiniform plexus that presents with a "bag of worms" appearance, worsens with standing, and improves when lying down. It is most common on the left side due to anatomical drainage differences.

Toronto Notes 2023 - Urology, Scrotal Disorders:

"Varicoceles often present with a dull, aching pain and scrotal swelling that worsens when upright and disappears when supine."

MCCQE1 Objectives - Internal Medicine > Urology:

"Candidates must recognize and diagnose varicocele by physical exam findings and typical symptom history." Cryptorchidism (A) refers to undescended testes. Torsion (B) presents acutely with severe pain. Hydrocele (C) transilluminates and is not posture-dependent. "Spermatocyte" (D) is not a clinical diagnosis.

NEW QUESTION # 159

A 26-year-old man presents to your office with fever, chills, and malaise. Aside from an episode of dysuria 8 weeks ago, which spontaneously resolved, he has been healthy. On examination, his left wrist and right ankle are tender. There is a cluster of vesiculopustular lesions on his right hand. Which one of the following is the most likely diagnosis?

- A. Primary HIV infection syndrome
- B. Varicella
- C. Disseminated gonococemia
- D. Rheumatoid arthritis
- E. Reactive arthritis

Answer: C

Explanation:

Disseminated gonococcal infection (DGI) typically presents with the classic triad of polyarthralgia, tenosynovitis, and skin lesions (especially pustules on extremities). A prior urogenital infection and systemic symptoms further support this diagnosis.

Toronto Notes 2023 - Infectious Disease, STIs:

"DGI presents with arthritis-dermatitis syndrome: fever, asymmetric polyarthralgia, tenosynovitis, and vesiculopustular skin lesions. It may follow asymptomatic or unrecognized urogenital infection." MCCQE1 Objectives - Infectious Disease > STIs:

"Candidates must recognize systemic manifestations of gonorrhea including DGI and distinguish it from other forms of arthritis or systemic illness." Reactive arthritis (C) may follow STI but includes conjunctivitis and urethritis. HIV (A) does not typically cause this triad. RA (D) has different distribution and chronicity. Varicella (E) presents with diffuse vesicular rash, not joint pain.

NEW QUESTION # 160

A 60-year-old man has a strong family history of aortic aneurysms. Screening abdominal ultrasonography reveals an incidental <1 cm mass in his left kidney. Computed tomography confirms that the mass is consistent with renal adenocarcinoma. Which one of the following is the most appropriate step in management?

- A. Organize angiographic ablation of the renal mass
- B. Arrange magnetic resonance imaging of the abdomen
- C. Repeat computed tomography in 6 months
- D. Refer to radiation oncology
- E. Plan partial nephrectomy

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

For small renal masses (<4 cm), partial nephrectomy (nephron-sparing surgery) is the standard of care in patients who are surgical candidates. It preserves renal function and provides oncologic control.

Toronto Notes 2023 - Urology / Oncology:

"Small renal tumors <4 cm should be treated with partial nephrectomy. Active surveillance or ablation may be alternatives in poor surgical candidates." MCCQE1 Objectives (Urology > 59-2: Renal Masses):

"Candidates must manage small renal tumors with nephron-sparing surgery when feasible." MRI (A) is unnecessary after CT confirmation. Radiation (B) is not first-line. Surveillance (D) may be appropriate for elderly or frail patients, not this one. Ablation (E) is for high-risk surgical patients.

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