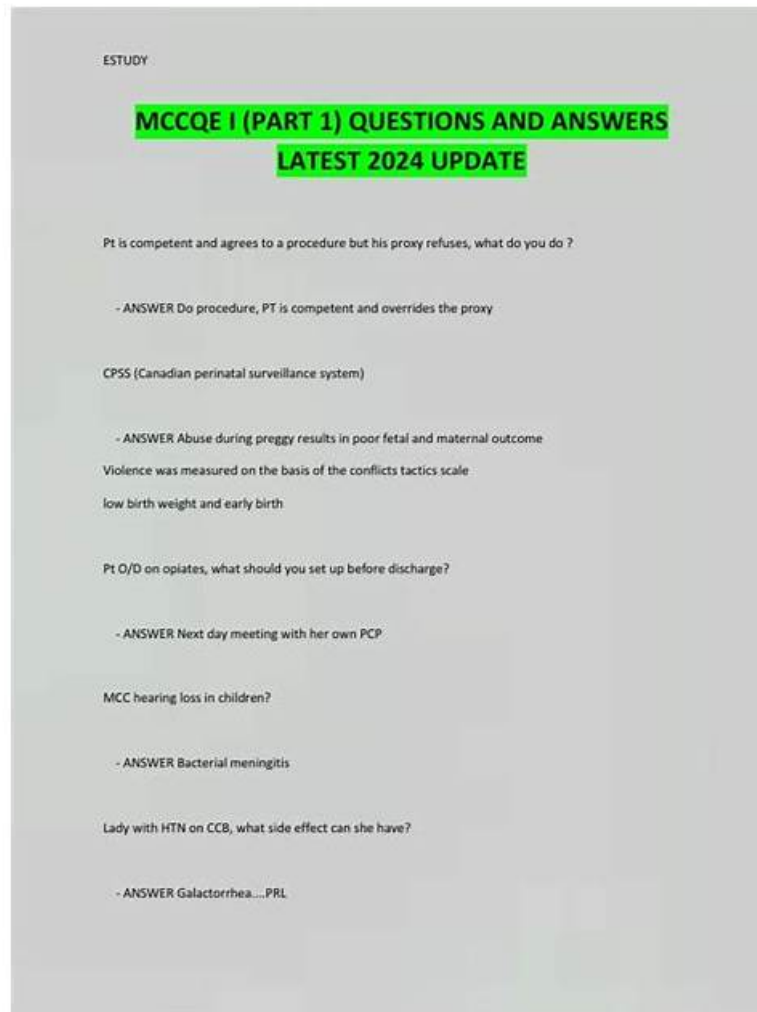


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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q101-Q106):

### NEW QUESTION # 101

A 26-year-old woman, gravida 2, para 2, aborta 0, has just delivered a full-term newborn via spontaneous vaginal delivery after 4 hours of labor. Following oxytocin administration and placental expulsion, there continues to be a steady trickle of bright red blood from her vagina. On examination, the placenta is intact and the fundus feels firm. Her vital signs are within normal range.

Which one of the following is the most likely diagnosis?

- A. Retained products of conception
- B. Uterine rupture
- C. Vaginal or cervical tear
- D. Disseminated intravascular coagulopathy
- E. Uterine atony

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation:

In postpartum hemorrhage with a firm uterine fundus and intact placenta, a common cause is trauma such as a vaginal or cervical tear. Uterine atony (A) typically presents with a boggy uterus. The absence of systemic instability or coagulopathy makes options D and E less likely.

Toronto Notes 2023 - Obstetrics, Postpartum Hemorrhage:

"Continued bleeding despite a firm fundus and intact placenta should raise suspicion for genital tract trauma, especially cervical or vaginal lacerations." MCCQE1 Objectives - Obstetrics > Postpartum Complications:

"Candidates must differentiate causes of postpartum hemorrhage and identify when bleeding is due to trauma vs uterine atony."

### NEW QUESTION # 102

You are treating a 78-year-old man for recent onset of diarrhea, tenesmus, and minor bleeding when he wipes.

He has a history of prostate cancer that was treated by radiotherapy. Rectal examination findings are normal.

Colonoscopy reveals a pale rectum with ulcerations and areas of mucosal hemorrhage. Which one of the following is the most likely explanation for this clinical presentation?

- A. Diverticulosis
- B. Ulcerative colitis
- C. Radiation proctitis
- D. Rectal cancer
- E. Recurrent prostate cancer

**Answer: C**

Explanation:

Radiation proctitis is a well-known complication of pelvic radiation therapy (e.g., for prostate cancer). It presents months to years after treatment with rectal bleeding, tenesmus, and mucosal ulceration on colonoscopy.

Toronto Notes 2023 - Gastroenterology, "Radiation-Induced GI Injury":

"Radiation proctitis presents with rectal bleeding, tenesmus, urgency. Colonoscopy shows pale, friable mucosa, ulcerations, and telangiectasia." MCCQE1 Objectives (Gastroenterology > 47-2: GI Bleeding and Complications):

"Candidates must recognize radiation proctitis based on history of radiation and characteristic endoscopic findings." Ulcerative colitis (B) usually starts younger and is more diffuse. Diverticulosis (C) affects the left colon and causes painless bleeding. Recurrent prostate cancer (D) and rectal cancer (E) would show mass or infiltration.

### NEW QUESTION # 103

A 60-year-old man presents to the office with concerns regarding a pruritic rash, which he has had for several years. He reports a "crawling" sensation on his skin. He is concerned that this rash may be caused by a parasite he may have picked up while serving in the military overseas. On examination, you note multiple crusted lesions on his forearms, neck, chest, scalp, and thighs. There is a complete sparing of the skin on his back. He brought a bottle with fibrous material of different colours that he picked from his wounds. He is otherwise healthy and reports no other symptoms except some chronic fatigue and insomnia related to the itching. Which one of the following treatments is the most appropriate?

- **A. Ivermectin**
- B. Fluconazole
- C. Butenafine
- D. Doxycycline
- E. Permethrin

**Answer: A**

Explanation:

This case describes classic signs of delusional parasitosis (also known as Morgellons syndrome). However, the presence of widespread crusted lesions raises suspicion for crusted scabies, particularly in older adults.

Crusted scabies may be misinterpreted as chronic dermatitis or psychocutaneous disorder. The most effective treatment is oral ivermectin.

Toronto Notes 2023 - Dermatology:

"Crusted scabies presents as widespread hyperkeratotic plaques with crusting. First-line treatment is oral ivermectin, often with topical permethrin." MCCQE1 Objectives (Medicine > Dermatology > 23-1):

"Candidates must recognize presentations of ectoparasitic infections, including scabies, and provide appropriate treatment." Permethrin (B) is for typical scabies, but crusted scabies often requires systemic ivermectin due to severity and spread.

#### NEW QUESTION # 104

You are the emergency physician on duty in a rural hospital when heavy rains in the community cause a large landslide. There are multiple casualties expected to arrive in the emergency department. Your colleague has heard about the incident and arrives to help. Which one of the following is the best next step?

- **A. Ask your colleague to help triage incoming patients in the emergency department**
- B. Ask your colleague to handle media inquiries
- C. Send your colleague to the affected area to evaluate the health risks involved
- D. Send your colleague to set up an emergency type O blood bank collecting unit

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation:

During mass casualty incidents, effective triage is essential to optimize care delivery. A trained physician is best used in triage or direct care. Triage is the foundation of disaster management.

Toronto Notes 2023 - Public Health / Disaster Medicine:

"In disaster response, trained healthcare providers should be deployed to triage and stabilize patients in emergency departments."

MCCQE1 Objectives (Public Health > 65-1: Disaster Response):

"Candidates must understand principles of mass casualty management and assign appropriate roles during triage and care delivery." Media (D) and logistics (A, C) are secondary roles. Triage and direct care take priority.

#### NEW QUESTION # 105

A 67-year-old man underwent his first endoscopy. He has long-term reflux and heartburn, treated intermittently with antacids. Biopsies of the distal esophagus reveal Barrett epithelium. Which one of the following is most important in determining the frequency of surveillance endoscopy?

- A. Depth of intestinal metaplasia
- **B. Grade of dysplasia**
- C. Stricture formation
- D. Length of Barrett segment
- E. Family history of gastrointestinal malignancy

**Answer: B**

Explanation:

The most important factor in determining the surveillance interval in Barrett esophagus is the presence and grade of dysplasia (e.g., none, low-grade, high-grade). High-grade dysplasia requires more frequent monitoring or intervention due to the risk of progression to esophageal adenocarcinoma.

Toronto Notes 2023 - Gastroenterology, Barrett Esophagus:

"Surveillance intervals depend on histologic findings. No dysplasia: q3-5 years; low-grade: q6-12 months; high-grade: consider endoscopic resection or ablation." MCCQE1 Objectives - Internal Medicine > Gastroenterology:

"Candidates must identify the risk of progression in Barrett esophagus and apply appropriate surveillance strategies based on dysplasia." Length of the segment (A) may influence risk but not surveillance frequency alone. Other options (B, C, E) are less determinative.

## NEW QUESTION # 106

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