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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q198-Q203):

NEW QUESTION # 198

A 38-year-old woman presents with diffuse nodularity in the outer upper quadrant of her right breast. There is no obvious dominant mass, nipple discharge, or skin dimpling. There are no palpable lymph nodes. Which one of the following is the most likely diagnosis?

- A. Benign phyllodes tumour
- B. Paget disease
- C. Intraductal carcinoma
- D. Mastitis
- E. Fibrocystic change

Answer: E

Explanation:

Fibrocystic change is the most common benign breast condition in women of reproductive age. It typically presents with diffuse nodularity or "lumpy" areas, especially in the upper outer quadrant, and varies with the menstrual cycle. No dominant mass or systemic signs are expected.

Toronto Notes 2023 - Gynecology, "Benign Breast Conditions":

"Fibrocystic changes often present with bilateral or unilateral nodularity, most commonly in the upper outer quadrants, without discrete masses." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must differentiate benign breast conditions from malignant ones based on presentation and physical exam findings." Paget disease (B) presents with nipple changes. Intraductal carcinoma (C) typically shows a discrete mass or suspicious features. Phyllodes tumours are usually well-circumscribed. Mastitis (E) is inflammatory and associated with erythema, fever, and tenderness.

NEW QUESTION # 199

A 24-year-old woman with chronic anorexia nervosa presents to the Emergency Department with diarrhea, chest pain and palpitations. She is noted to have a BMI of 13, a heart rate of 48/min, significant orthostatic hypotension and a temperature of 35.9 °C. Her electrocardiogram shows frequent premature ventricular contractions. Her blood work indicates elevated liver transaminases and evidence of acute kidney injury from dehydration. She agrees to admission for medical stabilization only if she does not receive fluids either orally or intravenously, as they will cause her to gain weight and to feel bloated. Which one of the following is the best next step?

- A. Start intravenous fluids and physically restrain if necessary
- B. Ask her if she has a substitute decision-maker
- C. Obtain a psychiatric consultation
- D. Assess her capacity to consent for medical treatment
- E. Refuse to admit her unless she agrees to full treatment

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

The most appropriate next step is to assess the patient's capacity to consent to or refuse treatment. Patients with severe anorexia nervosa may lack decision-making capacity due to distorted thinking and perception, particularly if refusal of treatment is life-threatening. If she is found incapable, treatment can proceed in her best interests.

Toronto Notes 2023 - Psychiatry / Ethics:

"If a patient with anorexia nervosa refuses treatment but is medically unstable, assess capacity. If incapable, substitute decision-

making may be initiated." MCCQE1 Objectives (ELOM > 90-4: Informed Consent and Capacity):

"Candidates must assess decision-making capacity when a patient refuses essential care, especially in life-threatening psychiatric or medical conditions." Psychiatric consult (B) may follow, but the immediate action is capacity assessment. D is premature without determining capacity. A and E are also premature or inappropriate.

NEW QUESTION # 200

A 14-month-old boy is brought to see you for a well-baby check-up and is noted to have only one testis.

Ultrasound confirms an undescended testis. Which one of the following is the best next step?

- A. Surgical orchiopexy
- B. Observation for a year
- C. Surgical removal of the undescended testis
- D. Hormonal therapy with gonadotropins
- E. Hormonal therapy with testosterone

Answer: A

Explanation:

Orchiopexy is the treatment of choice for cryptorchidism and should be performed between 6-18 months of age. Early surgery improves fertility outcomes and reduces malignancy risk.

Toronto Notes 2023 - Pediatrics, Urology:

"Undescended testes should be referred for orchiopexy ideally before 18 months of age. Observation beyond 6 months is not recommended."

MCCQE1 Objectives - Pediatrics > Genitourinary Disorders:

"Candidates must recognize and refer for cryptorchidism early to optimize testicular function and reduce cancer risk." Hormonal therapies (C, D) are not recommended due to limited efficacy. Observation (A) is too late beyond

NEW QUESTION # 201

Three months ago, a physician colleague approached you in the hospital corridor for advice regarding one of his patients. You are now being named by this patient in a malpractice action. Which one of the following is the most likely reason why you may be found liable?

- A. You did not see the patient
- B. You were given confidential patient health information
- C. You gave advice on how to treat the patient
- D. You were given the patient's name
- E. You advised the physician to consult one of your colleagues

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Providing clinical advice (particularly treatment advice) without formally seeing or evaluating the patient creates a physician-patient relationship, potentially establishing a duty of care. If the advice leads to harm, you could be found liable, even if you never saw the patient directly.

Toronto Notes 2023 - Legal Medicine:

"Giving specific medical advice about diagnosis or treatment may imply a physician-patient relationship and establish duty of care."

MCCQE1 Objectives (ELOM > 90-2: Legal Risk Management):

"Candidates must understand that liability can arise from informal consultations where medical advice is given." Providing advice (D) is riskier than simply hearing about a case or patient (A, C). Recommending consultation (B) does not establish duty of care. Not seeing the patient (E) does not automatically shield from liability if treatment advice was given.

NEW QUESTION # 202

A 55-year-old man with alcohol use disorder presents with a 2-day history of confusion. On examination, you note a sixth nerve palsy and a horizontal nystagmus. Which one of the following is the most likely diagnosis?

- A. Hepatic encephalopathy
- B. Subdural hematoma
- C. Cerebellar degeneration
- D. Cerebellar hemorrhage
- E. **Wernicke encephalopathy**

Answer: E

Explanation:

Wernicke encephalopathy is a medical emergency caused by thiamine (vitamin B1) deficiency, most often seen in chronic alcohol use. The classic triad is:

- * Confusion
- * Oculomotor dysfunction (e.g., nystagmus, cranial nerve palsies)
- * Ataxia

Toronto Notes 2023 - Neurology and Psychiatry, "Wernicke Encephalopathy" Section:

"Wernicke encephalopathy is diagnosed clinically. Symptoms include ophthalmoplegia (e.g., CN VI palsy), horizontal nystagmus, ataxia, and confusion. Immediate parenteral thiamine is indicated before glucose administration." MCCQE1 Objectives (Neurology > 75-1: Neurologic Emergencies):

"Candidates must recognize Wernicke encephalopathy in at-risk individuals and initiate urgent thiamine replacement." Other choices like cerebellar degeneration (A) and hepatic encephalopathy (D) are more chronic and lack the characteristic eye findings. Subdural hematoma (B) and hemorrhage (E) may mimic confusion but are less likely with these neurologic signs and history.

NEW QUESTION # 203

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