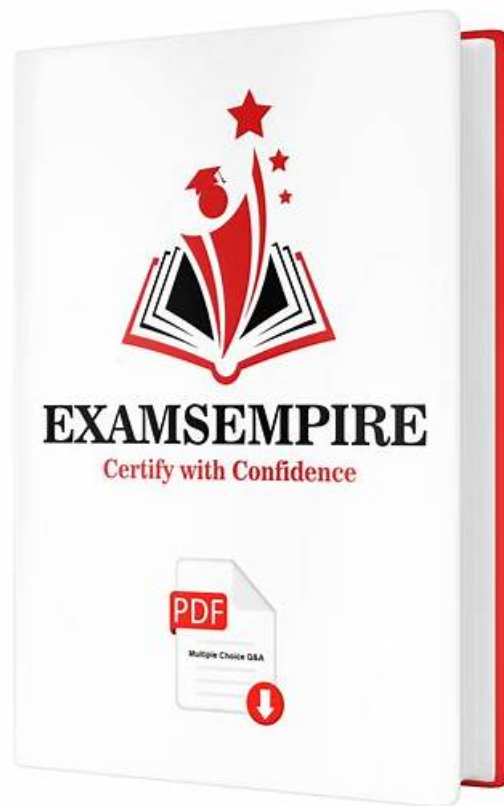


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q127-

Q132):

NEW QUESTION # 127

A 16-year-old boy presents to the emergency department with a 12-hour history of fever and rigors. He has sickle cell anemia. On examination, his vital signs include the following:

Heart rate

110/min (60-100)

Respiratory rate

20/min (12-18)

Temperature

38.8 °C, oral (36.5-37.5)

Which one of the following places this patient at risk for sepsis?

- A. Chronic anemia
- B. Systemic iron overload
- C. Neutrophil dysfunction
- D. Immunoglobulin deficiency
- E. Functional asplenia

Answer: E

Explanation:

Patients with sickle cell anemia often develop functional asplenia due to repeated splenic infarction. The spleen plays a critical role in clearing encapsulated organisms such as *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Neisseria meningitidis*. Functional asplenia significantly increases the risk of overwhelming sepsis.

Toronto Notes 2023 - Hematology, "Sickle Cell Disease":

"Functional asplenia is common in sickle cell disease and increases the risk for sepsis due to impaired clearance of encapsulated bacteria." MCCQE1 Objectives (Pediatrics > 77-2: Hematology):

"Candidates must recognize that patients with functional asplenia are at increased risk for sepsis and require prompt evaluation for fever." Neutrophil dysfunction (B) and immunoglobulin deficiency (C) are not typical features of sickle cell anemia.

Chronic anemia (D) and iron overload (E) do not directly increase sepsis risk.

NEW QUESTION # 128

An 88-year-old married man is admitted following a cardiac arrest at home. He was not expected to recover, and after 2 weeks, he remains in a coma. His wife states, "I cannot let him go. That would be murder." As the attending physician looking after her husband, which one of the following is the best next course of action?

- A. Seek advice from the provincial or territorial public guardian
- B. Emphasize that the duration of his stay in the Intensive Care Unit will be limited
- C. Say nothing further and wait until she comes around to accepting his state
- D. Encourage her to imagine what her husband would have wanted
- E. Remove him from life support as this would not be murder

Answer: D

Explanation:

In discussions about end-of-life care, it is critical to shift the focus from the substitute decision-maker's own feelings to what the patient would have wanted. This approach promotes ethically sound and patient-centered decisions. It is respectful, supportive, and maintains trust.

Toronto Notes 2023 - ELOM, "Advance Care Planning and End-of-Life Decisions":

"When a patient cannot express wishes, decisions must be based on known prior wishes or substituted judgment-what the patient would have wanted." MCCQE1 Objectives (ELOM > 90-2: Capacity, Consent, and End-of-Life Care):

"Candidates must guide surrogate decision-makers toward reflecting on the patient's values and previously expressed wishes."

Options A and B are inappropriate-waiting without engagement or unilateral withdrawal is unethical. C does not address the wife's emotional or ethical concerns. E is premature unless the wife is clearly unable or unfit to act as decision-maker.

NEW QUESTION # 129

A 3-week-old boy is brought by his parents to your clinic for a well-child visit. The newborn was born at term after an

uncomplicated pregnancy. He is exclusively breastfed and is thriving. Physical examination findings are normal except for jaundice. Total bilirubin is 172 $\mu\text{mol/L}$ (#100), and conjugated bilirubin is 4 $\mu\text{mol/L}$ (#5). Results of a complete blood count and reticulocyte count are within the normal range. The results of a direct antiglobulin (Coombs) test were negative. Which one of the following, if any, is the most appropriate investigation?

- A. No investigation required.
- B. Liver enzymes and serum albumin.
- C. Urine culture.
- D. Test for galactosemia.
- E. Hepatobiliary ultrasonography.

Answer: A

NEW QUESTION # 130

An intoxicated 28-year-old man is brought to the Emergency Department after being found in the snow. His vital signs are as follows:

Temperature: 33°C

Respiratory rate: 22/min

Heart rate: 123/min

The patient is shivering and displays some dysarthria and ataxia. After his wet clothing is removed, he is provided with a warm blanket. The results of the subsequent physical examination are unremarkable, except for frostbite of the ears and fingers. Which one of the following is the best next step?

- A. Continuous warm bladder irrigation.
- B. Perform a peritoneal lavage.
- C. Start continuous arteriovenous rewarming.
- D. Set the room temperature to 28°C.
- E. Apply heating pads to extremities.

Answer: D

Explanation:

This patient is experiencing mild hypothermia (32-35°C), evidenced by shivering, ataxia, and tachycardia.

First-line management includes passive external rewarming - removing wet clothing, providing warm blankets, and ensuring a warm environment (ambient temperature ~28°C).

Toronto Notes 2023 - Emergency Medicine, Environmental Injuries:

"Mild hypothermia (32-35°C): Treatment includes passive rewarming (warm blankets, warm environment).

Avoid active rewarming methods to extremities due to risk of afterdrop." MCCQE1 Objectives - Internal Medicine > Environmental Exposure:

"Candidates must recognize appropriate levels of hypothermia and select evidence-based rewarming strategies based on severity."

Options A, C, and D are used in moderate to severe hypothermia (<32°C or unconscious patients). Heating pads (B) may cause tissue damage, especially with frostbite.

NEW QUESTION # 131

A 25-year-old woman who is at 8 weeks' gestation plans to travel to rural Cambodia to care for her ill mother.

Which one of the following treatments should be provided to her before the trip?

- A. Tetanus and diphtheria booster if last received more than 5 years ago
- B. Hepatitis B immunoglobulin
- C. Antimalarial chemoprophylaxis
- D. Ciprofloxacin for travellers' diarrhea

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Travel to rural Cambodia poses a high risk of malaria, which can be life-threatening in pregnancy.

Antimalarial prophylaxis is strongly recommended for pregnant women traveling to endemic regions.

Chloroquine or mefloquine (depending on resistance patterns) may be used in pregnancy under specialist guidance.

Toronto Notes 2023 - Infectious Disease / Travel Medicine:

"Malaria prophylaxis is indicated in pregnant women traveling to endemic regions. The risk of severe malaria and poor fetal outcomes is high." MCCQE1 Objectives (Public Health > 65-3: Travel Medicine and Pregnancy):

"Candidates must provide preventive care to pregnant travelers including vaccination and malaria prophylaxis." Tetanus boosters (D) are given every 10 years. Hep B Ig (B) is for acute post-exposure prophylaxis. Ciprofloxacin (C) is contraindicated in pregnancy.

NEW QUESTION # 132

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