

100% Pass Quiz 2026 Medical Council of Canada Updated MCCQE: MCCQE Part 1 Exam Exam Dumps Demo

MCCQE Part 1 Exam Questions with 100% Verified Answers

SPIKES - Answer- Setting up interview, assessing patient Perception, obtaining patient's invitation to disclose information, giving Knowledge and information to patient, addressing patient's Emotions, Strategy and Summary

Canada Health Act - Answer- Accessibility, Comprehensiveness, Portability, Public administration, Universality

HTN - Answer- 135/85 on 3 separate occasions, $\geq 180/110$ on dedicated office visit, or diabetes $\geq 130/80$

ACR for DM and CKD - Answer- ACR > 30 mg/mmol is abnormal

When to start management of HTN - Answer- BP $> 160/100$ or $> 140/90$ when pt has other RF like diabetes and smoking

Pharmacological for HTN - Answer- HTN alone = thiazide, HTN + atherosclerosis = ACEI, HTN + postMI = beta blockers, HTN + DM = ACEI

Preeclampsia-eclampsia - Answer- HTN with proteinuria AFTER 20 weeks of gestation

Sx of preeclampsia - Answer- Visual disturbance, new onset h/a, epigastric or RUQ pain, rapidly progressing peripheral edema, rapid weight gain

Px of preeclampsia - Answer- Positive roll over test (≥ 15 dB increase), vasospasm/retinal edema, clonus (severe preeclampsia), RUQ tenderness

Protein in urine preeclampsia - Answer- ≥ 300 mg/d of protein

Treatment of preeclampsia - Answer- Delivery, betamethasone (< 34 weeks gestation), mg sulphate

Malignant HTN - Answer- HTN emergency: BP $> 180/120$ with retinal hemorrhages, exudates or papilledema. May also have malignant nephrosclerosis

Hypertensive encephalopathy - Answer- HTN emergency: BP $> 180/120$ with cerebral edema

Mx of malignant HTN - Answer- Reduce dBp to 100-105 over 2-6 hours (initial fall in BP should not exceed 25% of current BP)

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q135-Q140):

NEW QUESTION # 135

You are seeing a 5-month-old infant who has had intermittent stridor since age 2 months. He is otherwise healthy. He has been drinking well and has been reaching all the age-specific developmental milestones.

Which one of the following is the most likely diagnosis?

- A. Aspiration of a foreign body.
- B. Tracheoesophageal fistula.
- C. Laryngomalacia.
- D. Subglottic hemangioma.
- E. Vascular ring

Answer: C

Explanation:

Laryngomalacia is the most common cause of chronic stridor in infants. It presents with inspiratory stridor that worsens with feeding, supine positioning, or agitation. The child remains otherwise well and meets developmental milestones.

Toronto Notes 2023 - Pediatrics, Airway Disorders:

"Laryngomalacia presents with intermittent inspiratory stridor, typically beginning in the first few months of life. Diagnosis is clinical and prognosis is usually good." MCCQE1 Objectives - Pediatrics > Respiratory Disorders:

"Candidates must recognize the typical presentation of laryngomalacia and differentiate it from other causes of pediatric stridor."

Vascular ring (A) or subglottic hemangioma (C) often present with more severe or progressive symptoms.

Foreign body aspiration (D) presents acutely. TE fistula (E) usually causes feeding difficulties from birth.

NEW QUESTION # 136

A 3.5-year-old girl has developed a stutter in the last 3 months. She repeats whole words several times before finishing a sentence. Her paternal uncle had a severe stuttering issue as a child. She has reached the developmental milestones for her age. Her new sibling was born 4 months ago. Which one of the following is the best next step?

- A. Cognitive behavior therapy.
- B. Audiology assessment.
- C. Speech therapy.
- D. Play therapy for adjustment issues.
- E. Reassurance that this issue is common and transient.

Answer: E

Explanation:

This presentation describes normal developmental dysfluency, which typically occurs between ages 2-5 and often worsens during times of stress or change, such as a new sibling. It is characterized by word repetition and does not require intervention unless it persists >6 months, worsens, or causes distress.

Toronto Notes 2023 - Pediatrics, "Developmental and Behavioral Pediatrics" Section:

"Developmental stuttering is common between 2-5 years and often resolves without intervention.

Reassurance is appropriate unless there are signs of persistent or severe stuttering, secondary behaviors, or parental concern."

MCCQE1 Objectives (Pediatrics > 78-1: Development and Behavior):

"Candidates must recognize typical patterns of developmental speech dysfluency and differentiate them from pathological speech disorders. Observation and reassurance are often the appropriate initial step." Because the child is otherwise developing normally and the onset coincides with a known psychosocial stressor, reassurance is the most appropriate step. Formal speech or behavioral therapy is not indicated at this time.

NEW QUESTION # 137

An otherwise healthy 43-year-old woman presents to your clinic for a left breast mass. Six months ago, she underwent a bilateral breast magnetic resonance imaging (MRI) after watching a television program on breast cancer prevention. An ultrasound-guided biopsy of a 1.5 cm mass confirmed, at the time, that she had fibroadenoma. The follow-up ultrasound now reveals a mass measuring 1.7 cm. Which one of the following is the best next step in the management of this patient?

- A. Order a MRI of both breasts to rule out anything else.
- **B. Reassure the patient and reassess in 12 months.**
- C. Administer prophylactic tamoxifen to decrease the risk of cancer.
- D. Repeat the biopsy to confirm the diagnosis.
- E. Proceed with needle-localized left lumpectomy.

Answer: B

Explanation:

Fibroadenomas can grow slightly or fluctuate in size. A minimal increase (from 1.5 cm to 1.7 cm) over six months is clinically insignificant. No malignant features are reported, and the previous biopsy confirmed benign nature. Annual follow-up is appropriate. Toronto Notes 2023 - Obstetrics and Gynecology, "Breast Disorders" Section:

"Fibroadenomas are benign breast masses that may slightly enlarge. Routine imaging follow-up at 6 to 12 months is appropriate for lesions with benign imaging and histology." MCCQE1 Objectives (Obstetrics and Gynecology > 82-3: Breast Mass):

"Candidates must distinguish between benign and suspicious masses and determine appropriate intervals for follow-up imaging."

Repeat biopsy (A) or surgery (B) is unwarranted without suspicious change. MRI (C) is not needed in stable, benign lesions.

Tamoxifen (D) is not used for fibroadenomas.

NEW QUESTION # 138

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

Answer: A

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 # 139

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

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 # 140

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