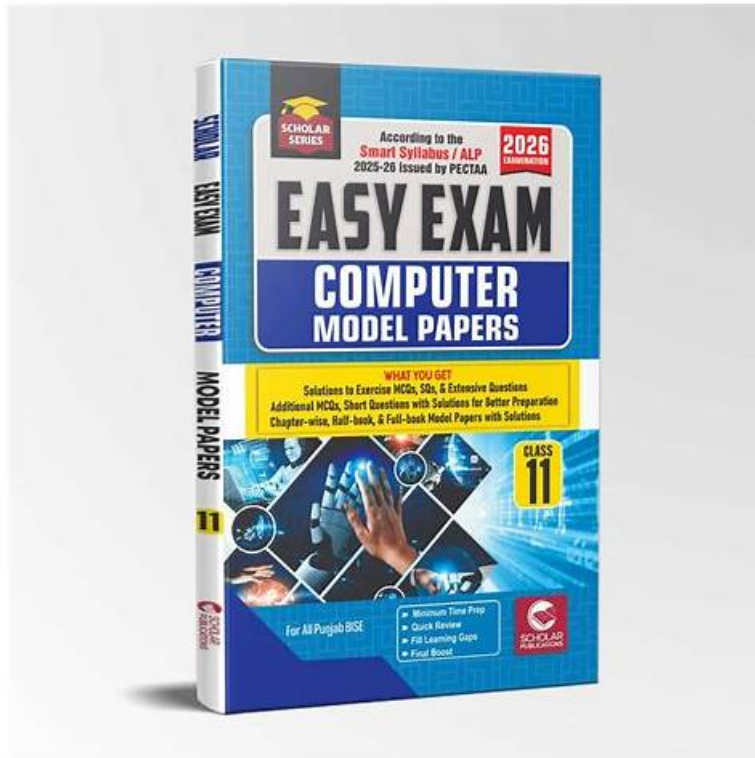


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q30-Q35):

NEW QUESTION # 30

A 34-year-old woman, gravida 2, para 1, aborta 0, presents to the labor and delivery ward at 32 weeks' gestation with a 24-hour

history of worsening frontal headache, photophobia, and neck stiffness. Vitals:

* BP: 121/78 mm Hg

* HR: 90 bpm

* Temp: 38°C

Neuro exam reveals a 2-beat ankle clonus. Tone and power are otherwise normal. No localizing signs or papilledema. Abdomen is soft, fetus is cephalic.

Which one of the following is the best next investigation?

- A. Fetal ultrasonography
- B. Amniocentesis with culture
- C. Lumbar puncture
- **D. Urine protein to creatinine ratio**
- E. Computed tomography of the head

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

This patient is pregnant and febrile with a new headache, photophobia, and clonus - all features concerning for preeclampsia with neurologic involvement. Clonus is a key finding suggestive of central nervous system irritability. Urine protein/creatinine ratio helps confirm the diagnosis of preeclampsia.

Toronto Notes 2023 - Obstetrics, Hypertensive Disorders in Pregnancy:

"Headache, clonus, and visual disturbances are concerning for severe preeclampsia. A urine protein/creatinine ratio or 24-hour urine collection confirms diagnosis." MCCQE1 Objectives - Obstetrics > Hypertension in Pregnancy:

"Candidates must recognize signs of preeclampsia and assess with appropriate biochemical testing." CT (A) or LP (B) are not indicated unless focal neurologic signs or seizures are present. Fetal imaging and amniocentesis (C, D) do not address maternal symptoms.

NEW QUESTION # 31

You are following an otherwise healthy 3-month-old girl whose severe bilateral sensorineural deafness was diagnosed after early identification through a universal newborn hearing screening program. She has reached the developmental milestones for her age and has no features of an underlying syndrome. There is no family history of hearing loss. The parents request information on the speech and language prognosis for their daughter. Which one of the following is the most appropriate response?

- A. The prognosis is unpredictable and not well known.
- B. Sign language and a school for the hearing impaired will be needed.
- **C. Most children with this condition learn to hear and speak fluently with appropriate early intervention.**
- D. Long-term literacy is likely to be limited to a grade 4 level.
- E. Significant limitation in expressive and receptive speech should be expected.

Answer: C

Explanation:

Early identification of sensorineural hearing loss through universal newborn screening enables early intervention (e.g., cochlear implants, speech therapy), which can result in near-normal language development.

Toronto Notes 2023 - Pediatrics, Hearing Loss:

"Children diagnosed early with bilateral hearing loss and provided with appropriate intervention (e.g., amplification or implants) can achieve normal speech and language milestones." MCCQE1 Objectives - Pediatrics > Development & Communication Disorders:

"Candidates must understand the importance of early detection and intervention in congenital hearing loss and its impact on speech and literacy outcomes." Other options (A-C, E) are outdated or overly pessimistic. Current evidence supports favorable outcomes with early diagnosis and management.

NEW QUESTION # 32

A 27-year-old woman presents with an enlarged thyroid. She had not noticed it herself until her mother brought it to her attention. She is asymptomatic from an endocrine perspective, and her serum thyroid-stimulating hormone (TSH) is normal.

Which one of the following is the most appropriate next step?

- A. Serum calcium
- B. Fine-needle aspiration of the thyroid

- C. Computed tomography of the neck
- D. Serum T3 and T4
- E. Ultrasound of the thyroid

Answer: E

Explanation:

In a euthyroid patient with an asymptomatic goiter or thyroid enlargement, the next step is a thyroid ultrasound to evaluate nodule size, composition, and features suggestive of malignancy.

Toronto Notes 2023 - Endocrinology, Thyroid Nodules and Goiter:

"TSH should be obtained first. If normal and there is a palpable mass or enlargement, ultrasound is indicated to evaluate for nodules and guide further testing (e.g., FNA)." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates must use thyroid ultrasound as the initial imaging study in the evaluation of thyroid enlargement or palpable nodules."

T3/T4 (A) are not needed with normal TSH. FNA (D) is done if nodules are identified. CT (C) is used for retrosternal goiters or compressive symptoms. Calcium (E) is irrelevant here.

NEW QUESTION # 33

A 42-year-old man presents with a history of fatigue and weight loss. He looks unwell, has a darker than usual complexion and his liver is enlarged. He is also found to have marked glycosuria. Which one of the following is the most useful diagnostic test?

- A. Serum ferritin
- B. Hemoglobin A1c
- C. Serum amylase
- D. Serum cortisol
- E. Serum alpha-1 antitrypsin

Answer: A

Explanation:

This presentation suggests hereditary hemochromatosis. Common features include hyperpigmentation ("bronze diabetes"), hepatomegaly, diabetes, fatigue, and elevated liver enzymes. Serum ferritin is a screening test for iron overload, and elevated levels support the diagnosis.

Toronto Notes 2023 - Endocrinology / Gastroenterology:

"Hemochromatosis presents with skin hyperpigmentation, hepatomegaly, diabetes, fatigue. Diagnosis begins with serum ferritin and transferrin saturation." MCCQE1 Objectives (Internal Medicine > Metabolic and Endocrine > 37-1):

"Candidates must investigate iron overload syndromes using ferritin and transferrin saturation." Cortisol (B) is for adrenal insufficiency. A1AT (C) is a liver disease cause but not typical here. Amylase (E) is for pancreatitis. A1c (A) would confirm diabetes but not the underlying cause.

NEW QUESTION # 34

A 45-year-old woman presents with a 2-week history of a sore left breast. It has become red and swollen. She was previously well, and her menstrual cycles are regular. She has no history of breast cancer, and she has no children. On examination, she has a red, tender, indurated area in her left breast that has only partially responded to oral antibiotics after 10 days. Which one of the following is the most appropriate next step?

- A. Change the oral antibiotic.
- B. Start nonsteroidal anti-inflammatory agents.
- C. Perform a breast biopsy.
- D. Start intravenous antibiotics.
- E. Proceed with incision and drainage.

Answer: C

Explanation:

In a non-lactating woman with a partially responsive breast mass after antibiotics, inflammatory breast cancer must be ruled out. A breast biopsy (core or excisional) is indicated to assess for malignancy. Inflammatory breast cancer may mimic mastitis but does not improve with antibiotics.

Toronto Notes 2023 - Breast Disorders:

"In non-lactating women, persistent breast inflammation should raise suspicion for inflammatory breast cancer. If symptoms persist

after antibiotic therapy, proceed with imaging and biopsy." MCCQE1 Objectives - Gynecology > Breast Disease: "Candidates must differentiate between mastitis and inflammatory breast cancer and initiate appropriate investigations such as biopsy when response to antibiotics is incomplete." Options A, D, and E may be appropriate for a confirmed abscess or infectious cause, but further investigation is mandatory in this scenario. NSAIDs (C) are symptomatic but do not address the diagnostic concern.

NEW QUESTION # 35

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