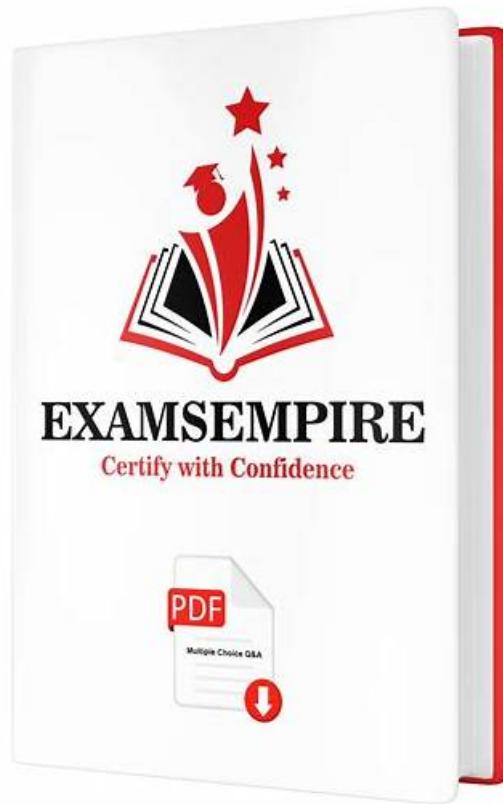


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q35-

Q40):

NEW QUESTION # 35

An 18-year-old woman presents to the Emergency Department with a 3-day history of vomiting and right upper quadrant pain. She is alert but appears unwell and jaundiced. She was previously healthy and has not travelled recently. She has no risk factors for blood-borne pathogens. She denies hematemesis or hematochezia. On further history, she reports that she took a full bottle of pills that she found in her parents' medicine cabinet several hours before she started vomiting. Without intervention, which one of the following is the most likely outcome?

- A. Status epilepticus
- B. Rapid-onset cerebral edema
- C. Acute renal failure
- D. Ventricular fibrillation
- E. Fulminant hepatic failure

Answer: E

Explanation:

This is a classic presentation of acute acetaminophen (paracetamol) overdose. The most serious consequence, especially with delayed treatment, is fulminant hepatic failure.

Toronto Notes 2023 - Toxicology, Acetaminophen Toxicity:

"Acetaminophen overdose is the most common cause of acute liver failure. Delayed presentation leads to jaundice, coagulopathy, encephalopathy, and possible death." MCCQE1 Objectives - Internal Medicine > Toxicology:

"Candidates must identify acetaminophen overdose by clinical history and recognize fulminant hepatic failure as a primary complication." Cerebral edema (C) may occur secondarily, but fulminant hepatic failure is the most direct and expected outcome. Renal failure (B), arrhythmias (E), and seizures (A) are not typical with acetaminophen.

NEW QUESTION # 36

A 29-year-old woman presents with vaginal spotting after 6 weeks of amenorrhea. She is asymptomatic otherwise. Serum #hCG is 2150 IU/L, and pelvic ultrasound shows an empty uterus. She has been trying to conceive for 7 months. Which one of the following is the best next step?

- A. Perform dilatation and curettage for chorionic villi.
- B. Repeat serum #hCG test in 48 hours.
- C. Arrange exploratory laparoscopy.
- D. Administer intramuscular methotrexate.
- E. Repeat pelvic ultrasonography in 10 days.

Answer: B

Explanation:

An empty uterus with #hCG >1500-2000 IU/L raises concern for a pregnancy of unknown location (PUL), including the possibility of ectopic pregnancy. However, the patient is hemodynamically stable and asymptomatic. In such cases, the best initial step is to repeat serum #hCG in 48 hours to assess the rise or fall of hCG levels.

Toronto Notes 2023 - Obstetrics, "First Trimester Bleeding":

"If #hCG >1500 IU/L and no intrauterine pregnancy is visualized on ultrasound, repeat #hCG in 48 hours to determine rise or decline. A suboptimal rise (less than 66%) suggests ectopic pregnancy." MCCQE1 Objectives (Obstetrics > 79-1: Early Pregnancy Complications):

"In a patient with early pregnancy bleeding, the candidate must interpret quantitative #hCG trends to distinguish ectopic pregnancy, miscarriage, or viable intrauterine pregnancy." Immediate administration of methotrexate or invasive procedures such as D&C or laparoscopy are not appropriate until further diagnostic clarification is obtained.

NEW QUESTION # 37

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 were given confidential patient health information
- B. You gave advice on how to treat the patient

- C. You advised the physician to consult one of your colleagues
- D. You were given the patient's name
- E. You did not see the patient

Answer: B

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 # 38

A 62-year-old man, who has not seen a physician in 20 years, presents to your clinic with a burning sensation in his feet. The symptoms have been progressing slowly over the last 6 months. There is no associated motor weakness or skin changes. He reports no significant past medical history and takes no medications. His alcohol intake is minimal. On examination, he has reduced pinprick/vibration sensation and proprioception in the ankles with absent ankle reflexes. Which one of the following blood tests would you expect to be abnormal?

- A. Anti-acetylcholine receptor antibodies
- B. **Hemoglobin A1c**
- C. Folate
- D. Ferritin
- E. Uric acid

Answer: B

Explanation:

This is a classic presentation of diabetic peripheral neuropathy: bilateral distal sensory symptoms with preserved motor function and no other systemic findings. The most useful test to confirm this in a previously undiagnosed patient is HbA1c.

Toronto Notes 2023 - Endocrinology, Diabetes Complications:

"Peripheral neuropathy is a common complication of undiagnosed or poorly controlled diabetes. Confirm with HbA1c if diagnosis is not yet established." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should evaluate for diabetes in patients with peripheral neuropathy and screen appropriately with HbA1c." Folate (B) and B12 deficiency may also cause neuropathy but are less likely in the absence of nutritional risk factors. Other choices (A, D, E) are unrelated to this pattern.

NEW QUESTION # 39

A 71-year-old man is brought to the Emergency Department with sudden onset of shortness of breath and chest pain. He was discharged from hospital 1 week ago after a total hip arthroplasty. On examination, his respiratory rate is 32/min. There is visible respiratory distress, and chest auscultation is clear. Which one of the following is the most likely diagnosis?

- A. Cholesterol embolus
- B. Myocardial infarction
- C. Fat embolus
- D. Aortic dissection
- E. **Pulmonary embolus**

Answer: E

Explanation:

Sudden onset dyspnea and pleuritic chest pain in a postoperative patient with tachypnea and clear lung fields are classic features of a

pulmonary embolism (PE). Recent orthopedic surgery significantly increases VTE risk. Clear lungs on auscultation support this over pneumonia or CHF.

Toronto Notes 2023 - Respiratory, "Pulmonary Embolism":

"Presentation includes sudden dyspnea, pleuritic chest pain, and tachypnea. Risk factors include recent surgery and immobilization.

Examination often reveals clear chest auscultation." MCCQE1 Objectives (Internal Medicine > Cardiopulmonary > 44-1):

"Candidates must recognize PE in patients with risk factors (e.g., surgery) and classic features and initiate appropriate diagnosis and management." Fat embolism (B) usually presents with petechiae, neurologic symptoms, and occurs within 24-72 hours post- op. Cholesterol emboli (E) are more chronic and systemic.

NEW QUESTION # 40

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