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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q147-Q152):

NEW QUESTION # 147

You are being consulted for a 79-year-old man who is about to undergo a total hip arthroplasty. His orthopedic surgeon is aware of the diagnosis of Alzheimer disease and would like your suggestions to help avoid acute postsurgical delirium. To that end, which one of the following is the most effective strategy?

- A. Avoid medications with anticholinergic potential
- B. Refrain from prescribing opiate analgesics to treat postoperative pain
- C. Treat postsurgical insomnia with benzodiazepines
- D. Screen the patient with the Mini-Mental Status Examination prior to surgery
- E. Keep family visits to a minimum to avoid postsurgical overstimulation

Answer: A

Explanation:

One of the strongest modifiable risk factors for postoperative delirium in older adults is exposure to anticholinergic medications (e.g., diphenhydramine, certain antidepressants). Avoiding these can reduce delirium risk.

Toronto Notes 2023 - Geriatrics, "Delirium Prevention":

"Avoid high-risk medications including anticholinergics, benzodiazepines, and narcotics if possible. Maintain orientation cues and adequate pain control." MCCQE1 Objectives (Medicine > Geriatrics > 41-1: Cognitive Impairment):

"Candidates must recognize predisposing factors for delirium and apply prevention strategies, including medication review." Opiates (B) should be used judiciously; untreated pain can also cause delirium. Cognitive screening (C) is helpful for baseline but does not prevent delirium. Benzodiazepines (D) increase delirium risk. Family involvement is actually helpful (E).

NEW QUESTION # 148

A 9-year-old girl is brought to the Emergency Department because she has generalized urticaria, abdominal cramping, and postural dizziness 30 minutes after eating at a friend's birthday party. Which one of the following is the most appropriate route of administration for epinephrine?

- A. Intravenous
- B. Inhaled
- C. Intranasal

- D. Intramuscular
- E. Subcutaneous

Answer: D

Explanation:

Anaphylaxis requires immediate administration of epinephrine via the intramuscular (IM) route, typically in the lateral thigh. This route provides the fastest and most reliable absorption for emergency treatment.

Toronto Notes 2023 - Pediatrics, Anaphylaxis:

"Epinephrine 0.01 mg/kg IM is the first-line treatment for anaphylaxis. The intramuscular route provides the most rapid and safe absorption in emergencies." MCCQE1 Objectives - Pediatrics > Allergy and Immunology:

"Candidates must know the emergency management of anaphylaxis, including proper dosage and intramuscular administration of epinephrine." IV administration (A) is reserved for critical care settings. Subcutaneous (C) and intranasal/inhaled routes (D, E) are ineffective in anaphylaxis.

NEW QUESTION # 149

A 40-year-old woman presents to the Emergency Department with confusion and fever (38.5°C). She has a history of hypothyroidism managed with levothyroxine. Key findings include:

Blood pressure

114/78 mm Hg

Heart rate

85/min

Temperature

38.5°C

Hemoglobin

90 g/L/123-157 g/L

Platelet count

25 × 10⁹/L/130-400 × 10⁹/L

Peripheral blood film

Schistocytes present

Creatinine

200 #mol/L/50-90 #mol/L

- A. Acute myelogenous leukemia
- B. Cirrhosis
- C. Idiopathic thrombocytopenic purpura
- D. Human immunodeficiency virus
- E. Thrombotic thrombocytopenic purpura

Answer: E

Explanation:

This patient presents with fever, confusion, anemia with schistocytes, thrombocytopenia, and renal impairment - fulfilling the classic pentad of thrombotic thrombocytopenic purpura (TTP). TTP is a hematologic emergency requiring plasma exchange.

Toronto Notes 2023 - Hematology, "Microangiopathic Hemolytic Anemia" Section:

"TTP is a medical emergency. Features include MAHA, thrombocytopenia, renal failure, neurologic symptoms, and fever.

Schistocytes on blood film are diagnostic." MCCQE1 Objectives (Internal Medicine > 76-7: Hematologic Disorders):

"Candidates must urgently recognize TTP and initiate emergent plasma exchange therapy." AML (B) does not present with schistocytes. HIV (C) can cause thrombocytopenia but not MAHA. ITP (D) causes isolated thrombocytopenia without anemia or schistocytes.

NEW QUESTION # 150

A 62-year-old woman is referred to your clinic for evaluation of hypercalcemia. She has a history of hypertension and vitamin D deficiency. Her medications include hydrochlorothiazide and vitamin D supplements. Laboratory investigations are as follows:

* Calcium: 2.72 mmol/L (#)

* Phosphate: 0.9 mmol/L (#)

* Parathyroid hormone (PTH): 0.9 pmol/L (#)

* 25-hydroxy vitamin D: 80 nmol/L (normal)

Which one of the following is the best next step?

- A. Switch to a different antihypertensive medication
- B. Order 24-hour urine calcium
- C. Order serum protein electrophoresis and urine for light chains
- D. Refer for consideration of parathyroidectomy
- E. Start calcitriol

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

This patient has hypercalcemia with suppressed PTH, ruling out primary hyperparathyroidism. The differential includes malignancy-associated hypercalcemia, vitamin D intoxication, and medications. Given the low PTH and normal vitamin D level, malignancy (e.g., multiple myeloma) is a leading concern. Serum protein electrophoresis and urine for Bence-Jones proteins (light chains) are appropriate next steps.

Toronto Notes 2023 - Endocrinology, "Hypercalcemia":

"PTH-independent hypercalcemia should prompt investigation for malignancy. Multiple myeloma is a common cause in older adults-order SPEP and UPEP." MCCQE1 Objectives (Endocrinology > 37-1: Calcium Disorders):

"Candidates must investigate non-PTH mediated hypercalcemia, including consideration of multiple myeloma." A (urine calcium) helps in familial hypocalciuric hypercalcemia, but this is unlikely given low PTH. B (calcitriol) would worsen hypercalcemia. C is inappropriate because PTH is suppressed. D (changing HCTZ) may help, but malignancy must be ruled out first.

NEW QUESTION # 151

A 19-year-old woman returns to your clinic to discuss her recent laboratory tests. She initially presented with dysuria, dyspareunia, and abnormal uterine bleeding. Her vulvovaginal examination was normal. Her last sexual encounter was 3 weeks prior to the onset of her symptoms. Which one of the following pathogens is most likely to explain this clinical presentation?

- A. Herpes simplex virus
- B. Human papillomavirus
- C. Treponema pallidum
- D. Actinomyces israelii
- E. **Chlamydia trachomatis**

Answer: E

Explanation:

Chlamydia trachomatis is the most common cause of cervicitis in young sexually active women and frequently presents with dysuria, dyspareunia, intermenstrual bleeding, and a normal vulvovaginal exam. It may be asymptomatic or have subtle signs and often affects the endocervix.

Toronto Notes 2023 - Gynecology, "Sexually Transmitted Infections" Section:

"Chlamydia is the most common bacterial STI. Symptoms may include intermenstrual bleeding, postcoital bleeding, dyspareunia, mucopurulent cervical discharge, and dysuria. The vulva and vagina may appear normal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-1: Abnormal Uterine Bleeding):

"Candidates should evaluate STI-related cervicitis as a common cause of postcoital and intermenstrual bleeding in young women."

Other options:

- * A. Actinomyces israelii is associated with IUD use, not relevant here.
- * B. Herpes simplex virus usually presents with painful ulcerations, not abnormal bleeding.
- * C. Treponema pallidum (syphilis) causes painless ulcers or systemic symptoms in later stages.
- * D. HPV causes warts or asymptomatic cervical dysplasia, not acute symptoms.

NEW QUESTION # 152

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