

# Latest MCCQE Exam Notes - Practice MCCQE Exam Fee

## MCCQE Part 1 Practice Questions

### Question 1

A 65-year-old man presents with worsening dyspnea and paroxysmal nocturnal dyspnea. On examination, there are bibasilar crackles and an S3 heart sound. What is the most likely diagnosis?

- A) Chronic obstructive pulmonary disease (COPD)
- B) Pneumonia
- C) Congestive heart failure (CHF)
- D) Pulmonary embolism

### Question 2

A 45-year-old woman presents with fatigue, weight loss, and hyperpigmentation. Lab results reveal hyponatremia and hyperkalemia. What is the most likely diagnosis?

- A) Hypothyroidism
- B) Addison's disease
- C) Cushing's syndrome
- D) Hyperaldosteronism

### Question 3

A 30-year-old man is involved in a motor vehicle accident and presents with hypotension, muffled heart sounds, and distended neck veins. What is the most likely diagnosis?

- A) Myocardial infarction
- B) Cardiac tamponade
- C) Pulmonary embolism
- D) Aortic dissection

### Question 4

A 25-year-old woman presents with palpitations, sweating, and episodic headaches. Her blood pressure is persistently elevated. What is the most likely diagnosis?

- A) Hyperthyroidism
- B) Pheochromocytoma
- C) Panic disorder

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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q254-Q259):

### NEW QUESTION # 254

A 69-year-old woman with long-standing hypertension presents to the emergency department with a 2-hour history of persistent chest and back pain. A posteroanterior chest radiograph shows suspicious widening of the mediastinal shadow. Which one of the following is most likely to yield a clinical diagnosis?

- A. Ventilation-perfusion lung scan
- **B. Computed tomography of the chest**
- C. Pulmonary angiography
- D. Electrocardiography
- E. Transthoracic echocardiography

**Answer: B**

Explanation:

The presentation is highly suspicious for acute aortic dissection - sudden chest/back pain and mediastinal widening on chest x-ray. The most definitive and widely available test is contrast-enhanced computed tomography (CT) of the chest.

Toronto Notes 2023 - Cardiology, Aortic Dissection:

"CT angiography of the chest is the gold standard for stable patients with suspected aortic dissection. Look for mediastinal widening on chest x-ray as a clue." MCCQE1 Objectives - Internal Medicine > Cardiovascular Disease:

"Candidates should recognize acute aortic dissection and select appropriate imaging, such as CT chest, for diagnosis in stable patients." Transthoracic echo (A) may miss dissections. ECG (C) helps rule out MI but not dissection. V/Q scan (D) and pulmonary angiography (E) are for suspected pulmonary embolism.

### NEW QUESTION # 255

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

**Answer: B**

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 # 256

A 72-year-old woman is brought to the Emergency Department by her daughter because of significant functional decline and progressive shortness of breath. She has widespread metastatic breast cancer and recently stopped chemotherapy due to

progression and intolerance. She has been bedridden for 4 weeks. On examination:

\* BP: 100/70 mm Hg with pulsus paradoxus of 20 mm Hg

\* HR: 99/min

\* Temp: 36.5°C

\* SpO<sub>2</sub>: 94% room air

\* JVP: elevated

\* Heart sounds: muffled

\* Chest X-ray: large globular heart

Labs:

\* Hemoglobin: 90 g/L

\* Sodium: 118 mmol/L

\* Creatinine: 94 μmol/L

Which one of the following is the best next step?

- A. Consult with the Intensive Care Unit
- B. Blood transfusion
- C. Pericardiocentesis
- D. Normal saline infusion
- E. Discussion on goals of care

**Answer: E**

Explanation:

This patient has classic signs of cardiac tamponade (Beck's triad: hypotension, muffled heart sounds, elevated JVP, plus pulsus paradoxus). However, she also has advanced metastatic cancer, functional decline, and has stopped active treatment. In this context, a goals-of-care discussion is the most appropriate next step to determine her wishes regarding interventions like pericardiocentesis.

Toronto Notes 2023 - Palliative Care:

"End-of-life care should prioritize quality of life and patient preferences. In patients with terminal illness and life-threatening conditions (e.g., tamponade), initiate a conversation about goals before aggressive intervention." MCCQE1 Objectives - Internal Medicine > Palliative and End-of-Life Care:

"Candidates must assess prognosis, patient values, and initiate appropriate end-of-life discussions before invasive treatment."

Although pericardiocentesis (A) may relieve symptoms, it should follow consent based on the patient's goals.

ICU (E), fluids (B), or transfusion (D) are not appropriate without this discussion.

### NEW QUESTION # 257

A 68-year-old man with a history of diabetes, hypertension, delirium tremens, and tobacco addiction comes to the Emergency Department with his daughter. She tells you that his behavior has become unmanageable and she feels he may require an increased level of care. His vital signs are:

Blood pressure: 162/105 mm Hg

Heart rate: 112/min, regular

Temperature: 37.8°C

On history, his daughter explains she had to confiscate a half-empty bottle of alcohol from his room yesterday. He is now convinced that there are bugs crawling all over him and he will not relax. He appears pale, sweaty, and shaky. His most recent blood glucose is 7.8 mmol/L (3.8-11.1). Which one of the following is the best next step?

- A. Provide the family member with a prescription of antipsychotics for the patient.
- B. Consult a Geriatric Psychiatrist to assess the patient.
- C. Administer benzodiazepines and intravenous hydration.
- D. Interview the patient in private to ensure this is not a case of elder abuse.

**Answer: C**

Explanation:

The presentation is consistent with acute alcohol withdrawal with delirium tremens: autonomic instability, agitation, visual hallucinations (formication), and recent alcohol reduction. This is a medical emergency requiring immediate treatment with benzodiazepines and supportive care.

Toronto Notes 2023 - Psychiatry, Substance Use Disorders:

"Delirium tremens is a life-threatening complication of alcohol withdrawal. Clinical features include agitation, hallucinations, tachycardia, hypertension, and diaphoresis. Management includes high-dose benzodiazepines and IV fluids." MCCQE1 Objectives - Psychiatry > Substance Use Disorders:

"Candidates must recognize and treat alcohol withdrawal delirium promptly with benzodiazepines and supportive measures." Antipsychotics (B) are not first-line in withdrawal states. Private interviews (A) and psychiatric consults (D) delay life-saving treatment.

### NEW QUESTION # 258

A 22-year-old woman, gravida 1, para 0, aborta 0, comes to the office at 10 weeks' gestation for her first prenatal visit. When you ask how she is doing, she becomes tearful and says she has had severe nausea and vomiting. She is not taking her prenatal vitamins regularly and feels very guilty about it. She is worried that she is harming the fetus. Which one of the following is the most appropriate management of this patient's case?

- A. Advise her to replace her vitamin with folic acid only until her nausea improves
- B. Tell her she should continue to take her prenatal vitamins daily regardless of nausea
- C. Suggest that she take cannabinoids 30 minutes before taking her prenatal vitamins
- **D. Prescribe ginger tablets to be taken 4 times daily**
- E. Refer her for counselling to manage her feelings of guilt

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

Ginger is a first-line, evidence-based non-pharmacologic treatment for nausea and vomiting in pregnancy. It's well tolerated and effective. Addressing nausea will help her resume vitamin use and reduce distress.

Toronto Notes 2023 - Obstetrics, "Nausea and Vomiting in Pregnancy":

"Ginger 250 mg four times daily is safe and effective for mild to moderate nausea." MCCQE1 Objectives (Obstetrics > 80-1: Early Pregnancy Management):

"Candidates must treat nausea and vomiting in pregnancy using safe and effective options." Folic acid alone (A) is less effective than a full prenatal vitamin. B may help, but nausea should be addressed first. C lacks empathy for her symptoms. D (cannabinoids) is not recommended in pregnancy.

### NEW QUESTION # 259

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