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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q192-Q197):

NEW QUESTION # 192

A 76-year-old man is brought to the emergency department in an unresponsive state. He has a history of chronic kidney disease with a baseline serum creatinine level of 300 $\mu\text{mol/L}$ (49-93) and a history of dilated cardiomyopathy with an ejection fraction of 30%. On assessment, he has no pulse or blood pressure. Cardiac monitor demonstrates a wide complex tachycardia. Which one of the following recently started medications is the most likely cause of this arrhythmia?

- A. Clopidogrel
- B. Metoprolol

- C. Hydrochlorothiazide
- D. Diltiazem
- E. Spironolactone

Answer: E

Explanation:

Spironolactone is a potassium-sparing diuretic that can cause hyperkalemia, especially in patients with impaired renal function. Hyperkalemia can lead to life-threatening arrhythmias, particularly wide complex tachycardia or ventricular fibrillation.

Toronto Notes 2023 - Cardiology and Nephrology, "Hyperkalemia" Section:

"Patients with CKD are at increased risk for hyperkalemia, particularly when taking potassium-sparing medications such as spironolactone. Severe hyperkalemia may cause bradycardia or wide-complex tachyarrhythmias." MCCQE1 Objectives (Internal Medicine > 76-2: Electrolyte Abnormalities):

"Candidates must recognize drug-induced hyperkalemia as a cause of cardiac arrhythmias, especially in patients with renal dysfunction." Hydrochlorothiazide (B) can cause hypokalemia. Metoprolol (C) and diltiazem (E) are rate-controlling agents but do not typically cause wide complex tachycardia. Clopidogrel (D) has no effect on cardiac conduction.

NEW QUESTION # 193

A 32-year-old woman presents to your outpatient clinic with concerns regarding a 6-month history of both a pulsatile buzzing sound in her ears and headaches. There is no history of hearing loss, vertigo, ear pain, or discharge from the ears. There is a long-standing history of prolonged exposure to occupational noise. She has a BMI of 32. Otoscopic examination is unremarkable, and there are no neck masses present. You determine that the buzzing sound is synchronous with her radial pulse. Which of the following investigations should be ordered next?

- A. Audiogram
- B. C-reactive protein
- C. Electroencephalography
- D. Magnetic resonance imaging of the brain

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Pulsatile tinnitus synchronous with the pulse may be vascular in origin. The association with headaches and elevated BMI (a risk factor for idiopathic intracranial hypertension, IIH) warrants neuroimaging to assess for cerebral venous sinus thrombosis, vascular malformations, or raised intracranial pressure.

Toronto Notes 2023 - Neurology / ENT:

"Pulsatile tinnitus requires investigation for vascular causes including idiopathic intracranial hypertension.

MRI or MRV is the next step."

MCCQE1 Objectives (Neurology > 35-1: Headache and Tinnitus):

"Candidates must investigate pulsatile tinnitus with neuroimaging when vascular causes are suspected." Audiogram (A) is for hearing loss. EEG (C) is not useful for tinnitus. CRP (D) is irrelevant.

NEW QUESTION # 194

A 6-week-old boy is brought to your office by his parents for a follow-up following a recent urinary tract infection. His abdominal ultrasound shows dilated urinary bladder and ureters as well as bilateral hydronephrosis. Which one of the following historical findings would be most helpful in establishing the correct diagnosis?

- A. Recent circumcision
- B. Poor urinary stream
- C. Macroscopic hematuria
- D. Malodorous urine
- E. Crying during micturition

Answer: B

Explanation:

This infant has evidence of urinary outflow obstruction on ultrasound. The most common cause in male infants is posterior urethral valves. Poor urinary stream is a hallmark symptom of bladder outlet obstruction in neonates.

Toronto Notes 2023 - Pediatrics, "Pediatric Urology" Section:

"Posterior urethral valves should be suspected in male infants with recurrent UTIs, hydronephrosis, and a weak urinary stream.

Diagnosis is confirmed by voiding cystourethrogram." MCCQE1 Objectives (Pediatrics > 78-4: Urinary Tract Abnormalities):

"Candidates must identify congenital causes of urinary obstruction. Poor stream and hydronephrosis are classic features of posterior urethral valves." Crying with urination (E) is nonspecific. Hematuria (B) and malodorous urine (D) are common with infections.

Circumcision (A) is unrelated.

NEW QUESTION # 195

A 23-year-old woman with borderline personality disorder is brought to the Emergency Department having ingested non-lethal substances after her boyfriend broke up with her. The staff tells you that she has consulted 8 times under similar circumstances in the past 3 years. Which one of the following pieces of information would be useful to provide to the staff?

- A. She is overusing health care services
- B. Not much can be done with personality disorders
- C. Suicidal thoughts must be an indication of major depressive disorder
- **D. Symptoms of borderline personality disorder will likely attenuate over time**
- E. She will never commit suicide

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

While borderline personality disorder is challenging, symptoms (particularly impulsivity and suicidal behaviors) often attenuate with age and appropriate therapy (e.g., dialectical behavior therapy). Providing hope and clinical context to staff improves care and reduces stigma.

Toronto Notes 2023 - Psychiatry, "Personality Disorders":

"BPD is associated with emotional dysregulation and impulsivity. Long-term prognosis is better than once believed, with many patients showing symptom remission over time." MCCQE1 Objectives (Psychiatry > 71-4: Personality Disorders):

"Candidates must provide appropriate education to patients and staff regarding prognosis and treatment of BPD." Statements A-D are false, stigmatizing, or dangerous.

NEW QUESTION # 196

A 56-year-old man is admitted to hospital with pyelonephritis and started on intravenous antibiotics. On day 2 of his hospitalization, he continues to report right flank pain, but he is able to walk. His vital signs are as follows:

Temperature: 38.5°C

Blood pressure: 90/60 mm Hg

Heart rate: 105/min

The patient is mentating well but is concerned about his dog that is home alone due to his unexpected hospitalization. He requests to be released from hospital as he needs to make arrangements for his dog. Which one of the following is the best next step?

- A. Explain that his health is a priority and insist that he stay.
- B. Offer to stop by his apartment on your way home, if he is agreeable to it and gives you the key.
- C. Discharge the patient, but ensure he signs an "Against Medical Advice" form.
- D. Change him to oral antibiotics, and finish his treatment as an outpatient.
- **E. Ensure he understands the risk and accept his decision to leave for a few hours while you hold his bed.**

Answer: E

Explanation:

The patient is alert and capable of making his own decisions. The most ethical and respectful approach is to ensure he understands the risks and accept his choice. Holding his bed maintains continuity of care. Forcing him to stay (C) or discharging him AMA (A) is inappropriate if he intends to return.

Toronto Notes 2023 - ELOM, Consent and Autonomy:

"Capable patients have the right to refuse or leave treatment. Physicians must ensure informed decision-making and maintain therapeutic rapport." MCCQE1 Objectives - ELOM > Capacity and Patient Autonomy:

"Candidates must respect a capable patient's right to leave care after informed discussion of risks and alternatives." Offering to enter his apartment (E) is inappropriate and unethical. Oral antibiotics (B) may not be clinically appropriate given hypotension.

NEW QUESTION # 197

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