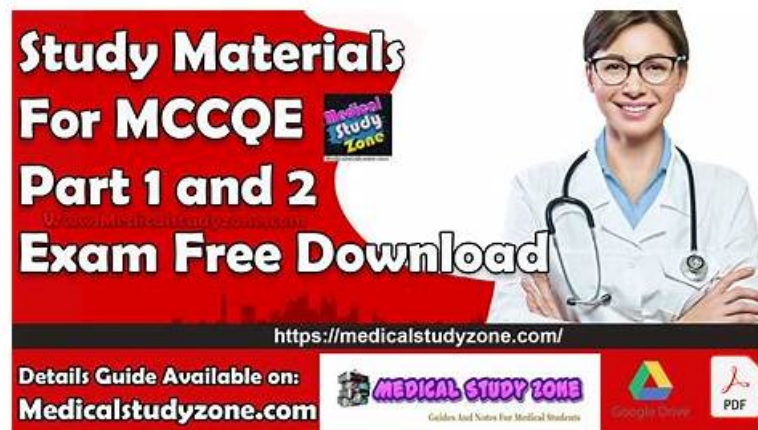


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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q229-Q234):

### NEW QUESTION # 229

An 8-year-old boy is brought to the Emergency Department because he is experiencing sudden respiratory distress. You suspect that he has a spontaneous tension pneumothorax. On physical examination, which one of the following best supports this diagnosis?

- A. Inspiratory stridor.
- B. Abdominal distension.
- **C. Tracheal deviation.**
- D. Ecchymoses on the chest.

- E. Bilateral wheezing

**Answer: C**

Explanation:

A tension pneumothorax occurs when air enters the pleural space and cannot escape, creating progressively rising intrathoracic pressure. MCCQE objectives emphasize rapid recognition of life-threatening causes of respiratory distress based on bedside findings. As pressure builds, the affected hemithorax compresses the lung and pushes the mediastinum to the opposite side, producing tracheal deviation away from the affected side -a classic, high-specificity sign of tension physiology (often accompanied by severe dyspnea, tachycardia, unilateral absent breath sounds, hyperresonance, distended neck veins, and hypotension from impaired venous return).

The other options do not specifically support tension pneumothorax: ecchymoses suggest trauma; bilateral wheezing suggests asthma or bronchiolitis; abdominal distension is nonspecific; inspiratory stridor indicates upper airway obstruction (e.g., croup, foreign body). Because tension pneumothorax is a clinical diagnosis, MCCQE priorities are immediate decompression (needle thoracostomy) followed by chest tube placement- without waiting for imaging if the child is unstable.

### NEW QUESTION # 230

A 9-year-old girl from a remote community is brought to the clinic with a 2-week history of swelling in her neck. She has been afebrile but has had some night sweats. On examination, you note a fixed, unilateral, and nontender supraclavicular lymph node measuring 3 cm. The overlying skin color is unremarkable. In addition, you note a slightly enlarged spleen and liver. Which one of the following is the most likely diagnosis?

- A. Kawasaki disease
- B. Viral reactive lymphadenopathy
- C. Cat-scratch disease
- D. Acute bacterial lymphadenitis
- **E. Lymphoma**

**Answer: E**

Explanation:

This child presents with "red flag" features for malignancy: a firm, fixed, nontender supraclavicular lymph node >2 cm in size, with associated hepatosplenomegaly and night sweats. These features are most concerning for lymphoma.

Toronto Notes 2023 - Pediatrics, "Lymphadenopathy in Children":

"Malignant lymphadenopathy tends to be firm, fixed, painless, and located in supraclavicular areas. Systemic signs (fever, weight loss, hepatosplenomegaly, night sweats) are concerning for lymphoma." MCCQE1 Objectives (Pediatrics > 78-3:

Hematology/Oncology):

"Candidates should differentiate between benign and malignant lymphadenopathy and recognize features suggestive of lymphoma."

Cat-scratch disease (B) is usually tender and associated with cat exposure. Kawasaki disease (C) presents with fever and mucocutaneous findings. Acute bacterial lymphadenitis (D) is painful, warm, and rapid in onset.

Viral lymphadenopathy (E) is often bilateral, small, and tender.

### NEW QUESTION # 231

A mumps outbreak is occurring in your community, with higher attack rates among post-secondary students. Which one of the following is the most effective intervention?

- A. Administration of immunoglobulin to contacts.
- B. Organization of clinics to rapidly treat suspected cases with antivirals.
- C. Exclusion of contacts from the school and workplace before symptoms develop.
- **D. Exclusion of clinical cases from the school and workplace.**
- E. Closing of the community's post-secondary institution.

**Answer: D**

Explanation:

Mumps is a contagious viral illness spread by respiratory droplets, with transmission occurring from shortly before symptom onset through the early symptomatic period. MCCQE objectives in outbreak management emphasize using effective, feasible source control measures that reduce onward transmission. The most effective intervention listed is exclusion (isolation) of symptomatic clinical cases from school and workplace during the infectious period, because symptomatic individuals are the main identifiable

sources of spread and removal from congregate settings directly reduces contact rates and secondary cases.

Antivirals are not standard, effective therapy for mumps and do not control outbreaks. Excluding asymptomatic contacts before symptoms develop is generally less effective and often impractical, because many contacts will never become ill and transmission may already occur before recognition; blanket exclusion can also cause major disruption with limited incremental benefit. Closing an entire post-secondary institution is a high-impact measure with uncertain added benefit compared with targeted case exclusion and is typically reserved for extreme circumstances. Immunoglobulin is not an effective post-exposure prophylaxis for mumps. Therefore, isolating/excluding clinical cases is the best and most effective intervention among the options.

### NEW QUESTION # 232

A 59-year-old woman is referred to you because of a 2-month history of left nipple discharge. She is otherwise healthy and is not on any medication. There are no palpable lesions on breast examination. She is able to express a small amount of blood-tinged liquid from her breast. Which one of the following would be the best next step?

- A. Serum prolactin.
- B. Galactography.
- C. Magnetic resonance imaging of breast.
- D. Biopsy of nipple complex.
- E. Mammography.

**Answer: E**

Explanation:

Spontaneous, unilateral, blood-tinged nipple discharge in a postmenopausal woman is considered pathologic and warrants imaging to rule out intraductal pathology including malignancy. The best initial test is diagnostic mammography, often with ultrasound if indicated. Toronto Notes 2023 - Breast Disorders:

"Unilateral, spontaneous, bloody nipple discharge should be evaluated with mammography and targeted ultrasound. Further tests such as MRI or duct excision are based on findings." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must recognize red flags for breast malignancy and apply appropriate initial diagnostic imaging." Serum prolactin (C) is indicated in galactorrhea. Galactography (D) and MRI (E) are second-line. Biopsy (A) is premature without imaging.

### NEW QUESTION # 233

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. Spironolactone
- E. Diltiazem

**Answer: D**

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 # 234

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