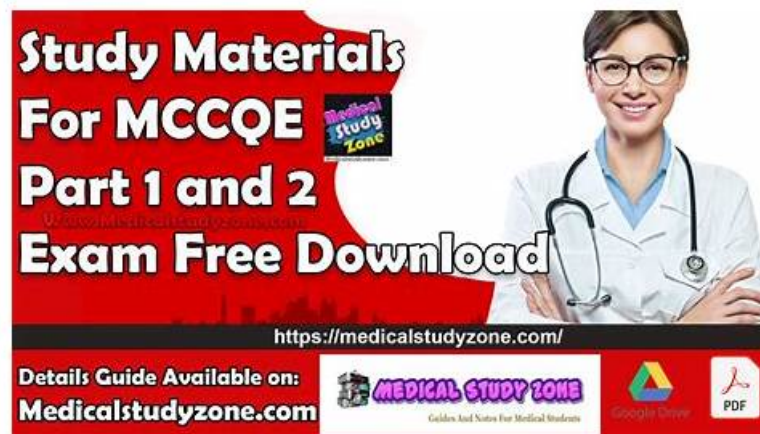


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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q109-Q114):

### NEW QUESTION # 109

A 25-year-old woman, gravida 1, para 1, aborta 0, gave birth to a newborn who is hypotonic with a large protruding tongue and brachycephaly. The newborn has a single palmar crease bilaterally and short, broad hands with a curved fifth digit. These features best support a clinical diagnosis of which one of the following?

- A. Prader-Willi syndrome.
- B. Turner syndrome.
- C. Fetal alcohol syndrome.
- **D. Trisomy 21.**
- E. Congenital hypothyroidism.

**Answer: D**

Explanation:

This constellation of features-hypotonia, macroglossia, brachycephaly, single palmar crease, short broad hands with clinodactyly-is classic for Down syndrome (Trisomy 21).

Toronto Notes 2023 - Pediatrics, "Genetic Syndromes":

"Trisomy 21 features include hypotonia, upslanting palpebral fissures, epicanthic folds, flat nasal bridge, brachycephaly, macroglossia, single palmar crease, and clinodactyly." MCCQE1 Objectives (Pediatrics > 78-3: Congenital and Genetic Disorders):

"Candidates must recognize key dysmorphic features associated with common genetic syndromes including Trisomy 21." Prader-Willi and congenital hypothyroidism may have hypotonia but lack the full phenotypic pattern. Turner syndrome is seen in females with short stature and webbed neck. Fetal alcohol syndrome presents with smooth philtrum and microcephaly.

-

### NEW QUESTION # 110

A 14-year-old girl is brought to the Emergency Department with a 20-minute history of difficulty breathing that started during a school assembly. She has had similar symptoms 3 times in the last 2 weeks. These episodes develop rapidly and resolve gradually over several minutes. She reports tingling in her fingers and toes. On examination, her vital signs are as follows:

Blood pressure

120/80 mm Hg

Heart rate

100/min

Respiratory rate

22/min

Oxygen saturation on room air

95%

Temperature

36.9 °C, orally

Apart from mildly dilated pupils, her examination is otherwise normal. Which one of the following is the most likely diagnosis?

- A. Pericarditis
- B. Cocaine use
- C. Panic attack
- D. Paroxysmal supraventricular tachycardia
- E. Asthma

**Answer: C**

Explanation:

This teenager presents with acute-onset dyspnea, paresthesias, and normal physical findings, consistent with a panic attack. Panic attacks often mimic cardiopulmonary pathology but are marked by symptoms like hyperventilation, tingling in the extremities, palpitations, and subjective air hunger with normal vitals and oxygenation.

Toronto Notes 2023 - Psychiatry:

"Panic attacks are characterized by sudden onset of intense fear or discomfort, accompanied by somatic symptoms such as dyspnea, paresthesias, tachycardia, and fear of losing control." MCCQE1 Objectives (Psychiatry > 71-3: Anxiety Disorders):

"Candidates must recognize panic attacks based on clinical features and differentiate them from cardiopulmonary conditions."

Normal O<sub>2</sub> saturation and physical exam rule out asthma or pericarditis. Cocaine use would present with more systemic toxicity.

PSVT would cause consistent tachycardia.

### NEW QUESTION # 111

A 31-year-old man presents with nocturnal non-exertional chest pain. During an exercise stress test, he does not experience chest pain, and there are no significant ST segment changes on the electrocardiogram. He achieves 17 metabolic equivalent of task (MET), a blood pressure of 190/96 mm Hg (resting blood pressure of 130/80 mm Hg), and a maximum heart rate of 162/min (85% of age-predicted maximum). Which one of the following is the most appropriate next step?

- A. Prescribe acetylsalicylic acid and metoprolol
- B. Offer reassurance
- C. Advise against vigorous exercise
- D. Prescribe hydrochlorothiazide
- E. Schedule cardiac catheterization

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

This patient demonstrates excellent exercise tolerance (17 METs) and no ischemic changes or exertional symptoms, which makes cardiac ischemia unlikely. However, the hypertensive response to exercise (BP >190 systolic) indicates masked or latent hypertension. This should be managed proactively, typically starting with a thiazide.

Toronto Notes 2023 - Cardiology:

"An exaggerated hypertensive response during exercise is predictive of future hypertension. Treatment with antihypertensive agents such as thiazides may be warranted." MCCQE1 Objectives (Internal Medicine > 31-1: Hypertension and Risk Management):

"Candidates must identify abnormal BP responses to exercise and initiate appropriate treatment." Reassurance alone (A) ignores the hypertensive response. Catheterization (C) and beta-blockers (D) are unnecessary without ischemia. Advising against exercise (B) is counterproductive in a young, otherwise healthy patient.

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### NEW QUESTION # 112

A 24-year-old woman with chronic anorexia nervosa presents to the Emergency Department with diarrhea, chest pain and palpitations. She is noted to have a BMI of 13, a heart rate of 48/min, significant orthostatic hypotension and a temperature of 35.9 °C. Her electrocardiogram shows frequent premature ventricular contractions. Her blood work indicates elevated liver transaminases and evidence of acute kidney injury from dehydration. She agrees to admission for medical stabilization only if she does not receive fluids either orally or intravenously, as they will cause her to gain weight and to feel bloated. Which one of the following is the best next step?

- A. Obtain a psychiatric consultation
- B. Start intravenous fluids and physically restrain if necessary
- C. Refuse to admit her unless she agrees to full treatment
- **D. Assess her capacity to consent for medical treatment**
- E. Ask her if she has a substitute decision-maker

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

The most appropriate next step is to assess the patient's capacity to consent to or refuse treatment. Patients with severe anorexia nervosa may lack decision-making capacity due to distorted thinking and perception, particularly if refusal of treatment is life-threatening. If she is found incapable, treatment can proceed in her best interests.

Toronto Notes 2023 - Psychiatry / Ethics:

"If a patient with anorexia nervosa refuses treatment but is medically unstable, assess capacity. If incapable, substitute decision-making may be initiated." MCCQE1 Objectives (ELOM > 90-4: Informed Consent and Capacity):

"Candidates must assess decision-making capacity when a patient refuses essential care, especially in life-threatening psychiatric or medical conditions." Psychiatric consult (B) may follow, but the immediate action is capacity assessment. D is premature without determining capacity. A and E are also premature or inappropriate.

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### NEW QUESTION # 113

A 72-year-old man reports that his wife says he has hearing trouble. Examination reveals that air conduction on the right side is less than on the left side and greater than bone conduction bilaterally. He hears a tuning fork placed on the top of his head better with his left ear. Which one of the following is the most appropriate next step in management?

- A. Magnetic resonance imaging of the posterior fossa.
- B. Wax removal from the ears by irrigation.
- C. Hearing aid.
- **D. Audiometry.**
- E. Computed tomography scan of the head.

**Answer: D**

Explanation:

The patient demonstrates signs of asymmetric sensorineural hearing loss (SNHL). In Weber test, sound localizes to the better ear in SNHL. Air conduction > bone conduction on Rinne test bilaterally supports SNHL. Audiometry is the best next diagnostic step to

quantify and characterize the hearing loss.

Toronto Notes 2023 - ENT, "Hearing Loss":

"Audiometry is the first-line investigation to distinguish conductive from sensorineural hearing loss and to assess severity and frequency involvement." MCCQE1 Objectives (Medicine > ENT > 20-1):

"Candidates must know the approach to hearing loss and interpret Weber and Rinne tests to guide investigations such as audiometry." Imaging (A, C) is reserved for red flags such as unilateral persistent SNHL, which may later prompt MRI to rule out acoustic neuroma. Wax removal (D) is for conductive loss. Hearing aids (E) are management, not diagnostic, and come after audiologic evaluation.

## NEW QUESTION # 114

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