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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q315-Q320):

NEW QUESTION # 315

A 14-month-old boy is brought to see you for a well-baby check-up and is noted to have only one testis. Ultrasound confirms an undescended testis. Which one of the following is the best next step?

- A. Surgical orchiopexy
- B. Observation for a year
- C. Hormonal therapy with gonadotropins
- D. Hormonal therapy with testosterone
- E. Surgical removal of the undescended testis

Answer: A

Explanation:

Orchiopexy is the treatment of choice for cryptorchidism and should be performed between 6-18 months of age. Early surgery improves fertility outcomes and reduces malignancy risk.

Toronto Notes 2023 - Pediatrics, Urology:

"Undescended testes should be referred for orchiopexy ideally before 18 months of age. Observation beyond 6 months is not recommended."

MCCQE1 Objectives - Pediatrics > Genitourinary Disorders:

"Candidates must recognize and refer for cryptorchidism early to optimize testicular function and reduce cancer risk." Hormonal therapies (C, D) are not recommended due to limited efficacy. Observation (A) is too late beyond

NEW QUESTION # 316

You are counselling a couple that is concerned about the risk that their second child could be affected by the same X-linked recessive disorder (hemophilia A) as their last child, a boy. Neither parent has this disorder.

What is the probability that their second child will be affected?

- A. 100% whether the child is a boy or a girl
- B. 25% if the child is a girl
- C. 50% if the child is a boy
- D. 25% if the child is a boy
- E. 50% if the child is a girl

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

In X-linked recessive disorders such as hemophilia A, carrier mothers (usually asymptomatic) have a 50% chance of passing the affected X chromosome to each son, who would then express the disease. Each daughter has a 50% chance of being a carrier but is generally not affected.

Toronto Notes 2023 - Genetics:

"X-linked recessive inheritance: Carrier mother has a 50% chance of having an affected son and a 50% chance of having a carrier daughter." MCCQE1 Objectives (Genetics > 61-1: Inheritance Patterns):

"Candidates must apply principles of X-linked inheritance to assess risk in offspring." If the mother is a known carrier (as inferred from having an affected son), the chance of a second affected boy is 50%.

NEW QUESTION # 317

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. Hydrochlorothiazide
- B. Metoprolol
- C. Diltiazem

- D. Clopidogrel
- 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 # 318

A 29-year-old woman, gravida 1, para 0, aborta 0, presents to your clinic. Her pregnancy is at 22 weeks' gestation. Her blood pressure is 158/96 mmHg. Which one of the following antihypertensive medications is contraindicated for this patient?

- A. Nifedipine
- B. Hydralazine
- C. Ramipril
- D. Labetalol
- E. Methyldopa

Answer: C

Explanation:

Ramipril, an ACE inhibitor, is contraindicated in pregnancy due to risks of fetal renal dysgenesis, oligohydramnios, and fetal death, especially in the second and third trimesters.

Toronto Notes 2023 - Obstetrics, Hypertensive Disorders of Pregnancy:

"ACE inhibitors and ARBs are contraindicated in pregnancy due to their teratogenic potential and adverse fetal effects." MCCQE1 Objectives - Obstetrics > Hypertension in Pregnancy:

"Candidates must identify safe antihypertensives during pregnancy and contraindicated medications such as ACE inhibitors and ARBs." Methyldopa, labetalol, nifedipine, and hydralazine are considered safe and are commonly used in pregnancy.

NEW QUESTION # 319

A 27-year-old woman, gravida 2, para 1, aborta 0, presents to the office seeking guidance on the management of her baby once it is born. The patient is in renal failure and has been taking methadone for 3 years to manage her opioid use disorder. During her pregnancy, she has been taking a stable dose of 80 mg of methadone once daily. Which one of the following is the most appropriate next step?

- A. Discuss the need for a test dose of naloxone and provide supportive care if required.
- B. Discharge home after birth because neonatal withdrawal is unlikely on a stable maternal methadone dose.
- C. Recommend formula feeding to prevent ongoing exposure through breast milk.
- D. Recommend hospitalization for at least 3 days to observe for neonatal abstinence.
- E. Discuss risks of newborn opioid exposure and discourage its use to avoid neonatal opioid dependence.

Answer: D

Explanation:

Methadone maintenance therapy during pregnancy is the recommended treatment for opioid use disorder and should be continued at a stable dose. However, regardless of maternal dose stability, neonates are at significant risk of neonatal abstinence syndrome (NAS) due to in utero opioid exposure. MCCQE objectives emphasize anticipatory guidance and appropriate newborn monitoring in substance-exposed pregnancies.

Symptoms of NAS (irritability, tremors, poor feeding, vomiting, diarrhea, seizures) typically begin within 24-

72 hours after birth but may be delayed with long-acting opioids such as methadone. Therefore, routine observation in hospital for at least 72 hours is recommended to monitor for withdrawal and initiate supportive or pharmacologic treatment if needed.

Naloxone is contraindicated in opioid-dependent neonates except in life-threatening respiratory depression because it may precipitate severe withdrawal. Stable maternal dosing does not eliminate NAS risk, so early discharge is inappropriate. Breastfeeding is generally encouraged in stable methadone-maintained mothers, as methadone transfer in breast milk is minimal and may reduce withdrawal severity. Continuing methadone during pregnancy is safer than untreated opioid use.

NEW QUESTION # 320

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