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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q41-Q46):

NEW QUESTION # 41

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

Answer: A

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 # 42

A 32-year-old woman, gravida 0, comes to your office for contraception counselling, specifically about insertion of a levonorgestrel-releasing intrauterine device. She has a past history of breast cancer and is presently on tamoxifen. Which one of the following is the best advice for your patient?

- A. This device will increase her risk of future infertility
- B. It may increase her risk of breast cancer recurrence
- C. She has a high risk of irregular bleeding following insertion
- D. After consultation with her oncologist, she may choose this option
- E. She will require pre-procedure antibiotics

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

The levonorgestrel-releasing intrauterine device (LNG-IUD) is generally contraindicated in current or recent breast cancer due to the progestin component, but may be considered in select patients on tamoxifen, especially if non-hormonal options are unsuitable.

Consultation with the oncologist is required to evaluate risks and benefits.

Toronto Notes 2023 - Gynecology, "Contraception in Special Populations":

"Levonorgestrel IUDs are generally avoided in patients with a history of hormone-sensitive cancers; however, decisions should be made collaboratively with oncology." MCCQE1 Objectives (Gynecology > 82-2: Contraception):

"Candidates must tailor contraceptive advice to patients with medical comorbidities, including cancer survivors." Irregular bleeding (A) is a common but not contraindicating side effect. No pre-procedure antibiotics (D) are typically needed. The IUD does not cause infertility (E). Risk of recurrence (C) is unconfirmed and must be individualized.

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NEW QUESTION # 43

A 43-year-old man comes to your office for the first time. He has not seen a doctor in over 5 years and has no known past medical history. On examination, his blood pressure is 120/70 mm Hg, and the remainder of his examination is normal. As part of the initial visit, you order some screening blood work that reveals a fasting blood glucose of 6.3 mmol/L (3.3-5.8) and a hemoglobin A1c of 6.1% (4-6). Which one of the following is the best next step?

- A. Order a urine albumin:creatinine ratio.
- **B. Perform a 75 g oral glucose tolerance test.**
- C. Test capillary blood glucose 4 times a day.
- D. Order thyrotroph (thyroid-stimulating hormone) level.
- E. Order an exercise stress test.

Answer: B

Explanation:

This patient's lab results suggest impaired fasting glucose and an elevated A1c just below the threshold for diabetes. The gold standard to confirm diabetes in such intermediate cases is the 75 g oral glucose tolerance test (OGTT).

Toronto Notes 2023 - Endocrinology, "Diabetes Mellitus" Section:

"If A1c is in the 6.0-6.4% range or fasting glucose 6.1-6.9 mmol/L, a 75 g OGTT is recommended to establish the diagnosis of diabetes or confirm impaired glucose tolerance." MCCQE1 Objectives (Internal Medicine > 76-4: Diabetes):

"Candidates must correctly apply diabetes screening and diagnostic criteria and follow up abnormal results with appropriate confirmatory testing." Urine ACR (C) is useful in diagnosed diabetes, not for initial screening. TSH (A), capillary glucose testing (B), and exercise testing (E) are not indicated at this stage.

NEW QUESTION # 44

You are seeing a 5-month-old infant who has had intermittent stridor since age 2 months. He is otherwise healthy. He has been drinking well and has been reaching all the age-specific developmental milestones.

Which one of the following is the most likely diagnosis?

- A. Subglottic hemangioma.
- B. Vascular ring.
- C. Tracheoesophageal fistula.
- D. Aspiration of a foreign body.
- **E. Laryngomalacia.**

Answer: E

Explanation:

Laryngomalacia is the most common cause of chronic stridor in infants. It presents with inspiratory stridor that worsens with feeding, supine positioning, or agitation. The child remains otherwise well and meets developmental milestones.

Toronto Notes 2023 - Pediatrics, Airway Disorders:

"Laryngomalacia presents with intermittent inspiratory stridor, typically beginning in the first few months of life. Diagnosis is clinical and prognosis is usually good." MCCQE1 Objectives - Pediatrics > Respiratory Disorders:

"Candidates must recognize the typical presentation of laryngomalacia and differentiate it from other causes of pediatric stridor."

Vascular ring (A) or subglottic hemangioma (C) often present with more severe or progressive symptoms.

Foreign body aspiration (D) presents acutely. TE fistula (E) usually causes feeding difficulties from birth.

NEW QUESTION # 45

A mother brings her 13-year-old daughter to the office. The girl has had intermittent lower abdominal pain, constipation, and difficulty voiding for 3 months. She says that she is not sexually active. She looks well. She has reached age-specific developmental milestones, and her vital signs are within normal range. On abdominal examination, she is found to have a palpable suprapubic mass that persists after voiding. The girl says that her older sister started having menstrual periods at this age. The patient is surprised that hers have not started. Which one of the following is the best next step?

- A. Abdominal radiography.
- B. Urinalysis.
- **C. Examination of external genitalia.**
- D. Measurement of serum human chorionic gonadotropin.
- E. Pelvic ultrasonography.

Answer: C

Explanation:

The clinical picture suggests an obstructive anomaly of the female reproductive tract, such as imperforate hymen or vaginal outflow tract obstruction, leading to hematocolpos. The first essential step is physical examination of the external genitalia.

Toronto Notes 2023 - Pediatrics and Gynecology, "Amenorrhea" Section:

"In girls with primary amenorrhea and cyclic abdominal pain, perform an external genital exam to rule out obstructive anomalies (e.g., imperforate hymen or transverse vaginal septum). Examination should always precede imaging." MCCQE1 Objectives (Pediatrics > 78-3: Puberty and Menstrual Disorders):

"Candidates must evaluate delayed menarche with physical exam, including inspection of the genitalia to rule out anatomic obstruction." Pelvic ultrasound (D) is helpful but should follow physical exam. Radiography (B), hCG (C), and urinalysis (E) are not primary steps in evaluating amenorrhea with a mass.

NEW QUESTION # 46

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