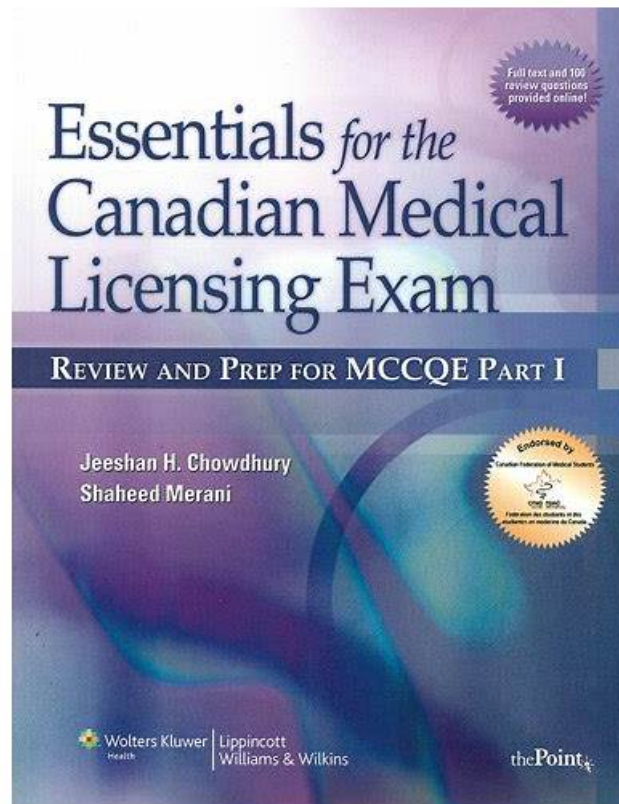


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q87-

Q92):

NEW QUESTION # 87

A 55-year-old man with alcohol use disorder presents with a 2-day history of confusion. On examination, you note a sixth nerve palsy and a horizontal nystagmus. Which one of the following is the most likely diagnosis?

- A. Cerebellar degeneration
- B. Hepatic encephalopathy
- C. Cerebellar hemorrhage
- **D. Wernicke encephalopathy**
- E. Subdural hematoma

Answer: D

Explanation:

Wernicke encephalopathy is a medical emergency caused by thiamine (vitamin B1) deficiency, most often seen in chronic alcohol use. The classic triad is:

- * Confusion
- * Oculomotor dysfunction (e.g., nystagmus, cranial nerve palsies)
- * Ataxia

Toronto Notes 2023 - Neurology and Psychiatry, "Wernicke Encephalopathy" Section:

"Wernicke encephalopathy is diagnosed clinically. Symptoms include ophthalmoplegia (e.g., CN VI palsy), horizontal nystagmus, ataxia, and confusion. Immediate parenteral thiamine is indicated before glucose administration." MCCQE1 Objectives (Neurology > 75-1: Neurologic Emergencies):

"Candidates must recognize Wernicke encephalopathy in at-risk individuals and initiate urgent thiamine replacement." Other choices like cerebellar degeneration (A) and hepatic encephalopathy (D) are more chronic and lack the characteristic eye findings. Subdural hematoma (B) and hemorrhage (E) may mimic confusion but are less likely with these neurologic signs and history.

NEW QUESTION # 88

A 26-year-old man presents to your office with fever, chills, and malaise. Aside from an episode of dysuria 8 weeks ago, which spontaneously resolved, he has been healthy. On examination, his left wrist and right ankle are tender. There is a cluster of vesiculopustular lesions on his right hand. Which one of the following is the most likely diagnosis?

- A. Primary HIV infection syndrome
- B. Rheumatoid arthritis
- C. Varicella
- D. Reactive arthritis
- **E. Disseminated gonococemia**

Answer: E

Explanation:

Disseminated gonococcal infection (DGI) typically presents with the classic triad of polyarthralgia, tenosynovitis, and skin lesions (especially pustules on extremities). A prior urogenital infection and systemic symptoms further support this diagnosis.

Toronto Notes 2023 - Infectious Disease, STIs:

"DGI presents with arthritis-dermatitis syndrome: fever, asymmetric polyarthralgia, tenosynovitis, and vesiculopustular skin lesions. It may follow asymptomatic or unrecognized urogenital infection." MCCQE1 Objectives - Infectious Disease > STIs:

"Candidates must recognize systemic manifestations of gonorrhea including DGI and distinguish it from other forms of arthritis or systemic illness." Reactive arthritis (C) may follow STI but includes conjunctivitis and urethritis. HIV (A) does not typically cause this triad. RA (D) has different distribution and chronicity. Varicella (E) presents with diffuse vesicular rash, not joint pain.

NEW QUESTION # 89

A 42-year-old woman is admitted to the Intensive Care Unit with a massive pulmonary embolism. Her condition is stabilized with intubation, hydration, inotropic support, and intravenous administration of heparin. Her partner provides you with a list of her medications. A combination oral contraceptive pill was recently prescribed. She smokes tobacco cigarettes, and her BMI is 36. Which one of the following is the best next step?

- **A. Inform the patient's partner that the oral contraceptive pill may have caused her condition**
- B. Tell her partner that the physician should not have prescribed the oral contraceptive pill

- C. Discuss the case with the hospital ethics committee
- D. Report the prescribing physician to the provincial or territorial medical regulatory authority
- E. Advise the patient's partner to seek legal advice

Answer: A

Explanation:

Oral contraceptives increase the risk of thromboembolic events, particularly in patients with risk factors such as smoking and obesity. However, informing the patient's partner of potential contributing factors in a factual, non-judgmental manner is appropriate and does not imply fault.

Toronto Notes 2023 - ELOM, "Informed Consent and Risk Communication":

"Patients and families should be informed of all relevant information, including potential drug-related adverse events. Blame must not be assigned without full investigation." MCCQE1 Objectives (ELOM > 90-2: Physician-Patient Communication):

"Candidates must be able to communicate adverse outcomes factually, while respecting confidentiality and without prematurely assigning fault." Discussing the case with the ethics committee or reporting the prescribing doctor without context is premature and inappropriate (A, D). Telling the partner the physician was at fault (C) is speculative and unethical.

NEW QUESTION # 90

A 15-year-old boy is brought to the office by his father because he is having headaches. When alone, the boy appears withdrawn and admits to suicidal ideation. He shares that he is gay but does not want to tell his parents. He says that he faked the headaches so that one of his parents would make an appointment for him.

Which one of the following is the best next step?

- A. Encourage the patient to disclose his sexual orientation to his parents.
- **B. Refer the patient for an immediate mental health assessment.**
- C. Start an antidepressant medication.
- D. Suggest that the patient join a group at school for peer support.

Answer: B

Explanation:

The presence of suicidal ideation in a minor mandates urgent assessment to ensure safety and access mental health care. Disclosure of sexual orientation should be handled delicately and is not urgent compared to suicidal risk.

Toronto Notes 2023 - Psychiatry, "Child and Adolescent Psychiatry" Section:

"Any adolescent disclosing suicidal ideation should be referred for urgent mental health evaluation.

Concurrent issues such as sexual orientation may contribute to distress and should be addressed with appropriate support over time." MCCQE1 Objectives (Psychiatry > 79-2: Suicide Risk Assessment):

"Candidates must immediately refer for psychiatric assessment when a minor reports suicidal ideation, regardless of other social or developmental concerns." Antidepressants (A) may be appropriate but must follow specialist evaluation. Encouraging disclosure (B) or peer groups (C) is premature without ensuring safety.

NEW QUESTION # 91

A 26-year-old woman, gravida 2, para 2, aborta 0, has just delivered a full-term newborn via spontaneous vaginal delivery after 4 hours of labor. Following oxytocin administration and placental expulsion, there continues to be a steady trickle of bright red blood from her vagina. On examination, the placenta is intact and the fundus feels firm. Her vital signs are within normal range.

Which one of the following is the most likely diagnosis?

- A. Retained products of conception
- **B. Vaginal or cervical tear**
- C. Uterine rupture
- D. Uterine atony
- E. Disseminated intravascular coagulopathy

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

In postpartum hemorrhage with a firm uterine fundus and intact placenta, a common cause is trauma such as a vaginal or cervical tear. Uterine atony (A) typically presents with a boggy uterus. The absence of systemic instability or coagulopathy makes options D

and E less likely.

Toronto Notes 2023 - Obstetrics, Postpartum Hemorrhage:

"Continued bleeding despite a firm fundus and intact placenta should raise suspicion for genital tract trauma, especially cervical or vaginal lacerations." MCCQE1 Objectives - Obstetrics > Postpartum Complications:

"Candidates must differentiate causes of postpartum hemorrhage and identify when bleeding is due to trauma vs uterine atony."

NEW QUESTION # 92

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