

MCCQE問題無料、MCCQE合格率書籍



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>> MCCQE問題無料 <<

最高のMCCQE問題無料 & 合格スムーズMCCQE合格率書籍 | 一番優秀なMCCQE認定デベロッパー MCCQE Part 1 Exam

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Medical Council of Canada MCCQE Part 1 Exam 認定 MCCQE 試験問題 (Q41-Q46):

質問 # 41

A 33-year-old primigravid woman presents to the office with gestational hypertension. Her pregnancy is at 37 weeks' gestation. The ultrasound findings are as follows:

Head circumference: 5th percentile

Biparietal diameter: 10th percentile

Abdominal circumference: 5th percentile

Femur length: 25th percentile

Amniotic fluid volume: 5.0 cm

Umbilical Doppler: Reversed end-diastolic flow

Which one of the following is the best next step?

- A. Biophysical profile in 1 week.
- B. Twice-weekly nonstress tests.
- C. Induction of labour on the due date.

- D. Biometry in 2 weeks.
- E. Immediate delivery.

正解: E

解説:

This pregnancy demonstrates fetal growth restriction (FGR) with biometric measurements at or below the 10th percentile and oligohydramnios (AFI 5 cm). Most concerning is the finding of reversed end-diastolic flow (REDF) in the umbilical artery Doppler, which indicates severe placental insufficiency and significantly increased risk of fetal hypoxia, acidosis, and intrauterine demise. MCCQE objectives emphasize that abnormal umbilical artery Doppler findings-particularly absent or reversed end-diastolic flow-represent critical fetal compromise.

At 37 weeks' gestation, the fetus is term. The risks of continued intrauterine exposure in the setting of REDF outweigh the risks of delivery. Therefore, immediate delivery is indicated. Expectant management with nonstress testing or delayed reassessment is inappropriate because REDF is associated with high perinatal mortality.

Prompt delivery (often by cesarean section depending on fetal status and cervical factors) is required to prevent stillbirth and severe neonatal morbidity.

質問 # 42

A 42-year-old man presents to your clinic for follow-up regarding his anxiety. He lost his job 1 year ago.

Since then, he constantly thinks about what happened, trying to understand what went wrong and how he could fix it or prevent it in the future. He is unable to sleep because of this. He has become socially isolated and when he does see friends, he worries constantly that he may say something hurtful. He wishes he could get past what happened and find another job but feels consumed by the fear that he may offend someone in the future. On history, his symptoms did not respond to escitalopram, sertraline, fluvoxamine, or venlafaxine, all at maximum tolerated doses. Which one of the following medications is the most appropriate?

- A. Amitriptyline
- B. Vortioxetine
- C. Quetiapine
- D. Paroxetine
- E. Clomipramine

正解: E

解説:

Comprehensive and Detailed Explanation:

This patient likely has treatment-resistant obsessive-compulsive disorder (OCD), with classic symptoms of rumination, excessive guilt, and fear of causing harm. Clomipramine, a tricyclic antidepressant with strong serotonergic activity, is effective in treatment-resistant OCD and is often used after failure of multiple SSRIs or SNRIs.

Toronto Notes 2023 - Psychiatry, OCD:

"Clomipramine is a first-line tricyclic antidepressant for OCD, particularly after failed SSRI/SNRI trials. It is effective due to potent serotonergic action." MCCQE1 Objectives - Psychiatry > OCD and Anxiety Disorders:

"Candidates must identify treatment strategies for resistant OCD, including the role of clomipramine and augmentation therapy."

Quetiapine (C) may be used as augmentation. Paroxetine (E) is another SSRI. Vortioxetine (A) and amitriptyline (D) are not first-line or preferred for OCD.

質問 # 43

A 70-year-old woman had a total abdominal hysterectomy with bilateral salpingo-oophorectomy 2 days ago.

On examination today, her vital signs are as follows: She has been immobile since her operation. She is fatigued but is tolerating a full diet. Which one of the following is the most likely cause of this patient's fever?

- A. Bowel trauma during the operation.
- B. Pulmonary embolism.
- C. Septic pelvic thrombophlebitis.
- D. Wound infection.
- E. Atelectasis

正解: E

解説:

Postoperative fever on day 1-2 is commonly caused by atelectasis, particularly in patients who are immobile. It is considered a self-limited cause of early fever after surgery and often resolves with mobilization and pulmonary exercises.

Toronto Notes 2023 - Surgery, Postoperative Complications:

"The '5 W's' of postoperative fever: Wind (atelectasis), Water (UTI), Wound (infection), Walking (DVT), and Wonder drugs. Atelectasis typically occurs in the first 48 hours and is due to hypoventilation or pain-limited breathing." MCCQE1 Objectives - Surgery > Postoperative Management:

"Candidates must recognize timing-specific causes of postoperative fever. Atelectasis is the most likely cause within the first 48 hours." PE (B) can cause fever but is less likely without respiratory compromise. Wound infection (C) and bowel trauma (D) typically present later or with more specific symptoms. Septic pelvic thrombophlebitis (A) usually presents later and with more systemic signs.

質問 # 44

You are meeting an otherwise healthy 10-year-old boy in your office for the first time. His BMI is at the 80th percentile. He has no symptoms and his physical examination is normal. Which one of the following is the best next step?

- A. Fasting lipid profile
- B. No investigations
- C. Thyroid function testing
- D. Hemoglobin A1c
- E. Morning serum cortisol

正解: A

解説:

Children with a BMI #85th percentile (overweight) and risk factors such as sedentary lifestyle or family history should be screened for cardiovascular risk. A fasting lipid profile is recommended starting at age 9-11 as part of universal screening per guidelines.

Toronto Notes 2023 - Pediatrics:

"Universal lipid screening is recommended for children aged 9-11 and 17-21. Children who are overweight should undergo targeted screening including fasting lipids." MCCQE1 Objectives (Pediatrics > 78-1: Preventive Pediatrics):

"Candidates must recognize screening indications for common pediatric risk factors, including dyslipidemia in overweight children." Thyroid and cortisol testing (C, D) are not indicated without symptoms. HbA1c (E) is used in children with BMI >95% or with additional diabetes risk factors.

質問 # 45

A 35-year-old woman, gravida 3, para 0, aborta 3, presents with her male partner because she has been unable to conceive despite trying for more than 1 year. Her menstrual cycles have been absent for 9 months, and she has occasional mild cyclic pain. She has a medical history of 3 suction curettages. Her BMI is 24.

Investigation results are as follows:

Hysterosalpingogram: Obliterated uterine cavity, no tubal dye spill

Progesterone (midluteal): 48.0 nmol/L (16.4-59.0)

Partner's semen: All parameters normal

Which one of the following is the most likely diagnosis?

- A. Intrauterine synechiae
- B. Hypothalamic insufficiency
- C. Polycystic ovary syndrome
- D. Perimenopause
- E. Fibroids

正解: A

解説:

This patient has secondary amenorrhea, infertility, and a history of multiple uterine curettages, which strongly points toward Asherman syndrome (intrauterine adhesions or synechiae). The hysterosalpingogram shows an obliterated uterine cavity and no tubal dye spill-classic for intrauterine synechiae. Her midluteal progesterone level is normal, indicating ovulation.

Toronto Notes 2023 - Gynecology, "Infertility" section:

"Asherman syndrome results from intrauterine adhesions due to curettage, leading to amenorrhea and infertility. HSG shows an obliterated or irregular uterine cavity." MCCQE1 Objectives (Gynecology > 82-1: Infertility):

"Candidates should evaluate secondary amenorrhea and interpret imaging such as hysterosalpingogram in the diagnosis of intrauterine

abnormalities." Other options are ruled out by the presence of normal ovulation (rules out hypothalamic and PCOS) and by imaging (not suggestive of fibroids or perimenopause).

質問 # 46

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MCCQE合格率書籍: <https://www.passtest.jp/Medical-Council-of-Canada/MCCQE-shiken.html>

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