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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q92-

Q97):

NEW QUESTION # 92

A 61-year-old man presents to the office for follow-up of recent laboratory test results. He has hypertension for which he takes amlodipine daily. His blood pressure is 148/94 mm Hg. His creatinine level is 140 $\mu\text{mol/L}$ (normal 70-120), and his urine protein-to-creatinine ratio is persistently elevated. You would like to prescribe ramipril, but he refuses to take any additional medication. Which one of the following is the best next step?

- A. Provide the patient with free samples of ramipril.
- B. Inform the patient that he eventually may need dialysis if he refuses the medication.
- C. Explain to the patient the importance of preventing the progression of his chronic kidney disease.
- **D. Determine why the patient is refusing to take more medication.**
- E. Agree to stop the patient's amlodipine if he takes ramipril.

Answer: D

Explanation:

Respecting patient autonomy requires understanding their perspective before offering persuasion or incentives. The best next step is to explore the reason for non-compliance. This builds rapport and informs a shared decision-making process.

Toronto Notes 2023 - ELOM, Patient-Centered Communication:

"When a patient refuses recommended treatment, explore the reason behind the refusal before proceeding.

Shared decision-making is crucial."

MCCQE1 Objectives - ELOM > Communication and Consent:

"Candidates must demonstrate an ability to explore reasons for treatment refusal before counseling or modifying management."

Options B and C may follow later. Options D and E can undermine appropriate pharmacologic care or violate ethics if not consented.

NEW QUESTION # 93

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

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 # 94

A 38-year-old woman presents with diffuse nodularity in the outer upper quadrant of her right breast. There is no obvious dominant mass, nipple discharge, or skin dimpling. There are no palpable lymph nodes. Which one of the following is the most likely diagnosis?

- A. Benign phyllodes tumour
- B. Intraductal carcinoma
- C. Mastitis

- D. Paget disease
- E. Fibrocystic change

Answer: E

Explanation:

Fibrocystic change is the most common benign breast condition in women of reproductive age. It typically presents with diffuse nodularity or "lumpy" areas, especially in the upper outer quadrant, and varies with the menstrual cycle. No dominant mass or systemic signs are expected.

Toronto Notes 2023 - Gynecology, "Benign Breast Conditions":

"Fibrocystic changes often present with bilateral or unilateral nodularity, most commonly in the upper outer quadrants, without discrete masses." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must differentiate benign breast conditions from malignant ones based on presentation and physical exam findings."

Paget disease (B) presents with nipple changes. Intraductal carcinoma (C) typically shows a discrete mass or suspicious features.

Phyllodes tumours are usually well-circumscribed. Mastitis (E) is inflammatory and associated with erythema, fever, and tenderness.

NEW QUESTION # 95

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

Answer: B

Explanation:

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.

NEW QUESTION # 96

A 17-year-old boy presents to your clinic with a 6-month history of recurrent headaches. The headaches are excruciating, and he describes them as a stabbing pain, usually around his right eye. They occur several times daily for 2 to 3 weeks and recur every few months. The headaches are associated with tearing from his right eye and tend to get worse when he is overtired. Which one of the following is the most likely diagnosis?

- A. Cluster headache
- B. Post-concussive headache
- C. Sinusitis
- D. Migraine
- E. Brain tumour

Answer: A

Explanation:

The classic description of brief, severe unilateral periorbital pain with autonomic symptoms (tearing), occurring in clusters (same time daily for weeks), is diagnostic of cluster headache.

Toronto Notes 2023 - Neurology, "Headaches":

"Cluster headaches: severe unilateral periorbital pain, often with lacrimation, nasal congestion, occurring in clusters over weeks.

More common in young males." MCCQE1 Objectives (Internal Medicine > 35-2: Headache Disorders):

"Candidates must distinguish among headache types based on duration, pattern, and associated symptoms." Migraine tends to last hours and has nausea or photophobia. Sinusitis causes dull, pressure-like pain. Tumour-related headache is progressive and worse with Valsalva. Post-concussive headache would have trauma history.

NEW QUESTION # 97

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