

# MCCQE덤프문제최신덤프데모다운

Snowflake ARA-C01 SnowPro Advanced Architect Certification 3

**질문 # 190**  
A user who has SELECT privilege on a view does not also need SELECT privilege on the tables that the view uses

- A. TRUE
- B. FALSE

**정답** A

**질문 # 191**  
.....

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2026 Itcertkr 최신 MCCQE PDF 버전 시험 문제집과 MCCQE 시험 문제 및 답변 무료 공유:  
<https://drive.google.com/open?id=1JtHmvVb3YptyDCMdfEdlvYM0MDu25t0n>

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>> MCCQE덤프문제 <<

## MCCQE덤프문제 시험 최신버전 덤프자료 샘플문제

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## 최신 MCCQE Part 1 MCCQE 무료 샘플문제 (Q237-Q242):

### 질문 # 237

A 16-year-old boy is brought to the office for examination, which reveals the lesion in the attached image and similar lesions on other parts of his body. You also notice multiple scattered subcutaneous tumors that he says have been there for a long time. Which one of the following is the most likely diagnosis?

- A. Dermatofibromas.
- B. Sarcoidosis.
- C. Vitiligo.
- D. Lipomatosis.
- E. Neurofibromatosis.

정답: E

### 설명:

The presence of multiple cutaneous lesions along with numerous longstanding subcutaneous tumors is most consistent with neurofibromatosis type 1 (NF1). MCCQE objectives emphasize recognizing classic dermatologic findings of NF1, which include multiple neurofibromas (soft, skin-colored subcutaneous nodules) and characteristic pigmented lesions such as café-au-lait macules and axillary or inguinal freckling.

These lesions typically develop during childhood or adolescence and increase in number over time.

Sarcoidosis can cause skin lesions but is not associated with multiple benign peripheral nerve sheath tumors.

Dermatofibromas are usually solitary, firm nodules rather than numerous soft tumors. Vitiligo presents as depigmented macules without subcutaneous masses. Lipomatosis involves multiple lipomas but lacks the associated pigmentary skin findings seen in NF1.

NF1 is an autosomal dominant condition caused by mutation of the NF1 gene. Diagnosis is clinical based on established criteria.

Recognition is important because patients require surveillance for complications such as optic gliomas, learning disabilities, skeletal abnormalities, and malignant peripheral nerve sheath tumors.

### 질문 # 238

A 62-year-old man, who has not seen a physician in 20 years, presents to your clinic with a burning sensation in his feet. The symptoms have been progressing slowly over the last 6 months. There is no associated motor weakness or skin changes. He reports no significant past medical history and takes no medications. His alcohol intake is minimal. On examination, he has reduced pinprick/vibration sensation and proprioception in the ankles with absent ankle reflexes. Which one of the following blood tests would you expect to be abnormal?

- A. Anti-acetylcholine receptor antibodies
- B. Hemoglobin A1c
- C. Uric acid
- D. Folate
- E. Ferritin

정답: B

### 설명:

This is a classic presentation of diabetic peripheral neuropathy: bilateral distal sensory symptoms with preserved motor function and no other systemic findings. The most useful test to confirm this in a previously undiagnosed patient is HbA1c.

Toronto Notes 2023 - Endocrinology, Diabetes Complications:

"Peripheral neuropathy is a common complication of undiagnosed or poorly controlled diabetes. Confirm with HbA1c if diagnosis is not yet established." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should evaluate for diabetes in patients with peripheral neuropathy and screen appropriately with HbA1c." Folate (B) and B12 deficiency may also cause neuropathy but are less likely in the absence of nutritional risk factors. Other choices (A, D, E) are unrelated to this pattern.

### 질문 # 239

A 12-year-old girl is brought to your clinic by her parents 6 weeks after experiencing a minimally displaced buckle fracture of her

distal radius. It was immobilized in a cast for 3 weeks. On examination, she supports her forearm with the opposite hand. She is unwilling to move her elbow, wrist, and fingers. The findings of her neurovascular examination are normal, and the soft tissue is supple. A repeat radiograph shows bony union. Which one of the following is the most likely diagnosis?

- A. Median nerve compression.
- **B. Complex regional pain syndrome.**
- C. Unrecognized scaphoid fracture.
- D. Ischemic contracture of forearm.
- E. Unwillingness to return to school.

**정답: B**

**설명:**

Complex regional pain syndrome (CRPS type I) is the most likely diagnosis because the child has persistent, function-limiting pain behavior and marked unwillingness to move the entire limb despite a minor fracture that is now healed radiographically and has a normal neurovascular exam. MCCQE objectives emphasize recognizing pain that is disproportionate to tissue injury and persists beyond expected healing, often accompanied by guarding and fear of movement. CRPS can occur after fractures or immobilization and may present with severe allodynia, hyperalgesia, edema, color/temperature changes, and motor dysfunction; however, early cases may primarily show avoidance of movement and pain with otherwise normal objective findings.

An unrecognized scaphoid fracture would cause localized wrist pain (classically snuffbox tenderness) rather than refusal to move elbow, wrist, and fingers, and would not be explained by a distal radius buckle fracture that has united. Ischemic (Volkmann) contracture would involve a tense forearm, fixed flexion deformity, and neurovascular compromise. Median nerve compression would produce sensory changes and thenar weakness.

School avoidance alone does not explain the post-injury limb-protective pattern with normal healing.

Management focuses on reassurance, early mobilization, physiotherapy, and multidisciplinary pain strategies.

**질문 # 240**

A 34-year-old woman, gravida 3, para 2, comes to your office for prenatal care. Past medical history includes 2 precipitous uncomplicated term deliveries of infants greater than 4200 g. Which one of the following is she most at risk of developing?

- **A. Postpartum hemorrhage.**
- B. Gestational hypertension.
- C. No identifiable risks.
- D. Pre-term delivery.
- E. Deep vein thrombosis.

**정답: A**

**설명:**

This patient's obstetric history suggests recurrent fetal macrosomia (birthweight > 4000-4500 g) and rapid (precipitous) labours. MCCQE objectives emphasize identifying maternal risk factors for postpartum hemorrhage (PPH), particularly those associated with uterine atony, the most common cause of PPH.

Delivery of a macrosomic infant increases uterine overdistension, which reduces effective postpartum uterine contraction and predisposes to atony and hemorrhage. In addition, precipitous labour can be associated with genital tract trauma, which can also contribute to postpartum bleeding, but the strongest and most consistent risk factor in the options provided is PPH from atony related to prior large infants.

The other choices are less supported by the stem: prior macrosomic term deliveries do not inherently increase risk of preterm delivery, gestational hypertension, or DVT. Therefore, the most likely risk to anticipate and plan for is postpartum hemorrhage, prompting proactive intrapartum planning (active management of the third stage, readiness with uterotonics, and risk-based monitoring).

**질문 # 241**

A 42-year-old man comes to your family practice. He has started seeing a reflexologist to help manage his chronic back pain. He presents to you a letter from the reflexologist outlining the weekly necessary treatments, each costing \$300, and a list of blood tests for the patient to have done. The patient asks you to order the laboratory testing and send the results to his "other doctor." Which one of the following is the best next step?

- **A. Report the reflexologist to the medical regulatory authority.**

- B. Order the tests and arrange to send them to the reflexologist.
- C. Decline to order the tests but inquire further about his back pain.
- D. Report the reflexologist to the regulatory authority for alternative and complementary practitioners.
- E. Tell your patient to stop seeing this practitioner.

정답: C

설명:

Physicians should order investigations only when clinically indicated based on their own assessment and an evidence-based differential diagnosis, not solely at the request of a non-physician practitioner. The appropriate next step is to decline to order the requested tests as written and perform (or arrange) a proper evaluation of the patient's chronic back pain, including red-flag screening, functional impact, and prior work- up/treatments. This aligns with MCCQE objectives on stewardship of health resources and professional accountability: unnecessary testing can cause harm (false positives, downstream procedures) and misuses publicly funded services. Sending results to a reflexologist as "other doctor" is also inappropriate without confirming the person's role, ensuring relevance to care, and obtaining appropriate patient consent for disclosure; even with consent, the physician should not facilitate non-indicated testing. Reporting (A/B) or directing the patient to stop (E) is premature; the initial focus should be patient-centred care, education about evidence-based options, and collaborative planning while respecting patient autonomy and addressing potential safety concerns.

질문 # 242

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