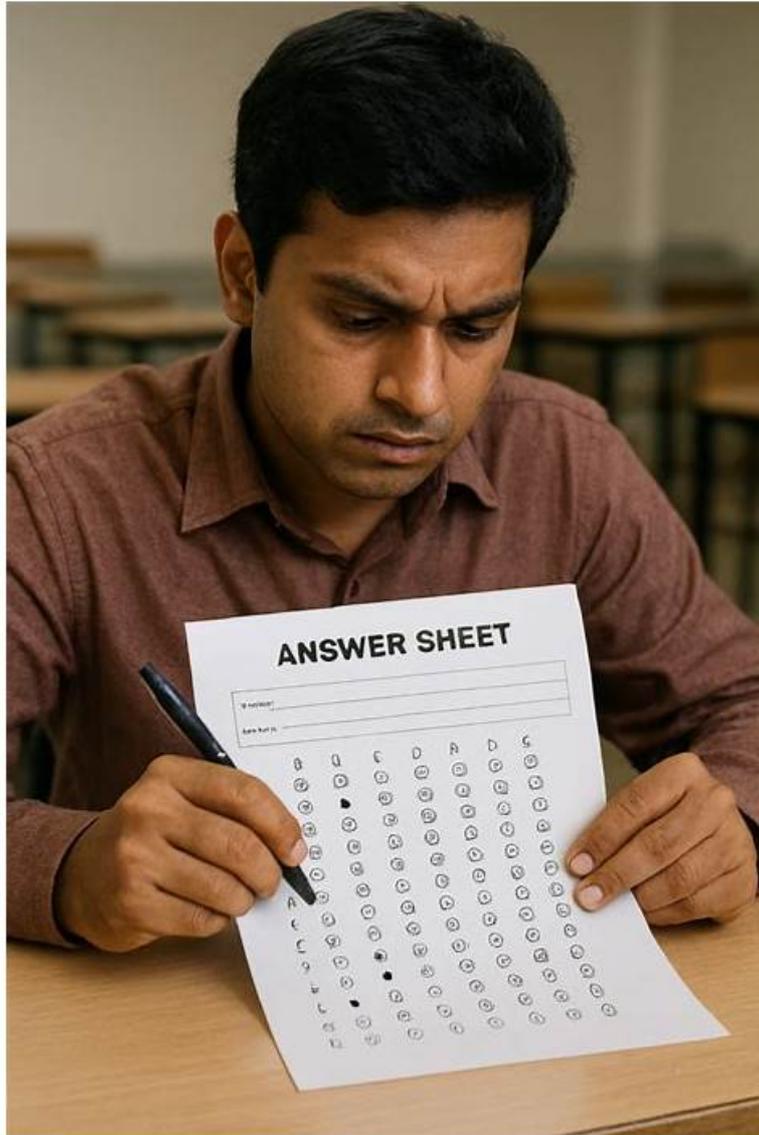


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### Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q134-Q139):

#### NEW QUESTION # 134

You are working in a busy family practice. Your colleague's 48-year-old female patient presents with a 6-month history of fatigue and gastrointestinal symptoms. A recent colonoscopy was normal. Her chart indicates multiple investigations for similar symptoms over the past 2 years, all of which have been non-revealing. Your working diagnosis is somatic symptom disorder. Which one of the following is the most appropriate treatment?

- A. Exposure and response prevention therapy
- B. Amitriptyline 10 mg at bedtime
- C. Citalopram 20 mg daily
- **D. Cognitive behavioral therapy**
- E. Risperidone 0.5 mg daily

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

Cognitive behavioral therapy (CBT) is the most effective first-line treatment for somatic symptom disorder. It helps patients reframe dysfunctional thoughts and improve coping strategies for perceived physical symptoms.

Toronto Notes 2023 - Psychiatry, "Somatic Symptom and Related Disorders":

"CBT is first-line for somatic symptom disorder. Antidepressants may be considered if comorbid depression or anxiety is present."

MCCQE1 Objectives (Psychiatry > 71-2: Somatic Symptom Disorders):

"Candidates must manage somatic symptom disorder with appropriate psychosocial interventions." Citalopram (B) or amitriptyline (E) may be used adjunctively if mood symptoms are prominent. Risperidone (C) and ERP (D) are not indicated.

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#### NEW QUESTION # 135

A 31-year-old nulligravid woman presents to your office after 5 months of attempting to get pregnant without success. Her menses are regular, and she is otherwise healthy. Her husband is healthy and has never fathered any children before. Which one of the following is the best next step?

- A. Order a follicle-stimulating hormone level on day 3 of her cycle
- **B. Reassure her and have her return after 12 months without conceiving**
- C. Arrange a hysterosalpingography after her next menses
- D. Advise her to adjust her diet and reduce her weight by 5%
- E. Send her husband for a semen analysis

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation:

Infertility is defined as the inability to conceive after 12 months of regular, unprotected intercourse in women under 35 years. Since she has been trying for only 5 months, reassurance is appropriate.

Toronto Notes 2023 - Gynecology:

"Investigations for infertility in women under 35 should begin after 12 months of attempting to conceive, unless other risk factors are present." MCCQE1 Objectives (Gynecology > 82-1: Infertility):

"Candidates must apply appropriate timing and indications for infertility investigations based on patient age and history." Earlier

testing is not warranted here. Options A-D are part of the infertility work-up but not before 12 months.

### NEW QUESTION # 136

You are called to attend an 18-year-old woman, gravida 2, para 1, aborta 0, who is in precipitous labour. She did not realize she was pregnant and has not had any prenatal care. After the delivery, you examine the newborn boy; he is vigorous, and it appears that he was born at full term. Physical examination findings of the newborn are normal. Review of the prenatal record from the mother's last pregnancy shows the following:

- \* HIV: Negative
- \* Hepatitis B surface antibody: Positive
- \* Hepatitis C: Negative
- \* Syphilis serology: Negative

The mother's previous child was placed in foster care. The mother is withdrawn and uncommunicative after delivery. Which one of the following is the best next step?

- A. Administer hepatitis B vaccine to the newborn
- **B. Collect urine from the newborn for a drug screen**
- C. Initiate feeding with donor breast milk
- D. Recommend immediate skin-to-skin care

**Answer: B**

Explanation:

Given the lack of prenatal care, the mother's withdrawal, and prior involvement of child protection services, a newborn drug screen is warranted to assess for possible in utero exposure. This is part of the safety assessment.

Toronto Notes 2023 - Pediatrics, Newborn Assessment:

"Infants born to mothers with no prenatal care or prior social concerns should undergo a full newborn screening, including toxicology if indicated." MCCQE1 Objectives - Pediatrics > Newborn Care and Social Issues:

"Candidates must identify social risk factors and initiate appropriate newborn evaluations, including toxicology screens when substance use is suspected." The mother was previously immune to hepatitis B, so (A) is not immediately required. Skin-to-skin care (D) is beneficial but secondary to screening in this context. Donor milk (B) is not indicated unless breastfeeding is contraindicated.

### NEW QUESTION # 137

A 59-year-old woman comes to the office because her 48-year-old sister was recently diagnosed with cervical cancer. Your patient thinks her mother may have also had cervical cancer. A Papanicolaou (Pap) test performed 16 months ago had normal results, as did all previous Pap tests. Which one of the following is the best next step?

- A. Offer a repeat Pap test now.
- B. Offer annual Pap testing for the next 5 years.
- C. Arrange for colposcopy.
- D. Arrange for human papillomavirus testing.
- **E. Offer a repeat Pap test 3 years from the previous one.**

**Answer: E**

Explanation:

For women aged 25-69 years who have had adequate negative screening, the recommendation is to repeat cervical cytology (Pap test) every 3 years, regardless of family history. Cervical cancer is caused primarily by HPV infection, not hereditary genetics. Family history does not alter the screening interval.

Toronto Notes 2023 - Gynecology, Cervical Cancer Screening Section:

"Routine screening with Pap test is recommended every 3 years in women aged 25-69 who have had three consecutive negative tests. Family history of cervical cancer does not modify the screening interval." MCCQE1 Objectives - Obstetrics and Gynecology > Cancer Screening:

"Candidates must apply population-based cervical cancer screening guidelines. Family history is not a risk modifier for screening frequency in cervical cancer." Options A and B are inappropriate as they increase screening frequency without indication. HPV testing (D) or colposcopy (E) are not recommended without abnormal cytology.

### NEW QUESTION # 138

A 62-year-old woman is taken to the operating room for an elective laparoscopic cholecystectomy. Induction of anesthesia triggers a severe hypertensive crisis that ultimately resolves after administration of a 5 mg bolus of phentolamine. Which one of the following is most consistent with this presentation?

- A. High plasma cortisol
- B. Increased thyrotropin (thyroid-stimulating hormone) level
- C. Elevated plasma catecholamines
- D. Low renal vein renin
- E. Low urinary metanephrines

**Answer: C**

Explanation:

This presentation is classic for an undiagnosed pheochromocytoma, which causes episodic or crisis-level hypertension due to excess catecholamines. Anesthesia or surgical manipulation can trigger massive catecholamine release, leading to hypertensive crisis. Phentolamine, an alpha-blocker, is the appropriate treatment.

Toronto Notes 2023 - Endocrinology, Pheochromocytoma:

"Pheochromocytomas may precipitate hypertensive crises during surgery. Elevated plasma catecholamines and urinary metanephrines confirm diagnosis." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should suspect pheochromocytoma in perioperative hypertensive crises and confirm with plasma or urine catecholamines/metanephrines." Low metanephrines (E) would argue against pheochromocytoma. TSH (A), cortisol (D), and renin (C) are unrelated to acute intraoperative hypertensive episodes of this nature.

## NEW QUESTION # 139

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