

有難いMedical Council of Canada MCCQE試験準備 & 合格スムーズMCCQE最新関連参考書 | 一生懸命に MCCQE日本語認定対策



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>> MCCQE試験準備 <<

真実的なMCCQE試験準備試験-試験の準備方法-最新のMCCQE最新関連参考書

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Medical Council of Canada MCCQE Part 1 Exam 認定 MCCQE 試験問題 (Q45-Q50):

質問 # 45

A 72-year-old woman is brought to the Emergency Department by her daughter because of significant functional decline and progressive shortness of breath. She has widespread metastatic breast cancer and recently stopped chemotherapy due to progression and intolerance. She has been bedridden for 4 weeks. On examination:

- * BP: 100/70 mm Hg with pulsus paradoxus of 20 mm Hg
- * HR: 99/min
- * Temp: 36.5°C
- * SpO#: 94% room air

- * JVP: elevated
- * Heart sounds: muffled
- * Chest X-ray: large globular heart

Labs:

- * Hemoglobin: 90 g/L
- * Sodium: 118 mmol/L
- * Creatinine: 94 μ mol/L

Which one of the following is the best next step?

- A. Normal saline infusion
- B. Consult with the Intensive Care Unit
- **C. Discussion on goals of care**
- D. Pericardiocentesis
- E. Blood transfusion

正解: C

解説:

This patient has classic signs of cardiac tamponade (Beck's triad: hypotension, muffled heartsounds, elevated JVP, plus pulsus paradoxus). However, she also has advanced metastatic cancer, functional decline, and has stopped active treatment. In this context, a goals-of-care discussion is the most appropriate next step to determine her wishes regarding interventions like pericardiocentesis.

Toronto Notes 2023 - Palliative Care:

"End-of-life care should prioritize quality of life and patient preferences. In patients with terminal illness and life-threatening conditions (e.g., tamponade), initiate a conversation about goals before aggressive intervention." MCCQE1 Objectives - Internal Medicine > Palliative and End-of-Life Care:

"Candidates must assess prognosis, patient values, and initiate appropriate end-of-life discussions before invasive treatment."

Although pericardiocentesis (A) may relieve symptoms, it should follow consent based on the patient's goals.

ICU (E), fluids (B), or transfusion (D) are not appropriate without this discussion.

質問 # 46

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

正解: B

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 # 47

A 32-year-old woman presents to the office and reports that she feels unwell and tired. She is worried about long-standing episodic diarrhea and vague abdominal discomfort. Laboratory investigations reveal a hemoglobin of 90 g/L (123-157), mean corpuscular volume of 75 fL (80-100), and serum ferritin level of 4 µg/L (11-307). Which one of the following tests is most likely to produce a diagnosis?

- **A. Immunoglobulin A tissue transglutaminase.**
- B. Total iron-binding capacity.
- C. Fecal fat determination.
- D. Helicobacter pylori serology.
- E. Stool for culture and sensitivity.

正解: A

解説:

This patient has microcytic anemia (MCV 75 fL) with very low ferritin, confirming iron deficiency anemia.

In a young woman with chronic diarrhea and abdominal discomfort, MCCQE objectives emphasize investigating for malabsorption syndromes, particularly celiac disease. Iron deficiency may be the only presenting feature of celiac disease due to impaired absorption in the proximal small intestine (duodenum), where iron uptake normally occurs.

The most appropriate diagnostic test is IgA tissue transglutaminase (tTG) antibody, which is the recommended first-line serologic test for celiac disease. If positive, diagnosis is typically confirmed with small bowel biopsy. Total iron-binding capacity would only further characterize iron deficiency but would not identify the underlying cause. Fecal fat testing evaluates steatorrhea but is less specific and not first-line for suspected celiac disease. Stool cultures are indicated for acute infectious diarrhea. Helicobacter pylori infection may contribute to anemia but does not explain chronic malabsorptive symptoms.

Thus, IgA tTG testing is most likely to establish the underlying diagnosis.

質問 # 48

A 62-year-old man (wealthy philanthropist) with emphysema from smoking and a 21-year-old woman (elementary teacher) with cystic fibrosis are both compatible matches for a lung transplant. Which criterion determines organ allocation?

- A. The date the patient was placed on the waiting list.
- B. The patient has family members who rely on them for income.
- **C. The clinical severity of the patient's pulmonary disease.**
- D. The patient's value and contributions to society.
- E. Whether the underlying condition is due to self-induced illness.

正解: C

質問 # 49

A 65-year-old man presents to your clinic with a 2-month history of persistent erectile dysfunction. He reports having difficulties maintaining an erection. His last hemoglobin A1c level result was 6.4% (4.8-6.0). He had a negative result on his cardiac stress test 1 month ago. He has been taking stable dosages of citalopram, metformin, and ramipril for the past 2 years. His physical examination findings are normal, and his mood appears euthymic. Which one of the following investigations should be ordered before initiating treatment with sildenafil?

- A. Prostate-specific antigen.
- B. Complete blood count.
- **C. No further investigations.**
- D. Echocardiography.
- E. Urine culture.

正解: C

解説:

Erectile dysfunction (ED) in older men is commonly vascular, medication-related, or associated with diabetes.

This patient has well-controlled diabetes (HbA1c 6.4%) and a recent negative cardiac stress test, suggesting he is at low cardiovascular risk for sexual activity. MCCQE objectives emphasize cardiovascular risk stratification prior to prescribing phosphodiesterase-5 (PDE-5) inhibitors. Patients who are stable and cleared for moderate physical exertion (e.g., recent negative stress test) do not require additional cardiac testing before initiating sildenafil.

There is no indication for routine CBC, urine culture, PSA, or echocardiography in the absence of relevant symptoms or findings.

PSA screening is unrelated to ED management and should follow age-appropriate shared decision-making guidelines.
Echocardiography is unnecessary without cardiac symptoms or abnormal exam.
The key contraindication to sildenafil is concurrent nitrate therapy or unstable cardiovascular disease, neither of which is present.
Therefore, no additional investigations are required before initiating treatment.
Counseling should include discussion of medication interactions, side effects (e.g., headache, flushing), and avoidance with nitrates.

質問 # 50

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MCCQE最新関連参考書: <https://www.certshiken.com/MCCQE-shiken.html>

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はいじゃあ、次行くぞ、やがて、迎えるの車に乗せられ、その発車際、叫ぶような母の声を聞いた、Medical Council of CanadaのMCCQE認定試験を受けることを決めたら、CertShikenがそばにいて差し上げますよ、最新の資源と最新の動態が第一時間にお客様に知らせいたします。

試験の準備方法-認定するMCCQE試験準備試験-信頼的なMCCQE最新関連参考書

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- MCCQEブロンズ教材 □ MCCQE日本語版対策ガイド □ MCCQE試験問題解説集 □ 今すぐ「www.passtest.jp」で[MCCQE]を検索し、無料でダウンロードしてくださいMCCQE試験問題解説集
- 効果的なMCCQE試験準備試験-試験の準備方法-実際のMCCQE最新関連参考書 □ ▶ www.goshiken.com □で[MCCQE]を検索して、無料でダウンロードしてくださいMCCQE資格受験料
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- MCCQE専門試験 □ MCCQE受験対策解説集 □ MCCQE復習テキスト □ □ jp.fast2test.com □サイトで“MCCQE”の最新問題が使えるMCCQE模擬モード
- MCCQE全真模擬試験 □ MCCQE日本語版対策ガイド □ MCCQE資格認定試験 □ { www.goshiken.com } □で□MCCQE □を検索して、無料でダウンロードしてくださいMCCQE復習テキスト
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- コンプリートMCCQE試験準備 | 素晴らしい合格率のMCCQE: MCCQE Part 1 Exam | 信頼的なMCCQE最新関連参考書 □ ✓ www.goshiken.com □✓□で⇒MCCQE ◀を検索し、無料でダウンロードしてくださいMCCQE最新受験攻略
- 試験の準備方法-更新するMCCQE試験準備試験-正確なMCCQE最新関連参考書 □ (www.japancert.com) を入力して▶MCCQE ◀を検索し、無料でダウンロードしてくださいMCCQE日本語版対応参考書
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認定試験

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