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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q58-Q63):

NEW QUESTION # 58

A 29-year-old man comes to the office for an initial visit. He is being treated for schizophrenia and epilepsy. He has a 20 pack-year history of smoking. His medications are carbamazepine, clozapine, and quetiapine. In the past year, he has gained a considerable amount of weight. Aside from a BMI of 32, the results of his physical examination are unremarkable. Which one of the following conditions should he be investigated for?

- A. Cushing disease
- B. **Type 2 diabetes**
- C. Acromegaly
- D. Chronic obstructive pulmonary disease
- E. Sleep apnea

Answer: B

Explanation:

Clozapine and quetiapine are associated with significant weight gain and increased risk of type 2 diabetes.

With a BMI of 32 and weight gain over the past year, screening for diabetes is appropriate and evidence-based.

Toronto Notes 2023 - Endocrinology, Diabetes & Psychiatry Sections:

"Second-generation antipsychotics such as clozapine increase the risk of metabolic syndrome and type 2 diabetes. Regular screening is recommended for patients with these risk factors." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should screen high-risk individuals, especially those on antipsychotics with weight gain, for diabetes using fasting glucose or HbA1c." While sleep apnea (C) is also possible, diabetes screening is the most appropriate and urgent next step in this patient.

COPD (A) would present with respiratory symptoms. Cushing's (B) and acromegaly (E) are less common and have other distinct features.

NEW QUESTION # 59

A 91-year-old man comes to the Emergency Department reporting blood in his stools, which has now resolved. He is able to give a history and mentions that this also happened 2 years ago. At that time, a colonoscopy was done and revealed diverticular disease as the cause. Which one of the following is the best next step?

- A. Order a fecal immunochemical test (FIT).
- B. Discuss the issue with his family before making a decision.
- **C. Reassure him that a colonoscopy does not need to be repeated.**
- D. Perform a computed tomography colonoscopy.
- E. Recommend a surgical resection of the diverticular disease.

Answer: C

Explanation:

In a patient with known diverticular bleeding and no red flags (e.g., weight loss, anemia, family history), repeating colonoscopy is not required. Diverticular bleeding is typically self-limited. Colonoscopy within the past few years with clear findings suffices.

Toronto Notes 2023 - Gastroenterology, Lower GI Bleed:

"Patients with known diverticulosis and self-limited bleeding who have had prior complete colonoscopy do not require repeat endoscopy unless symptoms recur or persist." MCCQE1 Objectives - Internal Medicine > Gastroenterology:

"Candidates must recognize when no further invasive investigation is necessary in elderly patients with known benign findings and resolved symptoms." Option E is considerate but not clinically necessary for independent patients. Options A, B, and D are not indicated in resolved, low-risk cases.

NEW QUESTION # 60

A 24-year-old woman has had several episodes of left lower lobe pneumonia. She has a chronic productive cough with occasional blood-streaked sputum. Physical examination is normal except for rales at the left base.

Chest radiograph shows a linear infiltrate in this area. Which one of the following is the most likely diagnosis?

- **A. Bronchiectasis**
- B. Pulmonary tuberculosis
- C. Pulmonary infarction
- D. Mitral stenosis
- E. Chronic bronchitis

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Bronchiectasis is characterized by recurrent localized pneumonia, chronic productive cough, and hemoptysis.

A linear infiltrate that persists in the same area suggests localized airway damage-typical of bronchiectasis.

Toronto Notes 2023 - Respiriology:

"Bronchiectasis presents with recurrent infections in the same location, productive cough, and hemoptysis.

Chest X-ray may show linear opacities; high-resolution CT is diagnostic." MCCQE1 Objectives (Respiratory > 45-1: Chronic Respiratory Symptoms):

"Candidates must investigate recurrent pneumonias and consider bronchiectasis, especially if localized." Chronic bronchitis (A) presents bilaterally. Mitral stenosis (B) may cause hemoptysis but not localized infiltrates. TB (E) usually affects upper lobes.

Infarction (C) is acute and not recurrent.

NEW QUESTION # 61

A 35-year-old woman presents to your clinic with double vision and a gritty sensation in her eyes for the past several weeks. On examination, you notice her eyes are bulging. There is inflammation of her conjunctivae and swelling around her eyes. Which one of the following is the most likely diagnosis?

- A. Periorbital cellulitis
- B. Orbital pseudotumor
- C. Myasthenia gravis
- D. Graves ophthalmopathy
- E. Allergic conjunctivitis

Answer: D

Explanation:

The findings of exophthalmos (bulging eyes), conjunctival inflammation, and periorbital swelling are hallmark features of Graves ophthalmopathy, a manifestation of autoimmune hyperthyroidism.

Toronto Notes 2023 - Endocrinology, "Thyroid Disorders":

"Graves ophthalmopathy: proptosis, periorbital edema, conjunctivitis, and diplopia due to extraocular muscle involvement. Often independent of thyroid levels." MCCQE1 Objectives (Internal Medicine > 36-1: Thyroid Disease):

"Candidates must recognize and manage Graves disease and its ocular manifestations." Myasthenia gravis may cause diplopia but not proptosis or swelling. Pseudotumor and cellulitis are painful and acute. Allergic conjunctivitis is itchy but lacks proptosis.

NEW QUESTION # 62

During an office visit, your 14-year-old patient requests a prescription for oral contraceptives. The province where you are working does not have a statutory age of consent. Which one of the following is the best next step?

- A. Notify child protective services because of the possibility of sexual abuse.
- B. Advise her to return with her parents so that legal consent can be obtained.
- C. Give her the prescription and book a follow-up appointment.
- D. Refuse to prescribe the pills because she is less than 18 years of age.
- E. Determine her understanding of the medical issues before prescribing the pills.

Answer: E

Explanation:

In Canada, a minor may consent to medical care if the physician believes they have the capacity to understand the nature, benefits, and risks. This is known as the "mature minor doctrine." Capacity is based on understanding, not age.

Toronto Notes 2023 - ELOM, "Consent and Capacity" Section:

"A minor may consent to treatment if they demonstrate sufficient maturity and understanding. It is the physician's responsibility to assess capacity prior to prescribing." MCCQE1 Objectives (ELOM > 99-3: Consent and Confidentiality):

"Candidates must assess the patient's ability to understand and make informed decisions, regardless of age." Prescribing without assessment (B) is premature. Reporting to child services (A) is only necessary if there are signs of abuse or coercion. Parental involvement (C) is not mandatory. Refusal based on age (E) contradicts legal and ethical practice.

NEW QUESTION # 63

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