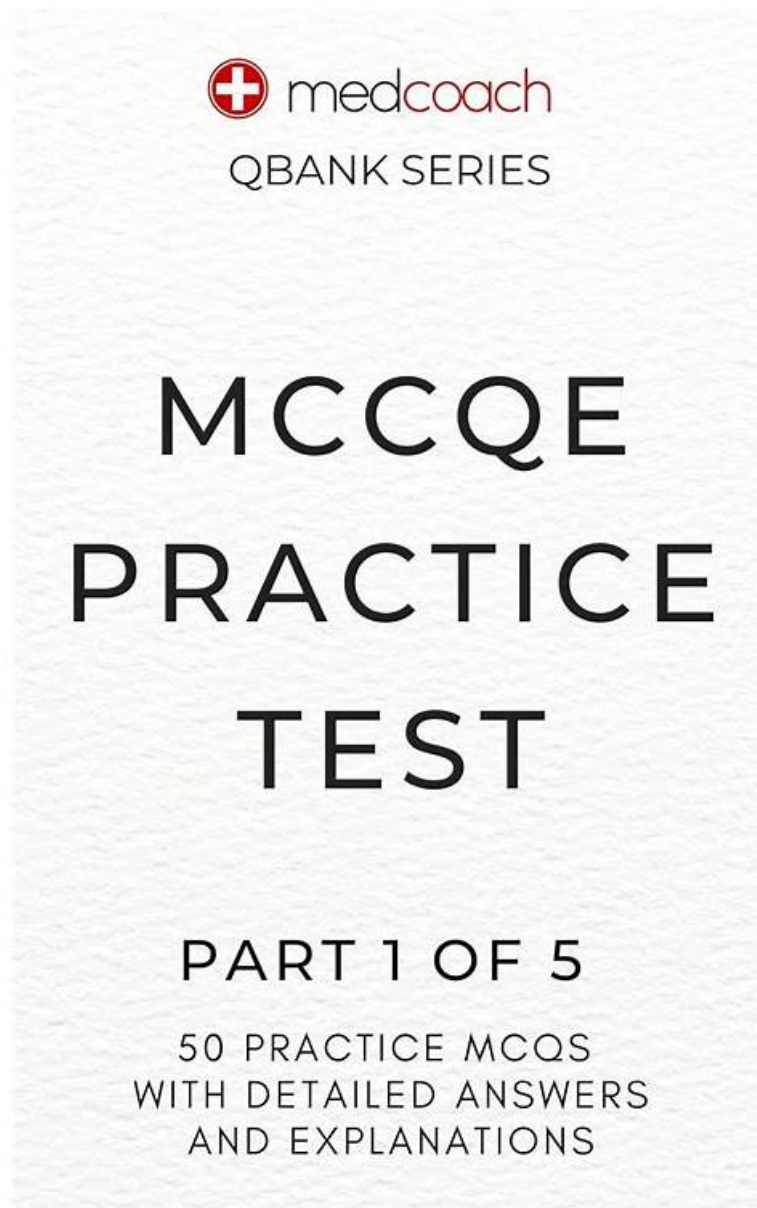


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q310-Q315):

NEW QUESTION # 310

A 32-year-old man presents to the clinic for assessment of a dog bite sustained 3 days ago while traveling in another country. He recalls having seen the dog eat where he was staying, and the animal did not appear well.

On examination, the patient has 2 distinct deep puncture wounds on his left leg. There is an erythematous border but no exudate. He is unsure of his immunization status. Which one of the following is the most appropriate management?

- A. Irrigate the wounds with hydrogen peroxide
- B. Order serum creatine kinase
- C. Give rabies immunoglobulin and vaccine
- D. Arrange for wound debridement
- E. Start antibiotic treatment with ciprofloxacin

Answer: C

Explanation:

Dog bites from animals of unknown rabies status, especially from endemic regions and in patients with uncertain immunization status, require immediate post-exposure prophylaxis (PEP) including both rabies immunoglobulin and vaccine. The decision is urgent given the fatal nature of rabies.

Toronto Notes 2023 - Infectious Diseases, "Rabies Exposure":

"Rabies PEP is indicated for bites from animals with unknown vaccination status or those showing abnormal behavior, particularly in endemic regions. PEP includes both vaccine and immunoglobulin." MCCQE1 Objectives (Public Health > 64-1: Rabies and Animal Bites):

"Candidates must recognize indications for rabies post-exposure prophylaxis." Ciprofloxacin (C) is not the antibiotic of choice (amoxicillin-clavulanate is preferred). Hydrogen peroxide (E) can be cytotoxic. Debridement (B) and CK (D) are not immediate priorities here.

NEW QUESTION # 311

A previously healthy 7-year-old boy presents to the Emergency Department with a generalized tonic-clonic seizure, which subsided spontaneously after 10 minutes. There is no history of trauma. Physical examination reveals normal vital signs and a normal neurologic examination. Which one of the following diagnostic studies is urgently indicated?

- A. Lumbar puncture.
- B. Computed tomography of the head.
- C. Electroencephalography.
- D. Serum electrolytes.
- E. Magnetic resonance imaging of the head.

Answer: D

Explanation:

This child experienced a first unprovoked generalized tonic-clonic seizure that resolved spontaneously and now has a normal neurologic examination and stable vital signs. MCCQE objectives emphasize that the immediate priority after a first seizure is to identify reversible metabolic causes, particularly hypoglycemia and electrolyte abnormalities (e.g., hyponatremia, hypocalcemia). Therefore, urgent serum electrolytes (and glucose) are indicated.

Neuroimaging (CT or MRI) is not urgently required in a neurologically normal child without focal deficits, trauma, persistent altered consciousness, or signs of increased intracranial pressure. MRI may be arranged later for further evaluation if clinically indicated. Electroencephalography is useful in outpatient follow-up to assess seizure type and recurrence risk but is not an emergency test. Lumbar puncture is reserved for suspected central nervous system infection (e.g., fever, meningeal signs, altered mental status), which are absent here.

Thus, immediate laboratory evaluation for metabolic derangements is the appropriate urgent investigation.

NEW QUESTION # 312

A 40-year-old woman has not left her house for 6 months. She says that she is trying to avoid the intense anxiety, palpitations, tremors, sweating, dizziness, choking sensation, and breathlessness that develops when she leaves home. Which one of the following is the best next step?

- A. Prescription of chlorpromazine in moderate doses.
- **B. Encouragement to take walks of increasing distance.**
- C. Reassurance that this is not a serious disorder.
- D. Hospitalization for observation.
- E. A trial of lithium carbonate.

Answer: B

Explanation:

This patient's symptoms are consistent with panic disorder with agoraphobia, characterized by recurrent panic attacks and avoidance of places where escape may be difficult. She has avoided leaving her home for 6 months due to fear of panic symptoms (palpitations, tremors, sweating, dyspnea, choking sensation), which is classic for agoraphobia.

MCCQE objectives emphasize that first-line management includes cognitive behavioral therapy (CBT) with graded exposure therapy, which involves gradual, systematic exposure to feared situations (e.g., short walks progressing to longer distances).

Encouraging incremental exposure directly addresses avoidance behavior and reduces anxiety over time.

Lithium is used for bipolar disorder, not panic disorder. Chlorpromazine (an antipsychotic) is not first-line and carries unnecessary side effects. Reassurance alone is insufficient because panic disorder significantly impairs functioning. Hospitalization is not indicated unless there is suicidality or inability to care for oneself.

Therefore, gradual exposure through increasing walks is the most appropriate next step, consistent with evidence-based management of panic disorder with agoraphobia.

NEW QUESTION # 313

A 28-year-old nulligravid woman presents to your clinic with grey-green vaginal discharge that has a "fishy- type odour."

Microscopy reveals superficial squamous cells with blurred borders caused by adherent bacteria.

The patient's symptoms abate after therapy with vaginal metronidazole. Which one of the following is the most likely cause of this clinical presentation?

- **A. Gardnerella vaginalis.**
- B. Human papillomavirus.
- C. Neisseria gonorrhoeae.
- D. Trichomonas vaginalis.
- E. Chlamydia trachomatis.

Answer: A

Explanation:

This presentation is classic for bacterial vaginosis (BV). MCCQE objectives emphasize recognition of BV by its typical features: thin grey/grey-green discharge, fishy (amine) odour, and microscopy showing clue cells

-vaginal epithelial (superficial squamous) cells with blurred borders from adherent bacteria. BV results from a shift in vaginal flora away from lactobacilli toward anaerobes, with Gardnerella vaginalis commonly implicated and often present in polymicrobial overgrowth. Improvement with metronidazole further supports BV, as it is first-line therapy.

Other options do not match: HPV causes genital warts/cervical dysplasia, not malodorous discharge with clue cells. Trichomonas typically causes frothy yellow-green discharge, "strawberry cervix," and motile trichomonads on wet mount (not clue cells).

Chlamydia and gonorrhea cause cervicitis/PID with mucopurulent discharge and pelvic symptoms rather than fishy odour and clue cells. Therefore, Gardnerella vaginalis is the most likely cause.

NEW QUESTION # 314

A 27-year-old man with a bowel obstruction secondary to a terminal ileum stricture has been on various medications since he was diagnosed with Crohn disease 8 years ago. You recommend a bowel resection, but he refuses this option because he is fearful of short bowel syndrome. He states that the only surgical procedure he will undergo is a bypass of the diseased segment so that the affected bowel will heal. You know that this is the wrong operation. Which one of the following is the best next step?

- A. Decline to do the bypass but carefully explain why.
- B. Transfer care to a colleague that you know is receptive to the patient's request.
- C. Obtain a formal competency assessment.
- D. Get consent for exploratory laparotomy and do a resection.
- E. Administer a high dose of intravenous steroids for trial.

Answer: A

Explanation:

This case addresses informed consent and professional integrity. MCCQE ELOM objectives emphasize that competent patients have the right to refuse recommended treatment, but they cannot demand a treatment that is medically inappropriate or contrary to the standard of care. If a proposed intervention (e.g., bypass of a strictured Crohn segment expected not to heal) is not clinically indicated and may cause harm, the physician is not ethically obligated to provide it.

The appropriate response is to decline to perform the inappropriate procedure while clearly explaining the rationale, including risks, benefits, alternatives, and likely outcomes. Shared decision-making and addressing the patient's fears (e.g., risk of short bowel syndrome) are essential. If disagreement persists, offering a second opinion is reasonable-but transferring care solely to find someone willing to perform an inappropriate surgery is unethical.

A formal competency assessment is unnecessary unless there is evidence of impaired decision-making capacity. Performing a different surgery than agreed upon would violate consent. The physician must balance respect for autonomy with nonmaleficence and adherence to evidence-based practice.

NEW QUESTION # 315

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