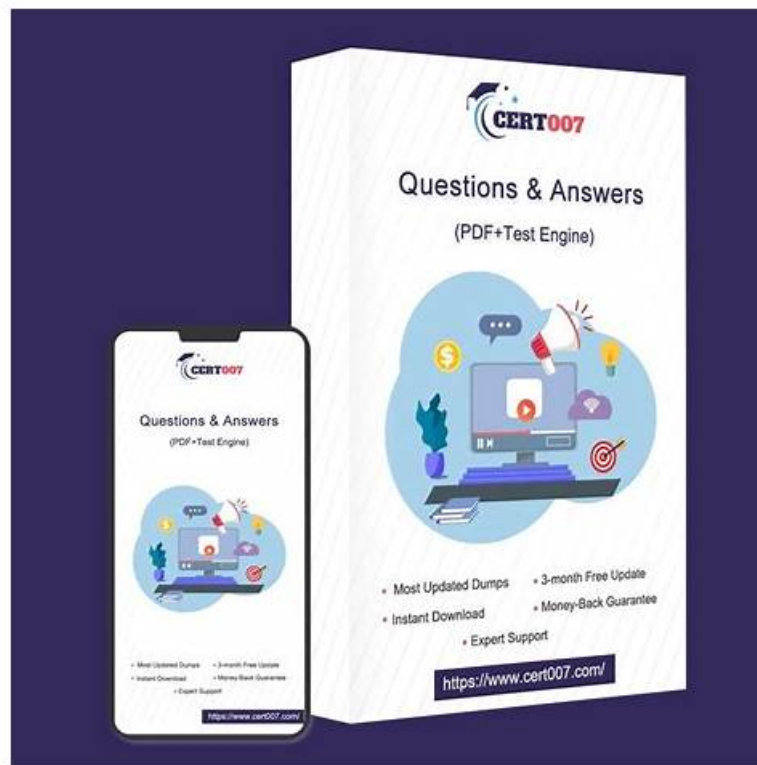


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q119-Q124):

NEW QUESTION # 119

A 30-year-old woman presents to your office with a 6-week history of left lower quadrant pain and dyspareunia. A pelvic ultrasound is normal. Which one of the following is the most important immediate investigation?

- A. Endometrial biopsy
- B. Laparoscopy
- **C. Cervical swabs**
- D. Magnetic resonance imaging
- E. Hysterosalpingography

Answer: C

Explanation:

This clinical presentation is highly suggestive of chronic pelvic inflammatory disease (PID), especially given the left lower quadrant pain and dyspareunia with a normal pelvic ultrasound. PID is often caused by sexually transmitted infections (STIs), such as *Chlamydia trachomatis* or *Neisseria gonorrhoeae*, which may not be evident on imaging.

Toronto Notes 2023 - Gynecology:

"Cervical swabs for *N. gonorrhoeae* and *C. trachomatis* are essential in the workup of suspected PID or cervicitis, even when imaging is normal. Dyspareunia and chronic pelvic pain with normal imaging should prompt testing for STIs." MCCQE1 Objectives (Obstetrics & Gynecology > 82-6: Pelvic Pain):

"Candidates must consider and investigate for infectious causes of pelvic pain, including PID, which requires cervical swab testing as an essential first-line investigation." Laparoscopy (A) is invasive and reserved for uncertain or refractory cases.

Hysterosalpingography (C) is used in infertility workups, not acute pain. Endometrial biopsy (D) and MRI (E) are not first-line.

NEW QUESTION # 120

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

Answer: A

Explanation:

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.

NEW QUESTION # 121

A 28-year-old woman, gravida 1, para 0, aborta 0, presents to your clinic for a prenatal visit. Her pregnancy is at 20 weeks' gestation. Her ultrasonogram shows a normal fetus and a low-lying placenta. Which one of the following is the best next step?

- A. Advise the patient not to work for the remainder of the pregnancy.
- **B. Repeat ultrasonography at 32 weeks' gestation.**
- C. Explain to the patient that she is at high risk for bleeding.
- D. Suggest acupuncture to help with placental migration.

- E. Tell the patient that she will need a cesarean delivery.

Answer: B

Explanation:

A low-lying placenta identified at the routine 20-week anatomy scan is common and often resolves as the pregnancy progresses. As the uterus enlarges, the lower uterine segment stretches and the placenta typically "migrates" upward relative to the internal cervical os. Therefore, immediate intervention is not indicated in an asymptomatic patient. The appropriate next step is repeat ultrasonography in the third trimester, commonly around 32 weeks' gestation, to reassess placental location. Early recommendation of cesarean delivery is premature because many low-lying placentas identified at mid-pregnancy resolve before term. Routine activity restriction or stopping work is not indicated in the absence of bleeding. Acupuncture has no evidence-based role in placental positioning. While placenta previa is associated with painless third-trimester bleeding, at 20 weeks most cases are transient findings. MCCQE objectives emphasize appropriate follow-up of incidental ultrasound findings, avoidance of unnecessary interventions, patient reassurance, and evidence-based monitoring in obstetric care.

NEW QUESTION # 122

A 6-week-old boy is brought to your office by his parents for a follow-up following a recent urinary tract infection. His abdominal ultrasound shows dilated urinary bladder and ureters as well as bilateral hydronephrosis. Which one of the following historical findings would be most helpful in establishing the correct diagnosis?

- A. Macroscopic hematuria
- B. Malodorous urine
- C. Crying during micturition
- **D. Poor urinary stream**
- E. Recent circumcision

Answer: D

NEW QUESTION # 123

An 80-year-old man is admitted to hospital with what turns out to be tuberculosis. The attending physician informs all staff at the hospital of the patient's identity and diagnosis. Which one of the following best describes privacy concerns in this situation?

- A. Attending physicians may not disclose a patient's private health information to protect others.
- B. The patient must give consent before others are told of his illness.
- **C. Physicians ought only to reveal minimal patient-related information needed to protect others.**
- D. Physicians cannot be held liable if there is a breach of patient privacy.
- E. The patient is not owed a right to privacy as he is a risk to others.

Answer: C

Explanation:

Tuberculosis is a communicable disease, so there can be a justified "duty to protect" others in the hospital through infection-control measures and public health notification. However, MCCQE ethics objectives emphasize that confidentiality remains the default obligation even when disclosure is permitted or required. In such cases, disclosure must follow the minimum necessary principle: only the information essential to reduce risk should be shared, and only with those who need it to perform their role (e.g., direct care team, infection prevention and control, occupational health, and public health). Informing "all staff at the hospital" and including the patient's identity generally exceeds what is required and constitutes an avoidable breach of privacy.

Consent is not always required when disclosure is mandated by law (reportable diseases) or necessary to prevent serious harm, so option B is too absolute. Option A wrongly implies loss of privacy rights. Option D is incorrect because limited disclosure may be ethically and legally permitted to protect others. Option E is false; clinicians and institutions can be accountable for unjustified or excessive disclosure.

NEW QUESTION # 124

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