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MCCQE Part 1 Practice Questions

Question 1

A 65-year-old man presents with worsening dyspnea and paroxysmal nocturnal dyspnea. On examination, there are bibasilar crackles and an S3 heart sound. What is the most likely diagnosis?

- A) Chronic obstructive pulmonary disease (COPD)
- B) Pneumonia
- C) Congestive heart failure (CHF)
- D) Pulmonary embolism

Question 2

A 45-year-old woman presents with fatigue, weight loss, and hyperpigmentation. Lab results reveal hyponatremia and hyperkalemia. What is the most likely diagnosis?

- A) Hypothyroidism
- B) Addison's disease
- C) Cushing's syndrome
- D) Hyperaldosteronism

Question 3

A 30-year-old man is involved in a motor vehicle accident and presents with hypotension, muffled heart sounds, and distended neck veins. What is the most likely diagnosis?

- A) Myocardial infarction
- B) Cardiac tamponade
- C) Pulmonary embolism
- D) Aortic dissection

Question 4

A 25-year-old woman presents with palpitations, sweating, and episodic headaches. Her blood pressure is persistently elevated. What is the most likely diagnosis?

- A) Hyperthyroidism
- B) Pheochromocytoma
- C) Panic disorder

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q130-Q135):

NEW QUESTION # 130

A 59-year-old woman is referred to you because of a 2-month history of left nipple discharge. She is otherwise healthy and is not on any medication. There are no palpable lesions on breast examination. She is able to express a small amount of blood-tinged liquid from her breast. Which one of the following would be the best next step?

- A. Biopsy of nipple complex.
- B. Magnetic resonance imaging of breast.
- C. Galactography.
- **D. Mammography.**
- E. Serum prolactin.

Answer: D

Explanation:

Spontaneous, unilateral, blood-tinged nipple discharge in a postmenopausal woman is considered pathologic and warrants imaging to rule out intraductal pathology including malignancy. The best initial test is diagnostic mammography, often with ultrasound if indicated.

Toronto Notes 2023 - Breast Disorders:

"Unilateral, spontaneous, bloody nipple discharge should be evaluated with mammography and targeted ultrasound. Further tests such as MRI or duct excision are based on findings." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must recognize red flags for breast malignancy and apply appropriate initial diagnostic imaging." Serum prolactin (C) is indicated in galactorrhea. Galactography (D) and MRI (E) are second-line. Biopsy (A) is premature without imaging.

NEW QUESTION # 131

You perform a literature search of journal articles on the effectiveness of a new antihypertensive for first-line treatment of people aged 35 to 50. You find reports of 4 good quality studies. Three of them show that statistically, the new drug is significantly more effective than the standard treatment, and one shows no difference. Before you conclude that the new antihypertensive is more effective in this group of patients, which one of the following concepts must be given consideration?

- A. The power of the studies
- B. Systematic error
- C. Random error
- **D. Publication bias**
- E. Information bias

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Publication bias refers to the tendency for positive results to be published more often than negative or inconclusive ones. In your review, 3 of 4 studies show positive findings. However, studies showing no effect may not have been published, skewing your impression.

Toronto Notes 2023 - Public Health, Critical Appraisal:

"Publication bias can lead to overestimation of treatment efficacy. Systematic reviews must account for unpublished or negative findings." MCCQE1 Objectives - Preventive Medicine > Critical Appraisal:

"Candidates must recognize and account for biases such as publication bias in interpreting literature." Random error (A) and power (D) affect individual studies. Systematic and information biases (B, E) affect data quality, not publication trends.

NEW QUESTION # 132

A patient's mother comes to you with a prospective cohort study linking autism to the measles, mumps and rubella vaccine. After reviewing the study carefully, you question the results because of problems with the study design and execution. Which one of the following sources of error would be most important in the study design or execution?

- A. Recruitment of study families at an autism seminar
- B. Parental recall of vaccine administration
- C. Reporting standard error with point estimates of difference
- D. Vaccine company sponsorship of study
- E. Not accounting for all potential confounders during recruitment

Answer: A

Explanation:

Recruiting participants from an autism seminar introduces selection bias. This non-random selection increases the likelihood of overestimating associations due to pre-existing beliefs or exposures in that subgroup.

Toronto Notes 2023 - Epidemiology:

"Selection bias occurs when participants are not representative of the general population, as in recruitment from disease-specific support groups." MCCQE1 Objectives (Population Health > 65-2: Study Design and Appraisal):

"Candidates must recognize sources of bias in epidemiologic studies, including selection bias due to non-representative recruitment."

Recall bias (D) is more of a concern in retrospective studies. Sponsorship (B) may create perception bias but is not a flaw in methodology itself. Standard error reporting (A) is normal. Not accounting for confounders (E) matters but recruitment source is more directly biasing.

NEW QUESTION # 133

A 65-year-old woman presents to the office for follow-up regarding vaginal bleeding. Her last visit was 2 months ago. At that visit, the results of a pelvic examination and a Papanicolaou test were normal. She also had an endometrial biopsy but there was "insufficient material for diagnosis." She reports that she is still losing small amounts of blood almost every day. On history, she has been taking continuous combined hormone replacement therapy for 10 years because of vasomotor symptoms. Which one of the following is the most appropriate next step in management?

- A. Decrease the dosage of progestin.
- B. Change hormones to a selective estrogen receptor modulator.
- C. Refer for a hysterectomy.
- D. Organize a hysteroscopy.
- E. Order a colposcopy.

Answer: D

Explanation:

Persistent postmenopausal bleeding requires thorough evaluation. An inadequate endometrial biopsy result does not rule out pathology. Hysteroscopy allows for direct visualization and targeted biopsy and is the gold standard when biopsy is non-diagnostic.

Toronto Notes 2023 - Gynecology, "Abnormal Uterine Bleeding and Endometrial Cancer" Section:

"Persistent bleeding with insufficient biopsy requires further evaluation, preferably via hysteroscopy and directed biopsy. This is especially important in patients on HRT or with risk factors for endometrial pathology." MCCQE1 Objectives (Obstetrics & Gynecology > 82-9: Postmenopausal Bleeding):

"Candidates must investigate abnormal bleeding in postmenopausal women with hysteroscopy when endometrial sampling is non-diagnostic." Changing hormones (A), reducing progestin (E), or performing colposcopy (C) are not appropriate without confirming the cause of bleeding.

NEW QUESTION # 134

A 20-year-old man is brought by a friend to the emergency department with an elevated temperature, generalized muscle rigidity, hypovolemia, a fluctuating level of consciousness, and impaired attention. The patient also may be responding to auditory hallucinations. The friend informs you that the patient overdosed with a prescribed medication. Which one of the following medications is most likely to cause these symptoms?

- A. Lamotrigine
- B. Lithium carbonate
- C. Risperidone
- D. Lorazepam
- E. Amitriptyline

Answer: C

Explanation:

This presentation is classic for neuroleptic malignant syndrome (NMS), a rare but life-threatening reaction to antipsychotic drugs (particularly dopamine antagonists like risperidone). Features include hyperthermia, rigidity, altered mental status, and autonomic instability.

Toronto Notes 2023 - Psychiatry, "Neuroleptic Malignant Syndrome":

"NMS is associated with antipsychotic use. Key features: hyperthermia, lead-pipe rigidity, altered consciousness, autonomic dysfunction. Elevated CK, leukocytosis often present." MCCQE1 Objectives (Psychiatry > 71-5: Adverse Effects of Psychotropics):

"Candidates must recognize and manage neuroleptic malignant syndrome and differentiate it from other drug toxicities." Amitriptyline (B) overdose causes anticholinergic symptoms. Lamotrigine (A) causes rash or seizures in toxicity. Lithium (D) leads to tremor, ataxia, and GI upset. Lorazepam (E) causes CNS depression, not rigidity or fever.

NEW QUESTION # 135

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