

Test MCCQE Questions Pdf - Free Sample MCCQE Questions

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 (Q27-Q32):

NEW QUESTION # 27

You are treating a 78-year-old man for recent onset of diarrhea, tenesmus, and minor bleeding when he wipes. He has a history of prostate cancer that was treated by radiotherapy. Rectal examination findings are normal. Colonoscopy reveals a pale rectum with ulcerations and areas of mucosal hemorrhage. Which one of the following is the most likely explanation for this clinical presentation?

- A. Ulcerative colitis
- **B. Radiation proctitis**
- C. Diverticulosis
- D. Rectal cancer
- E. Recurrent prostate cancer

Answer: B

Explanation:

Radiation proctitis is a well-known complication of pelvic radiation therapy (e.g., for prostate cancer). It presents months to years after treatment with rectal bleeding, tenesmus, and mucosal ulceration on colonoscopy.

Toronto Notes 2023 - Gastroenterology, "Radiation-Induced GI Injury":

"Radiation proctitis presents with rectal bleeding, tenesmus, urgency. Colonoscopy shows pale, friable mucosa, ulcerations, and telangiectasia." MCCQE1 Objectives (Gastroenterology > 47-2: GI Bleeding and Complications):

"Candidates must recognize radiation proctitis based on history of radiation and characteristic endoscopic findings." Ulcerative colitis (B) usually starts younger and is more diffuse. Diverticulosis (C) affects the left colon and causes painless bleeding. Recurrent prostate cancer (D) and rectal cancer (E) would show mass or infiltration.

NEW QUESTION # 28

A 39-year-old woman, gravida 2, para 1, aborta 0, presents with concerns that a friend has recently suffered from postpartum psychosis. She wonders if she is likely to suffer this disorder following delivery of her 2nd child. Which one of the following is most likely to increase your patient's risk?

- A. A history of panic disorder
- B. Being a multigravida
- **C. A family history of bipolar disorder**
- D. Advanced maternal age

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Postpartum psychosis is strongly associated with bipolar disorder and other mood disorders. A personal or family history of bipolar disorder significantly increases the risk. It typically presents within the first 2 weeks postpartum and is a psychiatric emergency.

Toronto Notes 2023 - Psychiatry, "Postpartum Psychiatric Disorders":

"Risk factors for postpartum psychosis include personal or family history of bipolar disorder or postpartum psychosis." MCCQE1 Objectives (Psychiatry > 71-3: Mood Disorders):

"Candidates must recognize risk factors for postpartum psychiatric illness, particularly the association with bipolar spectrum disorders." Advanced maternal age (A), multiparity (B), and panic disorder (D) do not significantly increase the risk of postpartum psychosis.

NEW QUESTION # 29

A 21-year-old man presents to the office with persistent pain and swelling of the wrist 2 weeks after falling on his outstretched hand. Anteroposterior and lateral radiographs of the wrist taken at the time of the injury showed no evidence of fracture or dislocation.

Which one of the following is the most likely cause of the patient's symptoms?

- A. Undisplaced fracture of the distal radius.
- **B. Fracture of the carpal scaphoid.**
- C. de Quervain tenosynovitis.
- D. Subluxation of the lunate bone.

Answer: B

Explanation:

Scaphoid fractures are often radiographically occult on initial presentation and can present later with persistent pain and swelling in the anatomical snuffbox. They typically occur following a fall on an outstretched hand. If missed, they can lead to avascular necrosis. Toronto Notes 2023 - Orthopedics, Wrist Injuries:

"Scaphoid fractures are the most common carpal fractures. X-rays may be negative early, so high suspicion requires immobilization and repeat imaging after 10-14 days." MCCQE1 Objectives - Surgery > Musculoskeletal Trauma:

"Candidates must recognize that some fractures, such as scaphoid, may not appear on initial imaging but require clinical suspicion and follow-up imaging or immobilization." Other options (B and C) are less likely without radiographic evidence. De Quervain tenosynovitis (D) presents with radial wrist pain unrelated to trauma and worsens with thumb movement.

NEW QUESTION # 30

A 42-year-old man presents to your clinic for follow-up regarding his anxiety. He lost his job 1 year ago.

Since then, he constantly thinks about what happened, trying to understand what went wrong and how he could fix it or prevent it in the future. He is unable to sleep because of this. He has become socially isolated and when he does see friends, he worries constantly that he may say something hurtful. He wishes he could get past what happened and find another job but feels consumed by the fear that he may offend someone in the future. On history, his symptoms did not respond to escitalopram, sertraline, fluvoxamine, or venlafaxine, all at maximum tolerated doses. Which one of the following medications is the most appropriate?

- A. Quetiapine
- **B. Clomipramine**
- C. Amitriptyline
- D. Vortioxetine
- E. Paroxetine

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

This patient likely has treatment-resistant obsessive-compulsive disorder (OCD), with classic symptoms of rumination, excessive guilt, and fear of causing harm. Clomipramine, a tricyclic antidepressant with strong serotonergic activity, is effective in treatment-resistant OCD and is often used after failure of multiple SSRIs or SNRIs.

Toronto Notes 2023 - Psychiatry, OCD:

"Clomipramine is a first-line tricyclic antidepressant for OCD, particularly after failed SSRI/SNRI trials. It is effective due to potent serotonergic action." MCCQE1 Objectives - Psychiatry > OCD and Anxiety Disorders:

"Candidates must identify treatment strategies for resistant OCD, including the role of clomipramine and augmentation therapy."

Quetiapine (C) may be used as augmentation. Paroxetine (E) is another SSRI. Vortioxetine (A) and amitriptyline (D) are not first-line or preferred for OCD.

NEW QUESTION # 31

A 56-year-old man is admitted to hospital with pyelonephritis and started on intravenous antibiotics. On day 2 of his hospitalization, he continues to report right flank pain, but he is able to walk. His vital signs are as follows:

Temperature: 38.5°C

Blood pressure: 90/60 mm Hg

Heart rate: 105/min

The patient is mentating well but is concerned about his dog that is home alone due to his unexpected hospitalization. He requests to be released from hospital as he needs to make arrangements for his dog. Which one of the following is the best next step?

- A. Explain that his health is a priority and insist that he stay.
- B. Offer to stop by his apartment on your way home, if he is agreeable to it and gives you the key.
- C. Change him to oral antibiotics, and finish his treatment as an outpatient.

- D. Discharge the patient, but ensure he signs an "Against Medical Advice" form.
- E. Ensure he understands the risk and accept his decision to leave for a few hours while you hold his bed.

Answer: E

Explanation:

The patient is alert and capable of making his own decisions. The most ethical and respectful approach is to ensure he understands the risks and accept his choice. Holding his bed maintains continuity of care. Forcing him to stay (C) or discharging him AMA (A) is inappropriate if he intends to return.

Toronto Notes 2023 - ELOM, Consent and Autonomy:

"Capable patients have the right to refuse or leave treatment. Physicians must ensure informed decision- making and maintain therapeutic rapport." MCCQE1 Objectives - ELOM > Capacity and Patient Autonomy:

"Candidates must respect a capable patient's right to leave care after informed discussion of risks and alternatives." Offering to enter his apartment (E) is inappropriate and unethical. Oral antibiotics (B) may not be clinically appropriate given hypotension.

NEW QUESTION # 32

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