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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 (Q295-Q300):

NEW QUESTION # 295

A 28-year-old woman presents to your office with a 6-month history of intermittent dizziness associated with nausea and a rotational sensation. Physical examination shows pallor of 1 optic disk, generalized hyperreflexia and nystagmus to the left. Which one of the following is the most likely diagnosis?

- A. Multiple sclerosis.
- B. Meniere disease.
- C. Labyrinthitis.
- D. Prolactinoma.
- E. Acoustic neuroma.

Answer: A

Explanation:

Multiple sclerosis (MS) is most likely because the patient has vertigo-like symptoms plus objective central neurologic signs : optic disc pallor (suggesting prior optic neuritis with optic atrophy), generalized hyperreflexia (upper motor neuron involvement), and nystagmus (can be central when accompanied by other CNS findings). MCCQE objectives emphasize differentiating peripheral from central causes of vertigo.

Peripheral disorders (labyrinthitis, Meniere disease) typically present with vertigo and nausea but do not cause optic nerve abnormalities or diffuse hyperreflexia . Acoustic neuroma can cause vestibular symptoms but usually features progressive unilateral hearing loss/tinnitus and does not explain optic disc pallor and generalized UMN signs. Prolactinoma causes endocrine symptoms (galactorrhea, amenorrhea, infertility) and may cause bitemporal hemianopia from chiasmal compression, not intermittent vertigo with UMN findings.

MS commonly affects young women and can produce brainstem/cerebellar involvement (vertigo, nystagmus) and optic nerve involvement, with symptoms separated in time, matching a 6-month intermittent course.

NEW QUESTION # 296

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

Answer: D

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 # 297

A 31-year-old woman, gravida 4, para 3, aborta 0, presents at 8 weeks' gestation with scant vaginal bleeding and no abdominal pain. Her heart rate is 90/min and blood pressure is 100/70 mm Hg. A speculum examination reveals a closed cervix. The beta-human chorionic gonadotropin level is 300,000 IU/L. Which one of the following is the most likely diagnosis?

- A. Incomplete abortion.
- B. Threatened abortion.
- C. Tubal pregnancy.
- D. Implantation bleeding.
- E. Molar pregnancy.

Answer: E

Explanation:

A molar pregnancy (gestational trophoblastic disease) is the most likely diagnosis because the β -hCG level is markedly elevated (300,000 IU/L) for an 8-week gestation, far exceeding typical levels for a normal intrauterine pregnancy. MCCQE objectives highlight that unusually high β -hCG—often accompanied by first-trimester bleeding—should raise strong suspicion for a hydatidiform mole. Bleeding is common due to abnormal trophoblastic proliferation and placental separation. A closed cervix does not exclude a molar pregnancy; it simply indicates that products of conception are not being expelled at the time of exam.

Ectopic (tubal) pregnancy more often presents with abdominal/pelvic pain and typically has lower or inappropriately rising β -hCG. Incomplete abortion usually features heavier bleeding, cramping, and an open cervix. Threatened abortion involves bleeding with a closed cervix but does not explain an extremely high β -hCG. Implantation bleeding occurs earlier (around the time of missed menses), not at 8 weeks, and would not be associated with very high β -hCG.

NEW QUESTION # 298

A 9-year-old girl from a remote community is brought to the clinic with a 2-week history of swelling in her neck. She has been afebrile but has had some night sweats. On examination, you note a fixed, unilateral, and nontender supraclavicular lymph node measuring 3 cm. The overlying skin color is unremarkable. In addition, you note a slightly enlarged spleen and liver. Which one of the following is the most likely diagnosis?

- A. Kawasaki disease
- B. Acute bacterial lymphadenitis
- C. Viral reactive lymphadenopathy
- D. Lymphoma
- E. Cat-scratch disease

Answer: D

Explanation:

This child presents with "red flag" features for malignancy: a firm, fixed, nontender supraclavicular lymph node >2 cm in size, with associated hepatosplenomegaly and night sweats. These features are most concerning for lymphoma.

Toronto Notes 2023 - Pediatrics, "Lymphadenopathy in Children":

"Malignant lymphadenopathy tends to be firm, fixed, painless, and located in supraclavicular areas. Systemic signs (fever, weight loss, hepatosplenomegaly, night sweats) are concerning for lymphoma." MCCQE1 Objectives (Pediatrics $> 78-3$:

Hematology/Oncology):

"Candidates should differentiate between benign and malignant lymphadenopathy and recognize features suggestive of lymphoma."

Cat-scratch disease (B) is usually tender and associated with cat exposure. Kawasaki disease (C) presents with fever and mucocutaneous findings. Acute bacterial lymphadenitis (D) is painful, warm, and rapid in onset.

Viral lymphadenopathy (E) is often bilateral, small, and tender.

NEW QUESTION # 299

A same-sex couple asks to join a family physician's practice. The physician tells them that she does not treat same-sex couples and will refer them to a physician with more clinical experience with same-sex couples.

Which one of the following best describes the physician's obligation under the Canadian Charter of Rights and Freedoms?

- A. An obligation to accept this couple as patients because physicians must treat all patients.
- B. No obligation to accept this couple, but does need to refer to a colleague who will.
- C. No obligation to accept this couple because of her inexperience caring for same-sex patients.
- D. No obligation to accept this couple because of her right not to act in a manner contrary to her personal values.
- E. An obligation to accept this couple, as not doing so constitutes discrimination based on sexual orientation.

Answer: E

Explanation:

Refusing care based on sexual orientation constitutes discrimination under the Canadian Charter of Rights and Freedoms and violates professional standards. Physicians must not deny care based on personal bias or prejudice.

Toronto Notes 2023 - ELOM, Equity in Care and Professionalism:

"Denying care based on sexual orientation violates both human rights legislation and professional obligations.

Physicians must ensure equitable access for all patients."

MCCQE1 Objectives - ELOM > Professionalism and Patient Rights:

"Candidates must act in accordance with patients' rights to equitable, non-discriminatory access to care regardless of race, gender, or sexual orientation." Referral (Option B) does not excuse discriminatory refusal. Personal discomfort or inexperience (Options D and E) do not justify discrimination.

NEW QUESTION # 300

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