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A 34-year-old primigravida woman at 34 weeks of gestation presents to the prenatal clinic for a routine visit. Her blood pressure is 150/95 mmHg, and she has gained 6 pounds in the last week. On physical examination, she has 2+ pitting edema in her lower extremities. Laboratory tests reveal proteinuria. Which of the following is the most likely diagnosis?

- Chronic hypertension
- Preeclampsia
- Gestational hypertension
- Pregnancy-induced cardiomyopathy
- Acute kidney injury

Incorrect  
Correct Answer: B) Preeclampsia  
Explanation:  
The patient's presentation of new-onset hypertension, rapid weight gain, lower extremity edema, and proteinuria after 20 weeks of gestation is consistent with preeclampsia.

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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q10-Q15):

### NEW QUESTION # 10

An 83-year-old woman presents to your office with a 2-day history of confusion. Her past medical history is significant for lung cancer, and she is being treated with radiation. On physical examination, she is euvolemic.

Her blood work reveals a serum sodium of 118 mmol/L (135-140) as compared with 134 mmol/L (8 days ago). Which one of the following will be most helpful in establishing the cause of her laboratory abnormality?

- A. Serum osmolality

- B. Parathyroid hormone-related peptide
- C. Creatinine clearance
- D. Urine sodium
- E. Urinalysis

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation:

Hyponatremia in a patient with lung cancer and euvoolemia strongly suggests syndrome of inappropriate antidiuretic hormone secretion (SIADH), especially from small cell carcinoma. Serum osmolality is the best initial test to confirm hypotonic hyponatremia and distinguish true hyponatremia from pseudohyponatremia or other causes.

Toronto Notes 2023 - Endocrinology, "Hyponatremia":

"Serum osmolality helps classify hyponatremia as hypotonic, isotonic, or hypertonic. SIADH typically causes hypotonic hyponatremia in euvolemic patients." MCCQE1 Objectives (Endocrinology > 37-1: Electrolyte Disorders):

"Candidates must evaluate the type and cause of hyponatremia using clinical status and laboratory tests including serum osmolality."

Urine sodium (B) is useful after confirming hypotonicity. PTHrP (E) is associated with hypercalcemia of malignancy, not hyponatremia. Urinalysis (A) and CrCl (D) are less directly informative.

**NEW QUESTION # 11**

A 24-year-old woman has had several episodes of left lower lobe pneumonia. She has a chronic productive cough with occasional blood-streaked sputum. Physical examination is normal except for rales at the left base.

Chest radiograph shows a linear infiltrate in this area. Which one of the following is the most likely diagnosis?

- A. Pulmonary infarction
- B. Chronic bronchitis
- C. Pulmonary tuberculosis
- D. **Bronchiectasis**
- E. Mitral stenosis

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

Bronchiectasis is characterized by recurrent localized pneumonia, chronic productive cough, and hemoptysis.

A linear infiltrate that persists in the same area suggests localized airway damage-typical of bronchiectasis.

Toronto Notes 2023 - Respirology:

"Bronchiectasis presents with recurrent infections in the same location, productive cough, and hemoptysis.

Chest X-ray may show linear opacities; high-resolution CT is diagnostic." MCCQE1 Objectives (Respiratory > 45-1: Chronic Respiratory Symptoms):

"Candidates must investigate recurrent pneumonias and consider bronchiectasis, especially if localized." Chronic bronchitis (A) presents bilaterally. Mitral stenosis (B) may cause hemoptysis but not localized infiltrates. TB (E) usually affects upper lobes.

Infarction (C) is acute and not recurrent.

**NEW QUESTION # 12**

A 32-year-old primigravid woman is receiving magnesium sulfate for tocolysis. Her pregnancy is at 26 weeks' gestation. You suspect magnesium sulfate toxicity. Which one of the following is the first sign of magnesium sulfate toxicity?

- A. Oliguria
- B. **Absent patellar reflexes**
- C. Tachycardia
- D. Tachypnea
- E. Hypotension

**Answer: B**

Explanation:

Magnesium sulfate toxicity is dose-dependent. The earliest and most sensitive clinical sign is the loss of deep tendon reflexes (especially patellar), which occurs before respiratory depression or cardiac changes.

Toronto Notes 2023 - Obstetrics Chapter:

"Toxicity from magnesium sulfate is progressive and typically presents first with loss of deep tendon reflexes.

Respiratory depression and cardiac arrest occur at higher serum levels. Regular monitoring of reflexes, respiratory rate, and urine output is essential." MCCQE1 Objectives (Obstetrics > 83-3: Preterm Labour and Tocolysis):

"The candidate must recognize early signs of magnesium sulfate toxicity including areflexia and respiratory depression." Tachycardia (B), hypotension (C), and tachypnea (D) are not typical early signs. Oliguria (E) may be a risk factor for accumulation but is not the first sign of toxicity.

### NEW QUESTION # 13

A 29-year-old man comes to the office for an initial visit. He is being treated for schizophrenia and epilepsy.

He has a 20 pack-year history of smoking. His medications are carbamazepine, clozapine, and quetiapine. In the past year, he has gained a considerable amount of weight. Aside from a BMI of 32, the results of his physical examination are unremarkable. Which one of the following conditions should he be investigated for?

- A. Sleep apnea
- B. **Type 2 diabetes**
- C. Acromegaly
- D. Chronic obstructive pulmonary disease
- E. Cushing disease

**Answer: B**

Explanation:

Clozapine and quetiapine are associated with significant weight gain and increased risk of type 2 diabetes.

With a BMI of 32 and weight gain over the past year, screening for diabetes is appropriate and evidence-based.

Toronto Notes 2023 - Endocrinology, Diabetes & Psychiatry Sections:

"Second-generation antipsychotics such as clozapine increase the risk of metabolic syndrome and type 2 diabetes. Regular screening is recommended for patients with these risk factors." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should screen high-risk individuals, especially those on antipsychotics with weight gain, for diabetes using fasting glucose or HbA1c." While sleep apnea (C) is also possible, diabetes screening is the most appropriate and urgent next step in this patient.

COPD (A) would present with respiratory symptoms. Cushing's (B) and acromegaly (E) are less common and have other distinct features.

### NEW QUESTION # 14

A health authority implements the first-ever colon cancer screening program in its territory. Which one of the following colon cancer indices will likely increase?

- A. Case fatality rate
- B. Positive predictive value of the screening test
- C. **Incidence rate**
- D. Positive biopsy rate
- E. Treatment rate

**Answer: C**

Explanation:

When a screening program is introduced, the incidence rate appears to rise because more cases (including subclinical ones) are identified earlier. This is known as "lead-time bias" or "ascertainment bias." Toronto Notes 2023 - Public Health, Screening and Epidemiology:

"Screening increases the apparent incidence of disease as more early or latent cases are detected." MCCQE1 Objectives - Preventive Medicine > Screening:

"Candidates should understand how implementation of screening programs affects disease incidence and epidemiologic metrics." Case fatality rate (A) may decrease. PPV (B) depends on prevalence. Positive biopsy rate (C) may remain stable. Treatment rate (E) could increase, but incidence is the most directly and consistently affected.

### NEW QUESTION # 15

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