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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q103-Q108):

NEW QUESTION # 103

A 76-year-old man is brought by his family to your clinic with new-onset urinary incontinence. They state that the patient is experiencing a slowly progressing cognitive decline marked by memory disturbance, apathy, and attentional problems. Examination reveals that the patient has a stooped, forward-leaning posture and a wide-based gait. Which one of the following is the most likely diagnosis?

- A. Alzheimer disease
- B. Frontotemporal dementia
- C. Lewy body dementia
- **D. Normal pressure hydrocephalus**
- E. Parkinson disease

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

This patient presents with the classic triad of normal pressure hydrocephalus (NPH): gait disturbance (often wide-based and magnetic), cognitive decline, and urinary incontinence. The combination, especially with the gait being most prominent, is highly suggestive.

Toronto Notes 2023 - Geriatrics / Neurology:

"NPH presents with gait disturbance, dementia, and urinary incontinence. Gait is typically broad-based and magnetic. Imaging shows ventriculomegaly without elevated pressure." MCCQE1 Objectives (Geriatrics > 41-1: Cognitive Disorders):

"Candidates must identify NPH and distinguish it from other dementias based on clinical triad and gait features." Alzheimer's (B) primarily presents with memory loss. Parkinson's (A) has bradykinesia and rigidity. Lewy body dementia (C) includes visual hallucinations and fluctuating cognition. FTD (E) has personality and behavioral changes.

NEW QUESTION # 104

A 70-year-old man presents with severe, postprandial, mid-abdominal pain which has become more severe over the past 6 to 9 months. It is associated with nausea but has not caused him to vomit or changed his bowel habits. He has lost 14 kg over the last 6 months. Abdominal and rectal examination is normal. Upper gastrointestinal series is unremarkable. Which one of the following is the most likely diagnosis?

- A. Cholelithiasis
- B. Peptic ulcer disease
- C. Mesenteric adenitis
- **D. Mesenteric ischemia**
- E. Carcinoma of colon

Answer: D

Explanation:

Chronic mesenteric ischemia (also known as "intestinal angina") presents as postprandial abdominal pain, leading to food avoidance and significant weight loss. GI exams may be normal. Imaging (e.g., angiography or CT angio) confirms the diagnosis.

Toronto Notes 2023 - Gastroenterology, "Chronic Mesenteric Ischemia":

"Classic triad: postprandial abdominal pain, weight loss, and food aversion. Physical exam and GI series may be normal." MCCQE1 Objectives (Gastroenterology > 47-1: Abdominal Pain):

"Candidates must suspect mesenteric ischemia in older adults with risk factors and postprandial pain leading to weight loss." PUD (A) usually causes epigastric pain relieved by food. Cholelithiasis (B) causes RUQ pain. Colon cancer (D) presents with altered bowel habits or bleeding. Mesenteric adenitis (C) occurs in younger patients, often with infection.

NEW QUESTION # 105

A 67-year-old woman presents with headaches, muscle weakness, pain in her shoulders and hips, weight loss, and depression. While also arranging appropriate investigations to confirm a diagnosis, which one of the following is the most important objective of treatment?

- A. Alleviate the depression.
- **B. Prevent blindness.**
- C. Prevent jaw claudication.
- D. Improve the shoulder and hip pain.

- E. Prevent headaches from worsening.

Answer: B

Explanation:

This clinical picture suggests giant cell arteritis (GCA) associated with polymyalgia rheumatica: new-onset headache in an older patient, proximal muscle pain and stiffness (shoulders and hips), systemic symptoms (weight loss), and mood changes. MCCQE objectives emphasize that GCA is a medical emergency because inflammation of the temporal and other cranial arteries can lead to irreversible vision loss due to ischemic optic neuropathy.

The most important objective of treatment is prevention of blindness, which requires prompt initiation of high-dose corticosteroids—often before confirmatory temporal artery biopsy—to reduce arterial inflammation and prevent vascular occlusion. While improving musculoskeletal pain and headache are important symptomatic goals, they are secondary to preventing permanent complications. Jaw claudication is a symptom of arterial insufficiency but not itself the primary outcome to prevent.

Early recognition and immediate corticosteroid therapy significantly reduce the risk of bilateral, permanent visual loss. Therefore, prevention of blindness is the most critical treatment objective.

NEW QUESTION # 106

A 45-year-old man presents to the office and reports difficulty understanding conversations that happen in a noisy environment. Ear examination findings are normal. You request audiography, from which results show bilateral high-frequency sensorineural hearing loss with a notch at 4000 Hz. Which one of the following is the most likely cause of this patient's hearing loss?

- **A. Working in the construction sector for the past 20 years.**
- B. Attending a firing range to practise shooting before each hunting season.
- C. Having had frequent ear infections during childhood.
- D. Having a hereditary condition.
- E. Having type 2 diabetes for 10 years.

Answer: A

Explanation:

The audiogram pattern of bilateral high-frequency sensorineural hearing loss with a 4000 Hz "notch" is classic for noise-induced hearing loss (NIHL). MCCQE objectives in occupational health emphasize recognizing NIHL as a common, preventable condition caused by chronic exposure to loud sounds, especially in workplaces such as construction, mining, and manufacturing. The 4 kHz notch occurs because this frequency region is particularly vulnerable to cochlear hair-cell damage from acoustic trauma; over time, loss can widen to adjacent frequencies and impair speech discrimination, especially in noisy settings—matching the patient's complaint. Among the options, 20 years of construction work best represents sustained occupational noise exposure and is most likely to produce this characteristic bilateral pattern. Firearm exposure at a range can also cause NIHL, but episodic seasonal practice is generally less consistent than long-term daily occupational exposure for producing this typical presentation. Childhood ear infections mainly cause conductive loss, hereditary causes vary and are not defined by a 4 kHz notch, and diabetes does not produce this specific audiometric signature.

NEW QUESTION # 107

A 55-year-old man with alcohol use disorder presents with a 2-day history of confusion. On examination, you note a sixth nerve palsy and a horizontal nystagmus. Which one of the following is the most likely diagnosis?

- A. Cerebellar hemorrhage
- B. Subdural hematoma
- C. Hepatic encephalopathy
- **D. Wernicke encephalopathy**
- E. Cerebellar degeneration

Answer: D

Explanation:

Wernicke encephalopathy is a medical emergency caused by thiamine (vitamin B1) deficiency, most often seen in chronic alcohol use. The classic triad is:

- * Confusion
- * Oculomotor dysfunction (e.g., nystagmus, cranial nerve palsies)
- * Ataxia

Toronto Notes 2023 - Neurology and Psychiatry, "Wernicke Encephalopathy" Section:

"Wernicke encephalopathy is diagnosed clinically. Symptoms include ophthalmoplegia (e.g., CN VI palsy), horizontal nystagmus, ataxia, and confusion. Immediate parenteral thiamine is indicated before glucose administration." MCCQE1 Objectives (Neurology > 75-1: Neurologic Emergencies):

"Candidates must recognize Wernicke encephalopathy in at-risk individuals and initiate urgent thiamine replacement." Other choices like cerebellar degeneration (A) and hepatic encephalopathy (D) are more chronic and lack the characteristic eye findings. Subdural hematoma (B) and hemorrhage (E) may mimic confusion but are less likely with these neurologic signs and history.

NEW QUESTION # 108

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