

100% Pass Quiz Pass-Sure MCCQE - MCCQE Part 1 Exam New Dumps Files

MCCQE Part 1 Exam Questions with 100% Verified Answers

SPIKES - Answer- Setting up interview, assessing patient Perception, obtaining patient's invitation to disclose information, giving Knowledge and information to patient, addressing patient's Emotions, Strategy and Summary

Canada Health Act - Answer- Accessibility, Comprehensiveness, Portability, Public administration, Universality

HTN - Answer- 135/85 on 3 separate occasions, $\geq 180/110$ on dedicated office visit, or diabetes $\geq 130/80$

ACR for DM and CKD - Answer- ACR > 30 mg/mmol is abnormal

When to start management of HTN - Answer- BP $> 160/100$ or $> 140/90$ when pt has other RF like diabetes and smoking

Pharmacological for HTN - Answer- HTN alone = thiazide, HTN + atherosclerosis = ACEI, HTN + postMI = beta blockers, HTN + DM = ACEI

Preeclampsia-eclampsia - Answer- HTN with proteinuria AFTER 20 weeks of gestation

Sx of preeclampsia - Answer- Visual disturbance, new onset h/a, epigastric or RUQ pain, rapidly progressing peripheral edema, rapid weight gain

Px of preeclampsia - Answer- Positive roll over test (≥ 15 dBP increase), vasospasm/retinal edema, clonus (severe preeclampsia), RUQ tenderness

Protein in urine preeclampsia - Answer- ≥ 300 mg/d of protein

Treatment of preeclampsia - Answer- Delivery, betamethasone (< 34 weeks gestation), mg sulphate

Malignant HTN - Answer- HTN emergency: BP $> 180/120$ with retinal hemorrhages, exudates or papilledema. May also have malignant nephrosclerosis

Hypertensive encephalopathy - Answer- HTN emergency: BP $> 180/120$ with cerebral edema

Mx of malignant HTN - Answer- Reduce dBP to 100-105 over 2-6 hours (initial fall in BP should not exceed 25% of current BP)

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q211-Q216):

NEW QUESTION # 211

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. Lorazepam
- C. Lithium carbonate
- **D. Risperidone**
- E. Amitriptyline

Answer: D

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 # 212

You are seeing a 5-month-old infant who has had intermittent stridor since age 2 months. He is otherwise healthy. He has been drinking well and has been reaching all the age-specific developmental milestones. Which one of the following is the most likely diagnosis?

- A. Subglottic hemangioma.
- **B. Laryngomalacia.**
- C. Tracheoesophageal fistula.
- D. Aspiration of a foreign body.
- E. Vascular ring.

Answer: B

Explanation:

Laryngomalacia is the most common cause of chronic stridor in infants. It presents with inspiratory stridor that worsens with feeding, supine positioning, or agitation. The child remains otherwise well and meets developmental milestones.

Toronto Notes 2023 - Pediatrics, Airway Disorders:

"Laryngomalacia presents with intermittent inspiratory stridor, typically beginning in the first few months of life. Diagnosis is clinical and prognosis is usually good." MCCQE1 Objectives - Pediatrics > Respiratory Disorders:

"Candidates must recognize the typical presentation of laryngomalacia and differentiate it from other causes of pediatric stridor."

Vascular ring (A) or subglottic hemangioma (C) often present with more severe or progressive symptoms.

Foreign body aspiration (D) presents acutely. TE fistula (E) usually causes feeding difficulties from birth.

NEW QUESTION # 213

A 32-year-old man presents to the clinic for assessment of a dog bite sustained 3 days ago while traveling in another country. He recalls having seen the dog eat where he was staying, and the animal did not appear well. On examination, the patient has 2 distinct deep puncture wounds on his left leg. There is an erythematous border but no exudate. He is unsure of his immunization status. Which one of the following is the most appropriate management?

- A. Order serum creatine kinase
- B. Start antibiotic treatment with ciprofloxacin
- C. Arrange for wound debridement
- D. Irrigate the wounds with hydrogen peroxide
- **E. Give rabies immunoglobulin and vaccine**

Answer: E

Explanation:

Dog bites from animals of unknown rabies status, especially from endemic regions and in patients with uncertain immunization status, require immediate post-exposure prophylaxis (PEP) including both rabies immunoglobulin and vaccine. The decision is urgent given the fatal nature of rabies.

Toronto Notes 2023 - Infectious Diseases, "Rabies Exposure":

"Rabies PEP is indicated for bites from animals with unknown vaccination status or those showing abnormal behavior, particularly in endemic regions. PEP includes both vaccine and immunoglobulin." MCCQE1 Objectives (Public Health > 64-1: Rabies and Animal Bites):

"Candidates must recognize indications for rabies post-exposure prophylaxis." Ciprofloxacin (C) is not the antibiotic of choice (amoxicillin-clavulanate is preferred). Hydrogen peroxide (E) can be cytotoxic. Debridement (B) and CK (D) are not immediate priorities here.

NEW QUESTION # 214

A 53-year-old man presents to the Emergency Department with a 3-week history of believing his neighbor is poisoning him by pumping gas through his home's air vent. He appears distracted, irritable, and is speaking very quickly. He has a family history of depression. Which one of the following is the most likely diagnosis?

- A. Psychotic disorder secondary to traumatic brain injury
- **B. Bipolar I disorder**
- C. Brief psychotic disorder
- D. Delirium
- E. Malingering

Answer: B

Explanation:

This man exhibits a classic manic episode with psychotic features: persecutory delusions, distractibility, pressured speech, irritability, and possible grandiosity. The chronicity and mood symptoms are most consistent with Bipolar I disorder.

Toronto Notes 2023 - Psychiatry, "Mood Disorders" Section:

"Bipolar I disorder is characterized by episodes of mania, often with psychotic features. Symptoms include grandiosity, decreased need for sleep, distractibility, and mood-congruent delusions." MCCQE1 Objectives (Psychiatry > 79-1: Mood Disorders):

"Candidates must recognize mania and differentiate from brief psychosis or organic causes." Delirium (A) is acute, fluctuating, and involves impaired attention. Malingering (B) requires external gain.

Brief psychotic disorder (C) resolves within 1 month. Brain injury-related psychosis (E) would require a supporting history or findings.

(Part 2)

NEW QUESTION # 215

A 25-year-old man presents to the Emergency Department with diffuse abdominal pain and anorexia. He was tackled in a football game yesterday. He reports a 3-week history of sore throat and fatigue. Vital signs are as follows:

Blood pressure: 95/45 mm Hg

Heart rate: 96/min

Temperature: 37.6°C

Which one of the following is the most likely diagnosis?

- A. Pyelonephritis

- B. Pneumonia
- **C. Ruptured spleen**
- D. Ruptured duodenum
- E. Appendicitis

Answer: C

Explanation:

This patient presents with hypotension, diffuse abdominal pain, and a history of contact sports injury with preceding symptoms of infectious mononucleosis (sore throat, fatigue). The spleen is commonly enlarged in mononucleosis, making it vulnerable to rupture after even minor trauma.

Toronto Notes 2023 - General Surgery and Infectious Diseases Sections:

"Splenic rupture is a known complication of mononucleosis, particularly after trauma. Symptoms may include diffuse abdominal pain, hypotension, and signs of hemorrhagic shock." MCCQE1 Objectives (Surgery > 84-1: Abdominal Trauma):

"Candidates should identify splenic rupture as a cause of hypotension and abdominal pain following blunt abdominal trauma, especially in patients with splenomegaly." Appendicitis (B) would present with localized right lower quadrant pain. Pneumonia (C) and pyelonephritis (D) would present with respiratory or urinary symptoms. Ruptured duodenum (E) is much less likely without specific trauma to that region or signs of peritonitis.

NEW QUESTION # 216

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