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MCCQE 1 Exam Questions and Answers 100% Solved

HERPETIC WHITLOW ✓✓ Painful grouped vesicles on an erythematous base located on the distal finger

Cause: Infection with HSV

Treatment:

Self-limiting disease

Antiviral (e.g., acyclovir) may be beneficial

ONYCHOCRYPTOSIS/INGROWN NAILS ✓✓ Inflammation and soft tissue hypertrophy

+/- secondary infection occurring when the lateral edge of the nail plate impinges on the nail fold

ONYCHOCRYPTOSIS Cause:

Onychomycosis

Incorrect technique of nail cutting

Repetitive trauma

Poor foot hygiene; poorly fitting shoes ✓✓ Treatment

Barrier placement between nail plate and nail fold

Excision of the portion of nail plate pressing on the nail fold

+/- Antibiotics

Biphasic Anaphylaxis ✓✓ Recurrence of Sx 4 to 32 h (mean 10 h) after the initial episode.

Occurs in up to 20% of patients

and is due to the release of 2^o mediators and the late-phase response.

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q37-Q42):

NEW QUESTION # 37

A 33-year-old man with severe bacterial meningitis is intubated and unresponsive in the Intensive Care Unit. If he receives immediate treatment, his prognosis is excellent. If he does not, he will likely die. Three years ago, the patient had Huntington disease diagnosed, but he has been asymptomatic since then. His advance directive, which was made before this hospitalization, states that he should be allowed to die if he contracts a life-threatening illness. His parents demand that he be treated for the meningitis. Which one of the following is the best next step?

- A. Do not provide any treatment other than comfort measures
- B. Initiate treatment, using the parents as substitute decision-makers
- C. Order an electroencephalography
- D. Ask for a current mental capacity assessment
- E. Consult a second physician for an opinion on emergent treatment

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

An advance directive is a legally binding document that outlines a competent person's preferences regarding future medical care. If the patient clearly stated a refusal of treatment in the event of a life-threatening condition, this directive must be followed, even if the patient is currently incapacitated and family disagrees.

Toronto Notes 2023 - Ethics and Law:

"Advance directives must be respected when valid, clear, and applicable. Substitute decision-makers cannot override them."

MCCQE1 Objectives (ELOM > 90-4: Informed Consent and Advance Directives):

"Candidates must apply valid advance directives to guide care for incapacitated patients." B (parents as SDMs) is incorrect if an advance directive exists. A and D are irrelevant-capacity has already been documented. C is unnecessary when an advance directive is clear.

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NEW QUESTION # 38

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

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Hyponatremia in a patient with lung cancer and euvolemia 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 # 39

A 72-year-old man presents to your clinic accompanied by his 70-year-old husband. The patient reports that, over the last several months, his libido has been very low. Which one of the following would be the best next step?

- A. Order serum testosterone levels
- B. Refer for couple's counselling
- C. Prescribe testosterone
- D. Interview the couple together
- E. Assess for depression

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

Decreased libido in elderly patients can be multifactorial, but depression is a common and important cause that must be ruled out before hormone therapy or other steps. A proper mental health screen should precede further interventions.

Toronto Notes 2023 - Psychiatry / Geriatrics:

"In elderly men, reduced libido may be linked to depression, medical illness, or medications. Depression screening is essential."

MCCQE1 Objectives (Psychiatry > 71-1: Mood Disorders / Sexual Health):

"Candidates must consider depression as a common cause of decreased libido and assess accordingly before initiating hormone therapy." Testosterone testing (D) may follow. Prescribing (C) is premature. Couples counselling (B) may help if interpersonal issues are identified. Interviewing together (A) may inhibit disclosure.

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NEW QUESTION # 40

A 53-year-old man with a history of bipolar I disorder is brought to the office by his family. Recently, he has been sleeping for 4 to 5 hours per night, has been fidgety, and is increasingly preoccupied with his granddaughter's safety. Five days ago, he consulted with your physician colleague and was instructed to exercise and meditate. Last night, he was found running in the street and attempted to hit a relative who was trying to calm him down. His son is dissatisfied with your physician colleague's management. Which one of the following is the most appropriate response?

- A. Explain that you will now assess the father and that your goal is to treat him.
- B. Encourage the son to file a complaint.
- C. Acknowledge your physician colleague's mistake and apologize.
- D. Point out that exercise and meditation have been proven useful in managing bipolar I disorder.
- E. Share that you would have prescribed a medication after the first assessment.

Answer: A

Explanation:

The most appropriate and professional response is to focus on the current clinical situation and reassure the family that you will take responsibility for assessment and treatment. Criticizing a colleague (A, B, E) or deflecting to generalities (D) is unprofessional and unhelpful in crisis management.

Toronto Notes 2023 - Psychiatry, Physician-Patient-Family Communication:

"In emotionally charged or crisis situations, the physician must remain focused, empathetic, and professional.

Avoid blaming colleagues; instead, offer a concrete plan of care."

MCCQE1 Objectives - Psychiatry > Ethics and Professionalism:

"Candidates must demonstrate professionalism in managing conflicts, focusing on patient care while maintaining collegial respect."

NEW QUESTION # 41

A 60-year-old man presents to the office with concerns regarding a pruritic rash, which he has had for several years. He reports a "crawling" sensation on his skin. He is concerned that this rash may be caused by a parasite he may have picked up while serving in the military overseas. On examination, you note multiple crusted lesions on his forearms, neck, chest, scalp, and thighs. There is a complete sparing of the skin on his back. He brought a bottle with fibrous material of different colours that he picked from his wounds. He is otherwise healthy and reports no other symptoms except some chronic fatigue and insomnia related to the itching. Which one of the following treatments is the most appropriate?

- A. Ivermectin
- B. Doxycycline
- C. Butenafine
- D. Permethrin
- E. Fluconazole

Answer: A

Explanation:

This case describes classic signs of delusional parasitosis (also known as Morgellons syndrome). However, the presence of widespread crusted lesions raises suspicion for crusted scabies, particularly in older adults.

Crusted scabies may be misinterpreted as chronic dermatitis or psychocutaneous disorder. The most effective treatment is oral ivermectin.

Toronto Notes 2023 - Dermatology:

"Crusted scabies presents as widespread hyperkeratotic plaques with crusting. First-line treatment is oral ivermectin, often with topical permethrin." MCCQE1 Objectives (Medicine > Dermatology > 23-1):

"Candidates must recognize presentations of ectoparasitic infections, including scabies, and provide appropriate treatment." Permethrin (B) is for typical scabies, but crusted scabies often requires systemic ivermectin due to severity and spread.

NEW QUESTION # 42

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