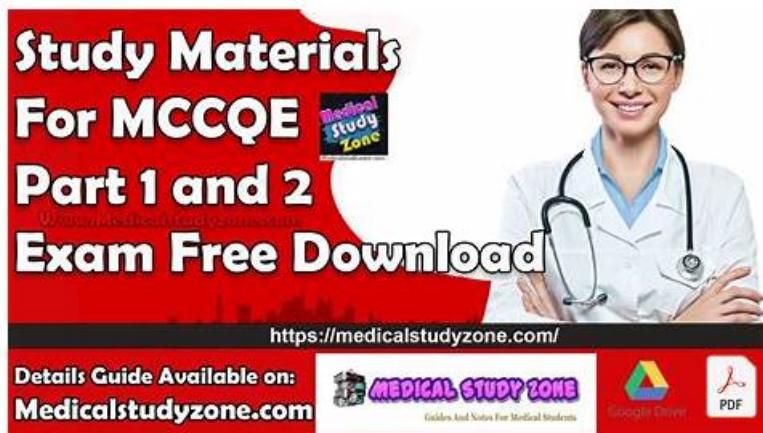


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q175-Q180):

NEW QUESTION # 175

A 4-year-old girl is brought to the family practice by her father. The child has a 2-week history of low-grade fever, fatigue, and sore throat. She has also developed several small, round, mildly tender lumps bilaterally in her neck. She was previously well. Which one of the following is most likely to be found on abdominal examination?

- A. Shifting dullness
- B. Palpable spleen
- C. Abdominal bruit
- D. Renal mass
- E. Generalized tenderness

Answer: B

Explanation:

This child likely has infectious mononucleosis caused by Epstein-Barr virus (EBV), characterized by fever, sore throat, cervical lymphadenopathy, fatigue, and splenomegaly. A palpable spleen is a hallmark of EBV in children.

Toronto Notes 2023 - Pediatrics, "Infectious Mononucleosis":

"Key features include fever, pharyngitis, lymphadenopathy, and splenomegaly. Children may have milder symptoms but often exhibit palpable spleen." MCCQE1 Objectives (Pediatrics > 75-2: Infectious Disease):

"Candidates should recognize common viral syndromes such as EBV and identify complications including splenomegaly." Other options (renal mass, ascites, etc.) are inconsistent with this viral presentation.

NEW QUESTION # 176

A 51-year-old man comes to your clinic for follow-up regarding his type 1 diabetes. His hemoglobin A1c is 12.5% (normal 4-6%). He has never had such high blood sugar results. He drinks 2 beers per night to help with sleep. He is not well rested because he has been sleeping on a friend's couch since losing his job last year. Which one of the following is the best next step?

- A. Ensure that he has the finances to adequately monitor his diabetes.
- B. Ask him to create a food journal and refer him to a dietitian.
- C. Send him for thyroid function testing.
- D. Prescribe an antidepressant to improve his energy and motivation.

Answer: A

Explanation:

This patient is experiencing social instability (homelessness, job loss) likely contributing to poorly controlled diabetes. Before investigating or prescribing further, it is essential to address his ability to afford and manage self-monitoring and insulin.

Toronto Notes 2023 - Endocrinology, Diabetes:

"Social determinants such as housing insecurity and financial barriers significantly affect diabetes self- management. Addressing access to glucose monitoring and insulin is critical." MCCQE1 Objectives - Internal Medicine > Chronic Disease Management: "Candidates must assess barriers to effective disease control, including financial and psychosocial limitations." Antidepressants (B) may be helpful later if depression is suspected. Thyroid testing (C) is not the priority. A dietitian (D) may help long-term, but immediate access and adherence are more urgent.

NEW QUESTION # 177

A 35-year-old woman presents to your clinic for follow-up regarding her persistent primary immune thrombocytopenic purpura. She was admitted to hospital with a relapse and received treatment with dexamethasone, intravenous immunoglobulin, and rituximab. She was recently discharged from hospital with a platelet count of $55 \times 10^9/L$ (130-360), and also continues to take 10 mg of prednisone once daily. She is scheduled for a splenectomy in 4 weeks. Which one of the following is the best next step in preparation for the patient's surgical procedure?

- A. Transfuse 5 units of platelets 1 week preoperatively
- B. Arrange for preoperative vaccination
- C. Start calcium and vitamin D supplementation
- D. Prescribe daily azithromycin 1 week preoperatively
- E. Stop prednisone 2 weeks preoperatively

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Patients undergoing splenectomy are at lifelong risk for overwhelming post-splenectomy infection (OPSI), particularly from encapsulated organisms. Vaccination against *Streptococcus pneumoniae*, *Haemophilus influenzae* type b, and *Neisseria meningitidis* is recommended at least 2 weeks prior to elective splenectomy.

Toronto Notes 2023 - Hematology / Surgery:

"Patients undergoing elective splenectomy should receive vaccines against pneumococcus, *H. influenzae* type b, and meningococcus at least 2 weeks before surgery." MCCQE1 Objectives (Hematology > 38-2: Thrombocytopenia and Splenectomy):

"Candidates must ensure vaccination prior to splenectomy to prevent postsplenectomy sepsis." Calcium (B) may be considered in chronic steroid users but is not the priority. Azithromycin (C) is not indicated. D is unsafe without tapering. E is only for acute bleeding or extremely low platelets.

NEW QUESTION # 178

An otherwise well 18-month-old girl is brought to your family practice office for routine immunization. Her mouth is as shown in the attached image. She has no symptoms. Which one of the following is the most likely cause of this presentation?

□ Image description: Severe black and brown decay of multiple upper front teeth, with relatively spared lower teeth.

- A. Use of oral iron supplements.
- B. Putting the child to bed with a bottle.
- C. Lack of fluoride in drinking water.
- D. Repeated courses of antibiotics.
- E. Vitamin D deficiency.

Answer: B

Explanation:

The image shows classic features of "early childhood caries" (ECC), often called "baby bottle tooth decay." This typically affects upper incisors first due to prolonged exposure to milk/formula or sugary drinks during sleep.

Toronto Notes 2023 - Pediatrics, "Dental Health" Section:

"ECC is most commonly caused by prolonged nighttime bottle feeding with milk or juice. It affects upper anterior teeth due to pooling and lack of protective salivary flow." MCCQE1 Objectives (Pediatrics > 78-2: Preventive Care):

"Candidates must recognize risk factors for dental caries in young children, including nighttime bottle use and sugary liquid exposure."

Antibiotics (C) or iron (D) can stain but do not cause this pattern of decay. Vitamin D (A) causes enamel hypoplasia or delayed eruption. Fluoride deficiency (B) causes diffuse decay, not selective anterior tooth loss.

NEW QUESTION # 179

A 66-year-old woman suffering from a progressive neurological disease is admitted to a long-term care centre. Her husband does not wish to participate in discussions about the seriousness of his wife's disease and is convinced that she will soon come back home. During his 2nd visit to the centre, he gives you a cheque for a substantial sum made out to you, the treating physician, for your own research. Which one of the following is the best response to your patient's husband?

- A. Suggest he donate to your medical group
- B. Accept the money as a contribution to the long-term care centre's fundraising campaign
- C. Inform him you would only be able to accept a smaller amount of money
- D. Decline to accept the cheque
- E. Refer the husband to the centre's social worker

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Physicians must avoid conflicts of interest and maintain professional boundaries with patients and their families. Accepting a personal financial gift, regardless of intent, is inappropriate and unethical.

Toronto Notes 2023 - Ethics and Professionalism:

"Personal gifts of significant value from patients or families should be declined to avoid real or perceived conflicts of interest."

MCCQE1 Objectives (ELOM > 90-3: Professionalism and Boundaries):

"Candidates must maintain ethical boundaries and refuse financial incentives that could compromise or appear to compromise clinical judgment." Other options (A, B, E) still involve a conflict. D is helpful, but the ethical obligation is to decline the cheque directly.

NEW QUESTION # 180

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