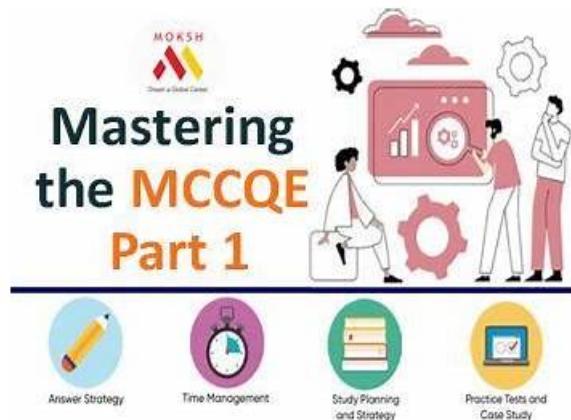


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q104-Q109):

NEW QUESTION # 104

A 29-year-old concert pianist with severe chronic kidney disease presents with a 6-month history of loss of appetite and pruritis. Although the issue of initiating dialysis has been discussed with him and his questions answered, he has declined dialysis thus far. You understand his concerns that it will interfere with his concert tour and recording schedule. Which one of the following is the best next step?

- A. Offer to arrange for him to meet patients in the peritoneal dialysis clinic.

- B. Explore employment alternatives that would better accommodate the dialysis schedule.
- C. Provide him access to his medical records and full chart.
- D. Warn him of the consequences of refusing dialysis.
- E. Explain to him you will see him again when he decides to start dialysis.

Answer: A

Explanation:

When a competent patient declines dialysis, the next step is to support shared decision-making and explore options that align with their lifestyle. Peritoneal dialysis may allow more flexibility and autonomy compared to hemodialysis, making it more acceptable to patients with demanding schedules.

Toronto Notes 2023 - Nephrology, Chronic Kidney Disease Section:

"Peritoneal dialysis offers the advantage of home-based treatment and flexible scheduling. Patient education and peer support can improve acceptance and adherence to dialysis initiation." MCCQE1 Objectives - Internal Medicine > Nephrology:

"The candidate should explore treatment alternatives collaboratively, emphasizing patient autonomy, while addressing misconceptions and lifestyle concerns related to dialysis." Simply warning the patient or withdrawing engagement (Options B and C) may undermine rapport. Access to medical records (D) is a right, but does not actively address treatment planning. Exploring new employment (E) is inappropriate at this stage.

NEW QUESTION # 105

A 19-year-old woman returns to your clinic to discuss her recent laboratory tests. She initially presented with dysuria, dyspareunia, and abnormal uterine bleeding. Her vulvovaginal examination was normal. Her last sexual encounter was 3 weeks prior to the onset of her symptoms. Which one of the following pathogens is most likely to explain this clinical presentation?

- A. *Actinomyces israelii*
- B. *Treponema pallidum*
- C. Human papillomavirus
- D. Herpes simplex virus
- E. *Chlamydia trachomatis*

Answer: E

Explanation:

Chlamydia trachomatis is the most common cause of cervicitis in young sexually active women and frequently presents with dysuria, dyspareunia, intermenstrual bleeding, and a normal vulvovaginal exam. It may be asymptomatic or have subtle signs and often affects the endocervix.

Toronto Notes 2023 - Gynecology, "Sexually Transmitted Infections" Section:

"*Chlamydia* is the most common bacterial STI. Symptoms may include intermenstrual bleeding, postcoital bleeding, dyspareunia, mucopurulent cervical discharge, and dysuria. The vulva and vagina may appear normal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-1: Abnormal Uterine Bleeding):

"Candidates should evaluate STI-related cervicitis as a common cause of postcoital and intermenstrual bleeding in young women."

Other options:

- * A. *Actinomyces israelii* is associated with IUD use, not relevant here.
- * B. Herpes simplex virus usually presents with painful ulcerations, not abnormal bleeding.
- * C. *Treponema pallidum* (syphilis) causes painless ulcers or systemic symptoms in later stages.
- * D. HPV causes warts or asymptomatic cervical dysplasia, not acute symptoms.

NEW QUESTION # 106

A 40-year-old man presents to the emergency department with a 24-hour history of severe abdominal pain and recurrent vomiting. He has a long-term history of alcohol use disorder. His blood pressure is 90/60 mm Hg, and his heart rate is 120/min. The pain is located mostly in the epigastrium but radiates to the right upper quadrant and to his back. Radiographs of the abdomen and chest reveal some distended small bowel loops in his upper abdomen. Laboratory work results are pending. After fluid resuscitation, which one of the following is the best next step?

- A. Ultrasonography
- B. Immediate laparotomy
- C. Sengstaken-Blakemore tube
- D. Upper gastrointestinal endoscopy
- E. Computed tomography

Answer: E

Explanation:

The clinical picture is most consistent with acute pancreatitis (alcohol-related, epigastric pain radiating to back, vomiting, and ileus). CT abdomen with contrast is the best diagnostic tool if the diagnosis is uncertain or complications are suspected.

Toronto Notes 2023 - Gastroenterology, "Pancreatitis":

"CT abdomen is indicated when diagnosis is unclear, symptoms are severe, or complications (e.g., necrosis, ileus) are suspected."

MCCQE1 Objectives (Gastroenterology > 47-1: Acute Abdominal Pain):

"Candidates must investigate acute epigastric pain appropriately, especially in the context of alcohol use and systemic features."

Ultrasound (B) is first-line for gallstones but not best here. Laparotomy (A) is not warranted without peritonitis or perforation.

Endoscopy (D) is not indicated. Sengstaken-Blakemore (E) is for variceal bleeding, which is not suspected here.

NEW QUESTION # 107

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

Answer: B

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 # 108

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. Consult a second physician for an opinion on emergent treatment
- C. Ask for a current mental capacity assessment
- D. Initiate treatment, using the parents as substitute decision-makers
- E. Order an electroencephalography

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.

NEW QUESTION # 109

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