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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q222-Q227):

NEW QUESTION # 222

A 16-year-old boy presents to the emergency department with a 12-hour history of fever and rigors. He has sickle cell anemia. On examination, his vital signs include the following:

Heart rate

110/min (60-100)

Respiratory rate

20/min (12-18)

Temperature

38.8 °C, oral (36.5-37.5)

Which one of the following places this patient at risk for sepsis?

- A. Systemic iron overload

- B. Immunoglobulin deficiency
- C. Chronic anemia
- D. Neutrophil dysfunction
- E. Functional asplenia

Answer: E

Explanation:

Patients with sickle cell anemia often develop functional asplenia due to repeated splenic infarction. The spleen plays a critical role in clearing encapsulated organisms such as *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Neisseria meningitidis*. Functional asplenia significantly increases the risk of overwhelming sepsis.

Toronto Notes 2023 - Hematology, "Sickle Cell Disease":

"Functional asplenia is common in sickle cell disease and increases the risk for sepsis due to impaired clearance of encapsulated bacteria." MCCQE1 Objectives (Pediatrics > 77-2: Hematology):

"Candidates must recognize that patients with functional asplenia are at increased risk for sepsis and require prompt evaluation for fever." Neutrophil dysfunction (B) and immunoglobulin deficiency (C) are not typical features of sickle cell anemia.

Chronic anemia (D) and iron overload (E) do not directly increase sepsis risk.

NEW QUESTION # 223

You are called to the Emergency Department to see a 6-month-old boy with a 3-day history of fever. Physical examination reveals an irritable infant with a temperature of 38.1°C. His vital signs are:

Blood pressure: 87/50 mm Hg

Respiratory rate: 80/min

Heart rate: 140/min

Oxygen saturation: 92% on room air

The infant has no skin findings. On chest examination, you hear coarse crackles on the right side of the chest.

Which one of the following is the best next step in the management of this child?

- A. Oral steroids.
- B. Reassurance.
- C. Intravenous fluids.
- D. Oral antibiotics.
- E. Intravenous antibiotics.

Answer: E

Explanation:

This 6-month-old presents with signs of systemic illness, tachypnea, hypoxia, and focal lung findings. In this age group, pneumonia can rapidly progress, and given the severity of symptoms, oral treatment is insufficient.

Intravenous antibiotics are urgently indicated.

Toronto Notes 2023 - Pediatrics, Respiratory Infections in Infants:

"Infants under 6 months with signs of systemic illness, hypoxia ($SpO_2 < 94\%$), and respiratory distress should receive IV antibiotics. Delayed treatment may result in rapid clinical deterioration." MCCQE1 Objectives - Pediatrics > Respiratory Conditions:

"Candidates must recognize signs of serious lower respiratory tract infection in infants and initiate prompt IV antibiotic therapy when criteria for hospitalization are met." Oral antibiotics (C) are appropriate for mild outpatient pneumonia. Reassurance (B) and oral steroids (A) are inappropriate. IV fluids (D) may be supportive but do not address the infectious cause.

NEW QUESTION # 224

You are called to attend an 18-year-old woman, gravida 2, para 1, aborta 0, who is in precipitous labour. She did not realize she was pregnant and has not had any prenatal care. After the delivery, you examine the newborn boy; he is vigorous, and it appears that he was born at full term. Physical examination findings of the newborn are normal. Review of the prenatal record from the mother's last pregnancy shows the following:

* HIV: Negative

* Hepatitis B surface antibody: Positive

* Hepatitis C: Negative

* Syphilis serology: Negative

The mother's previous child was placed in foster care. The mother is withdrawn and uncommunicative after delivery. Which one of the following is the best next step?

- A. Collect urine from the newborn for a drug screen
- B. Initiate feeding with donor breast milk
- C. Administer hepatitis B vaccine to the newborn
- D. Recommend immediate skin-to-skin care

Answer: A

Explanation:

Given the lack of prenatal care, the mother's withdrawal, and prior involvement of child protection services, a newborn drug screen is warranted to assess for possible in utero exposure. This is part of the safety assessment.

Toronto Notes 2023 - Pediatrics, Newborn Assessment:

"Infants born to mothers with no prenatal care or prior social concerns should undergo a full newborn screening, including toxicology if indicated." MCCQE1 Objectives - Pediatrics > Newborn Care and Social Issues:

"Candidates must identify social risk factors and initiate appropriate newborn evaluations, including toxicology screens when substance use is suspected." The mother was previously immune to hepatitis B, so (A) is not immediately required. Skin-to-skin care (D) is beneficial but secondary to screening in this context. Donor milk (B) is not indicated unless breastfeeding is contraindicated.

NEW QUESTION # 225

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. Prescribe an antidepressant to improve his energy and motivation.
- C. Send him for thyroid function testing.
- D. Ask him to create a food journal and refer him to a dietitian.

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 # 226

You are treating a 78-year-old man for recent onset of diarrhea, tenesmus, and minor bleeding when he wipes.

He has a history of prostate cancer that was treated by radiotherapy. Rectal examination findings are normal.

Colonoscopy reveals a pale rectum with ulcerations and areas of mucosal hemorrhage. Which one of the following is the most likely explanation for this clinical presentation?

- A. Diverticulosis
- B. Radiation proctitis
- C. Ulcerative colitis
- D. Rectal cancer
- E. Recurrent prostate cancer

Answer: B

Explanation:

Radiation proctitis is a well-known complication of pelvic radiation therapy (e.g., for prostate cancer). It presents months to years after treatment with rectal bleeding, tenesmus, and mucosal ulceration on colonoscopy.

Toronto Notes 2023 - Gastroenterology, "Radiation-Induced GI Injury":

"Radiation proctitis presents with rectal bleeding, tenesmus, urgency. Colonoscopy shows pale, friable mucosa, ulcerations, and

telangiectasia." MCCQE1 Objectives (Gastroenterology > 47-2: GI Bleeding and Complications):

"Candidates must recognize radiation proctitis based on history of radiation and characteristic endoscopic findings." Ulcerative colitis (B) usually starts younger and is more diffuse. Diverticulosis (C) affects the left colon and causes painless bleeding. Recurrent prostate cancer (D) and rectal cancer (E) would show mass or infiltration.

NEW QUESTION # 227

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