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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q134-Q139):

### NEW QUESTION # 134

A 34-year-old woman, gravida 3, para 2, aborta 0, presents at 38 weeks' gestation. She is in early labor with ruptured membranes. Her previous pregnancy was complicated by fever during labor. Which one of the following would increase the risk of fever

recurrence?

- A. Precipitous labor
- B. Advanced maternal age
- **C. Epidural analgesia**
- D. Multiparity

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation:

Epidural analgesia is associated with increased maternal intrapartum fever due to non-infectious(neurogenic) thermoregulation impairment. This is a well-known phenomenon in laboring women.

Toronto Notes 2023 - Obstetrics / Anesthesia:

"Epidural analgesia increases risk of intrapartum fever by up to 20% via non-infectious mechanisms." MCCQE1 Objectives (Obstetrics > 80-5: Intrapartum Care):

"Candidates must recognize risk factors for intrapartum complications, including effects of epidural use." Multiparity (A), precipitous labor (B), and maternal age (C) are not established risk factors for intrapartum fever.

### NEW QUESTION # 135

A 42-year-old businessman known to have type 2 diabetes and ischemic heart disease is admitted to hospital with acute coronary syndrome. He admits to drinking 4 beers a day for the last 6 years and to binge drinking twice a year when his school buddies are in town. Your chart review reveals that he had a seizure secondary to alcohol withdrawal during his last admission. Which one of the following elements of his history puts him at highest risk of having another such seizure?

- A. The number of years he has consumed alcohol.
- B. His binge drinking.
- **C. His previous episode of alcohol withdrawal.**
- D. His medical comorbidities.
- E. The quantity of alcohol he consumes daily.

**Answer: C**

Explanation:

A history of previous alcohol withdrawal seizures is the single greatest predictor of future withdrawal seizures. This establishes a sensitization response within the central nervous system.

Toronto Notes 2023 - Addiction Medicine:

"A prior history of alcohol withdrawal seizures is the most important risk factor for recurrent seizures during future withdrawal episodes." MCCQE1 Objectives (Internal Medicine > Substance Use > 58-3):

"Candidates must identify individuals at high risk for severe alcohol withdrawal based on past withdrawal history, including seizures and delirium tremens." Although quantity, duration, and comorbidities contribute to risk, a prior withdrawal seizure most strongly predicts recurrence.

### NEW QUESTION # 136

A 40-year-old woman presents to the Emergency Department with confusion and fever (38.5°C). She has a history of hypothyroidism managed with levothyroxine. Key findings include:

Blood pressure

114/78 mm Hg

Heart rate

85/min

Temperature

38.5°C

Hemoglobin

90 g/L123-157 g/L

Platelet count

25 × 10<sup>9</sup>/L130-400 × 10<sup>9</sup>/L

Peripheral blood film

Schistocytes present

Creatinine

200 #mol/L 50-90 #mol/L

- A. Human immunodeficiency virus
- B. Cirrhosis
- C. Acute myelogenous leukemia
- **D. Thrombotic thrombocytopenic purpura**
- E. Idiopathic thrombocytopenic purpura

**Answer: D**

Explanation:

This patient presents with fever, confusion, anemia with schistocytes, thrombocytopenia, and renal impairment - fulfilling the classic pentad of thrombotic thrombocytopenic purpura (TTP). TTP is a hematologic emergency requiring plasma exchange.

Toronto Notes 2023 - Hematology, "Microangiopathic Hemolytic Anemia" Section:

"TTP is a medical emergency. Features include MAHA, thrombocytopenia, renal failure, neurologic symptoms, and fever.

Schistocytes on blood film are diagnostic." MCCQE1 Objectives (Internal Medicine > 76-7: Hematologic Disorders):

"Candidates must urgently recognize TTP and initiate emergent plasma exchange therapy." AML (B) does not present with schistocytes. HIV (C) can cause thrombocytopenia but not MAHA. ITP (D) causes isolated thrombocytopenia without anemia or schistocytes.

### NEW QUESTION # 137

You are being consulted for a 79-year-old man who is about to undergo a total hip arthroplasty. His orthopedic surgeon is aware of the diagnosis of Alzheimer disease and would like your suggestions to help avoid acute postsurgical delirium. To that end, which one of the following is the most effective strategy?

- A. Treat postsurgical insomnia with benzodiazepines
- B. Screen the patient with the Mini-Mental Status Examination prior to surgery
- C. Refrain from prescribing opiate analgesics to treat postoperative pain
- **D. Avoid medications with anticholinergic potential**
- E. Keep family visits to a minimum to avoid postsurgical overstimulation

**Answer: D**

Explanation:

One of the strongest modifiable risk factors for postoperative delirium in older adults is exposure to anticholinergic medications (e.g., diphenhydramine, certain antidepressants). Avoiding these can reduce delirium risk.

Toronto Notes 2023 - Geriatrics, "Delirium Prevention":

"Avoid high-risk medications including anticholinergics, benzodiazepines, and narcotics if possible. Maintain orientation cues and adequate pain control." MCCQE1 Objectives (Medicine > Geriatrics > 41-1: Cognitive Impairment):

"Candidates must recognize predisposing factors for delirium and apply prevention strategies, including medication review." Opiates (B) should be used judiciously; untreated pain can also cause delirium. Cognitive screening (C) is helpful for baseline but does not prevent delirium. Benzodiazepines (D) increase delirium risk. Family involvement is actually helpful (E).

### NEW QUESTION # 138

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. Chronic anemia
- B. Immunoglobulin deficiency
- C. Neutrophil dysfunction
- **D. Functional asplenia**
- E. Systemic iron overload

**Answer: D**

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 # 139

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