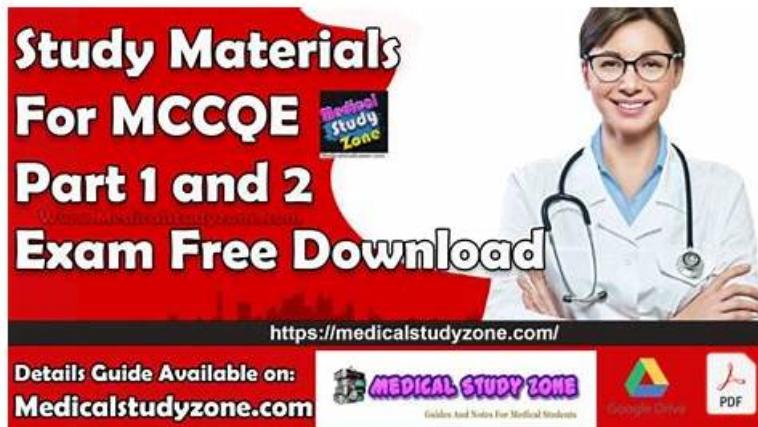


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q225-Q230):

NEW QUESTION # 225

An 80-year-old woman presents to the Emergency Department with dizziness. She has a medical history of coronary artery disease. On examination, she is alert and oriented. Her vital signs are as follows:

Her electrocardiogram is shown in the image.

Which one of the following is the most likely diagnosis?

Blood pressure

80/60 mm Hg

Heart rate

40/min

Respiratory rate

12/min

Her electrocardiogram is shown in the attached image. Which one of the following is the most likely diagnosis?

□

- A. Third-degree atrioventricular block
- B. First-degree atrioventricular block
- C. Second-degree Mobitz type I atrioventricular block
- D. Sinus bradycardia
- E. Junctional escape rhythm

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

The ECG reveals:

- * Regular P waves that are not consistently followed by QRS complexes
- * A dissociation between the atrial (P wave) and ventricular (QRS complex) activity
- * A slow ventricular rate (~40 bpm) independent of atrial rate

These findings are characteristic of a third-degree (complete) atrioventricular (AV) block, where there is no conduction of atrial impulses to the ventricles. The atria and ventricles beat independently, and the ventricular rate is maintained by an escape rhythm, often junctional or ventricular in origin.

This correlates with the patient's symptoms (dizziness, hypotension) and bradycardia, suggesting inadequate cardiac output due to AV dissociation.

Toronto Notes 2023 - Cardiology:

"Third-degree AV block shows complete AV dissociation with independent atrial and ventricular activity. It typically presents with bradycardia and hypotension. Urgent pacing may be required." MCCQE1 Objectives (Cardiology > 34-2: Bradyarrhythmias and Conduction Disorders):

"Candidates must identify complete heart block and recognize its clinical urgency." Ruling out other options:

- * A. Sinus bradycardia would show regular P waves with 1:1 P-QRS conduction.
- * B. First-degree AV block has prolonged PR intervals (>200 ms) but all P waves are conducted.
- * D. Junctional escape rhythm may present with bradycardia, but P waves would be absent, inverted, or occur after QRS complexes.
- * E. Mobitz type I (Wenckebach) has progressively lengthening PR intervals before a dropped QRS.

NEW QUESTION # 226

A 25-year-old woman who is at 8 weeks' gestation plans to travel to rural Cambodia to care for her ill mother.

Which one of the following treatments should be provided to her before the trip?

- A. Tetanus and diphtheria booster if last received more than 5 years ago
- B. **Antimalarial chemoprophylaxis**
- C. Hepatitis B immunoglobulin
- D. Ciprofloxacin for travellers' diarrhea

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Travel to rural Cambodia poses a high risk of malaria, which can be life-threatening in pregnancy.

Antimalarial prophylaxis is strongly recommended for pregnant women traveling to endemic regions.

Chloroquine or mefloquine (depending on resistance patterns) may be used in pregnancy under specialist guidance.

Toronto Notes 2023 - Infectious Disease / Travel Medicine:

"Malaria prophylaxis is indicated in pregnant women traveling to endemic regions. The risk of severe malaria and poor fetal outcomes is high." MCCQE1 Objectives (Public Health > 65-3: Travel Medicine and Pregnancy):

"Candidates must provide preventive care to pregnant travelers including vaccination and malaria prophylaxis." Tetanus boosters (D) are given every 10 years. Hep B Ig (B) is for acute post-exposure prophylaxis.

Ciprofloxacin (C) is contraindicated in pregnancy.

NEW QUESTION # 227

You are on duty in the Emergency Department when 5 patients are brought in by ambulance after a high- speed motor vehicle collision. Which one of the following patients requires the most urgent medical care?

- A. A 32-year-old man with a swollen and angulated thigh, a blood pressure of 112/96 mm Hg, and a pulse of 122/min
- B. A 4-year-old girl with a visibly displaced ankle fracture, in great pain, with normal distal pulses and normal vital signs

- C. A 72-year-old man with a history of myocardial infarction, with a blood pressure of 163/94 mm Hg, a heart rate of 92/min, and a capillary saturation of 95%
- D. A 23-year-old woman who lost consciousness for about 5 minutes and has a headache despite a normal neurological screening examination
- E. A 13-month-old child who is screaming constantly and for whom the triage nurse finds no obvious explanation

Answer: A

Explanation:

The patient with the angulated thigh, hypotension relative to baseline, and tachycardia likely has a femoral shaft fracture with concealed hemorrhage. This poses an immediate risk of hypovolemic shock and requires urgent assessment and stabilization. Toronto Notes 2023 - Emergency Medicine, "Trauma Triage and Prioritization":

"Patients with long bone fractures, especially femoral fractures, are at high risk for hemorrhage and should be prioritized for stabilization and hemorrhage control." MCCQE1 Objectives (Surgery > 51-1: Trauma):

"Candidates must prioritize trauma patients based on signs of instability or risk of deterioration, such as tachycardia and occult bleeding."

NEW QUESTION # 228

A 28-year-old woman presents because of spotting mid-menstrual cycle. Speculum examination reveals an ulcerated endocervical polyp. Which one of the following is the most appropriate management?

- A. Cryotherapy.
- B. **Polypectomy.**
- C. Serial cytology.
- D. Punch biopsy.
- E. Colposcopy.

Answer: B

Explanation:

Endocervical polyps are common and often benign. An ulcerated polyp may bleed but is not itself suspicious unless it shows atypical features. The appropriate management is to remove the polyp (polypectomy) and send it for histopathology to exclude malignancy. Toronto Notes 2023 - Gynecology, Cervical Pathology:

"Endocervical polyps are removed by polypectomy and sent for histological analysis. Most are benign."

Atypical or ulcerated appearance may raise concern, but biopsy is unnecessary if the entire lesion is excised." MCCQE1 Objectives - Gynecology > Abnormal Bleeding and Cervical Lesions:

"Candidates should recognize that cervical polyps causing intermenstrual bleeding should be removed and assessed histologically."

Colposcopy (B) is reserved for abnormal cytology or high-risk lesions. Cryotherapy (A) is for cervical dysplasia. Punch biopsy (E) is used for lesions that are not amenable to polypectomy.

NEW QUESTION # 229

A 59-year-old woman comes to the office because her 48-year-old sister was recently diagnosed with cervical cancer. Your patient thinks her mother may have also had cervical cancer. A Papanicolaou (Pap) test performed 16 months ago had normal results, as did all previous Pap tests. Which one of the following is the best next step?

- A. Offer annual Pap testing for the next 5 years.
- B. **Offer a repeat Pap test 3 years from the previous one.**
- C. Arrange for human papillomavirus testing.
- D. Offer a repeat Pap test now.
- E. Arrange for colposcopy.

Answer: B

Explanation:

For women aged 25-69 years who have had adequate negative screening, the recommendation is to repeat cervical cytology (Pap test) every 3 years, regardless of family history. Cervical cancer is caused primarily by HPV infection, not hereditary genetics. Family history does not alter the screening interval.

Toronto Notes 2023 - Gynecology, Cervical Cancer Screening Section:

"Routine screening with Pap test is recommended every 3 years in women aged 25-69 who have had three consecutive negative

tests. Family history of cervical cancer does not modify the screening interval." MCCQE1 Objectives - Obstetrics and Gynecology > Cancer Screening:

"Candidates must apply population-based cervical cancer screening guidelines. Family history is not a risk modifier for screening frequency in cervical cancer." Options A and B are inappropriate as they increase screening frequency without indication. HPV testing (D) or colposcopy (E) are not recommended without abnormal cytology.

NEW QUESTION # 230

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