

Valid MCCQE Test Questions Vce & The Best Medical Council of Canada Certification Training - Authoritative Medical Council of Canada MCCQE Part 1 Exam

MCCQE 1 Exam Questions and Answers 100% Solved

HERPETIC WHITLOW ✓✓ Painful grouped vesicles on an erythematous base located on the distal finger

Cause: Infection with HSV

Treatment:

Self-limiting disease

Antiviral (e.g., acyclovir) may be beneficial

ONYCHOCRYPTOSIS/INGROWN NAILS ✓✓ Inflammation and soft tissue hypertrophy

+/- secondary infection occurring when the lateral edge of the nail plate impinges on the nail fold

ONYCHOCRYPTOSIS Cause:

Onychomycosis

Incorrect technique of nail cutting

Repetitive trauma

Poor foot hygiene; poorly fitting shoes ✓✓ Treatment

Barrier placement between nail plate and nail fold

Excision of the portion of nail plate pressing on the nail fold

+/- Antibiotics

Biphasic Anaphylaxis ✓✓ Recurrence of Sx 4 to 32 h (mean 10 h) after the initial episode.

Occurs in up to 20% of patients

and is due to the release of 2^o

mediators and the late-phase

response.

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q69-Q74):

NEW QUESTION # 69

A 60-year-old woman presents with a 7-day history of bloody diarrhea and diffuse mild abdominal tenderness. Stool tests (culture, ova/parasites) are negative. Which one of the following is the best next step?

- A. Recommend symptomatic observation.
- B. Prescribe broad-spectrum antibiotics.
- C. Recommend a trial of loperamide.
- D. Prescribe tapered-dose steroids.
- E. Order a diagnostic colonoscopy.

Answer: E

Explanation:

Persistent bloody diarrhea with negative stool cultures and ova/parasite testing in an older adult suggests inflammatory bowel disease (IBD) or another colitis such as ischemic or microscopic colitis. Colonoscopy is the best next diagnostic step to evaluate for ulcerative colitis, Crohn disease, ischemic colitis, or malignancy.

Toronto Notes 2023 - Gastroenterology, "Inflammatory Bowel Disease":

"Persistent bloody diarrhea with negative infectious work-up should prompt colonoscopic evaluation to rule out IBD or other forms of colitis." MCCQE1 Objectives (Internal Medicine > Gastrointestinal > 47-1):

"Candidates must assess and investigate chronic or persistent diarrhea. In the presence of red flag features such as bleeding, weight loss, or anemia, colonoscopy is indicated." Antibiotics (A) are not indicated with negative stool cultures. Observation (C) and loperamide (D) risk delaying diagnosis. Steroids (E) may be required later but only after confirmation of diagnosis.

NEW QUESTION # 70

A 17-year-old boy presents to your clinic with a 6-month history of recurrent headaches. The headaches are excruciating, and he describes them as a stabbing pain, usually around his right eye. They occur several times daily for 2 to 3 weeks and recur every few months. The headaches are associated with tearing from his right eye and tend to get worse when he is overtired. Which one of the following is the most likely diagnosis?

- A. Post-concussive headache
- B. Cluster headache
- C. Brain tumour
- D. Migraine
- E. Sinusitis

Answer: B

Explanation:

The classic description of brief, severe unilateral periorbital pain with autonomic symptoms (tearing), occurring in clusters (same time daily for weeks), is diagnostic of cluster headache.

Toronto Notes 2023 - Neurology, "Headaches":

"Cluster headaches: severe unilateral periorbital pain, often with lacrimation, nasal congestion, occurring in clusters over weeks.

More common in young males." MCCQE1 Objectives (Internal Medicine > 35-2: Headache Disorders):

"Candidates must distinguish among headache types based on duration, pattern, and associated symptoms." Migraine tends to last hours and has nausea or photophobia. Sinusitis causes dull, pressure-like pain. Tumour-related headache is progressive and worse with Valsalva. Post-concussive headache would have trauma history.

NEW QUESTION # 71

A 57-year-old man presents with low back pain. Radiographs of the lumbar spine show a narrowed disk space at L4-L5, anterior osteophyte formation at this level, and sclerosis of the L4-L5 end plates. Which one of the following is the most likely diagnosis?

- A. Metastatic disease from the prostate.
- **B. Degenerative disk disease.**
- C. Paget disease.
- D. Spondylolysis and spondylolisthesis.
- E. Osteomyelitis of the lumbar spine.

Answer: B

Explanation:

The radiographic triad of disc space narrowing, anterior osteophyte formation, and end-plate sclerosis is classic for degenerative disc disease (lumbar spondylosis). Age-related degeneration leads to disc desiccation and loss of disc height, increasing mechanical stress at vertebral end plates and facet joints. This stimulates reactive bone changes, producing osteophytes and sclerosis. These findings fit a chronic, mechanical cause of low back pain.

Osteomyelitis more often shows end-plate erosion/irregularity with disc space loss plus systemic features (fever, elevated inflammatory markers) and may progress rapidly. Prostate metastases typically cause sclerotic lesions in vertebral bodies without isolated disc space narrowing and osteophytes. Paget disease produces bony expansion, cortical thickening, and coarse trabeculation rather than focal disc degeneration changes.

Spondylolysis/spondylolisthesis is suggested by pars defects and vertebral slippage, not primarily by disc narrowing with osteophytes and end-plate sclerosis. MCCQE objectives emphasize interpreting common spine imaging patterns and distinguishing degenerative disease from infection, malignancy, and structural instability.

NEW QUESTION # 72

You are conducting a virtual appointment by voice-only call with a 68-year-old man regarding back pain. When he answers, you ask for him by name and identify yourself and the clinic from which you are calling. Which one of the following is the best next step?

- A. Confirm the name of the patient's primary care provider.
- **B. Ask for additional confirmation of the patient's identity.**
- C. Establish the reason for the virtual care visit.

Answer: B

Explanation:

Before proceeding with any virtual consultation, particularly by voice-only, it is essential to confirm the patient's identity beyond name alone - for example, by verifying date of birth or health card number. This protects privacy and ensures medical confidentiality.

Toronto Notes 2023 - ELOM, Virtual Care Section:

"Virtual care must begin by verifying patient identity using at least two identifiers (e.g., full name and date of birth) to prevent disclosure of personal health information to unintended individuals." MCCQE1 Objectives - Ethical, Legal, and Professionalism > Virtual Care:

"The candidate must confirm patient identity and consent before initiating any virtual medical encounter, especially when video is not available." Option A (reason for visit) should follow identity confirmation. Option B (confirming primary care provider) is irrelevant to identity verification.

NEW QUESTION # 73

A 45-year-old woman presents to your clinic for follow-up regarding her asthma. She is planning to attend a cultural event that includes ceremonial burning of tobacco. Which one of the following is the best next step?

- A. Update the chart to indicate that the patient smokes.
- **B. Ask if tobacco smoke triggers the patient's asthma.**
- C. Counsel the patient on the health effects of tobacco.
- D. Advise the patient to avoid tobacco exposure.

Answer: B

Explanation:

The best next step is to assess whether smoke exposure is a known trigger for this patient's asthma. MCCQE objectives emphasize patient-centred, culturally safe care and risk assessment before giving directive advice.

Ceremonial tobacco burning can produce smoke exposure similar to other irritants; however, not all patients react the same way, and the clinician should first clarify the patient's history of symptom provocation with smoke (tobacco, incense, campfire) and the

severity of prior reactions. This information guides individualized prevention strategies, such as ensuring optimal controller use, carrying a reliever inhaler, positioning away from dense smoke, limiting duration of exposure, and having an action plan if symptoms develop.

Updating the chart to indicate the patient smokes is inappropriate because participation in a ceremony does not equal smoking. General counselling about tobacco health effects can be relevant but is not the immediate priority and may be culturally insensitive if it ignores the context. Advising avoidance may unnecessarily disrupt culturally important participation and should come only after assessing risk and discussing mitigation options.

NEW QUESTION # 74

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