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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q89-Q94):

### NEW QUESTION # 89

A 30-year-old woman presents to your office with a 6-week history of left lower quadrant pain and dyspareunia. A pelvic ultrasound is normal. Which one of the following is the most important immediate investigation?

- A. Laparoscopy
- B. Endometrial biopsy
- C. Hysterosalpingography
- **D. Cervical swabs**
- E. Magnetic resonance imaging

**Answer: D**

Explanation:

This clinical presentation is highly suggestive of chronic pelvic inflammatory disease (PID), especially given the left lower quadrant pain and dyspareunia with a normal pelvic ultrasound. PID is often caused by sexually transmitted infections (STIs), such as Chlamydia trachomatis or Neisseria gonorrhoeae, which may not be evident on imaging.

Toronto Notes 2023 - Gynecology:

"Cervical swabs for N. gonorrhoeae and C. trachomatis are essential in the workup of suspected PID or cervicitis, even when imaging is normal. Dyspareunia and chronic pelvic pain with normal imaging should prompt testing for STIs." MCCQE1 Objectives (Obstetrics & Gynecology > 82-6: Pelvic Pain):

"Candidates must consider and investigate for infectious causes of pelvic pain, including PID, which requires cervical swab testing as an essential first-line investigation." Laparoscopy (A) is invasive and reserved for uncertain or refractory cases.

Hysterosalpingography (C) is used in infertility workups, not acute pain. Endometrial biopsy (D) and MRI (E) are not first-line.

### NEW QUESTION # 90

A 32-year-old primigravid woman is receiving magnesium sulfate for tocolysis. Her pregnancy is at 26 weeks' gestation. You suspect magnesium sulfate toxicity. Which one of the following is the first sign of magnesium sulfate toxicity?

- A. Oliguria
- B. Tachypnea
- C. Tachycardia
- D. Hypotension
- E. Absent patellar reflexes

**Answer: E**

Explanation:

Magnesium sulfate toxicity is dose-dependent. The earliest and most sensitive clinical sign is the loss of deep tendon reflexes (especially patellar), which occurs before respiratory depression or cardiac changes.

Toronto Notes 2023 - Obstetrics Chapter:

"Toxicity from magnesium sulfate is progressive and typically presents first with loss of deep tendon reflexes.

Respiratory depression and cardiac arrest occur at higher serum levels. Regular monitoring of reflexes, respiratory rate, and urine output is essential." MCCQE1 Objectives (Obstetrics > 83-3: Preterm Labour and Tocolysis):

"The candidate must recognize early signs of magnesium sulfate toxicity including areflexia and respiratory depression." Tachycardia (B), hypotension (C), and tachypnea (D) are not typical early signs. Oliguria (E) may be a risk factor for accumulation but is not the first sign of toxicity.

### NEW QUESTION # 91

A 70-year-old woman presents to the Emergency Department with a 2-day history of dysuria and right flank pain. Upon arrival, she is quite unwell. Her vital signs are as follows: blood pressure 70/38 mm Hg, heart rate 130/min, respiratory rate 24/min, temperature 39.4 °C.

Due to difficulty obtaining peripheral access, a central line is inserted. There is a lot of ongoing bleeding around the line insertion site.

Her blood work shows:

White blood cell count:  $19.8 \times 10^9/L$  (4-10)

Hemoglobin: 101 g/L (123-157)

Platelets:  $85 \times 10^9/L$  (130-400)

Blood film: schistocytes

INR: 1.9 (0.9-1.2)

Fibrinogen: < 1 g/L (2-4)

Which one of the following is the most likely cause of her ongoing bleeding?

- A. Disseminated intravascular coagulation.
- B. Thrombotic thrombocytopenic purpura.
- C. Idiopathic thrombocytopenic purpura.
- D. Heparin-induced thrombocytopenia.
- E. Vitamin K deficiency.

**Answer: A**

Explanation:

This patient is in septic shock, likely from pyelonephritis, with hypotension, tachycardia, and fever. Her laboratory findings demonstrate thrombocytopenia (platelets  $85 \times 10^9/L$ ), elevated INR, very low fibrinogen (

< 1 g/L), and schistocytes on blood film, along with active bleeding from the central line site. These findings are classic for disseminated intravascular coagulation (DIC).

MCCQE objectives emphasize recognizing DIC as a complication of severe sepsis. In DIC, systemic activation of coagulation leads to widespread microthrombi formation and consumption of platelets and clotting factors (consumptive coagulopathy), resulting in both thrombosis and bleeding. Low fibrinogen and prolonged INR are key distinguishing features.

ITP causes isolated thrombocytopenia without coagulation abnormalities. TTP presents with thrombocytopenia and schistocytes but typically has normal coagulation studies. Heparin-induced thrombocytopenia requires prior heparin exposure and does not cause elevated INR or low fibrinogen.

Vitamin K deficiency causes prolonged INR but does not produce thrombocytopenia or schistocytes.

Thus, DIC secondary to sepsis is the most likely cause of her bleeding.

### NEW QUESTION # 92

A 29-year-old woman presents with vaginal spotting after 6 weeks of amenorrhea. She is asymptomatic otherwise. Serum #-hCG is 2150 IU/L, and pelvic ultrasound shows an empty uterus. She has been trying to conceive for 7 months. Which one of the following is the best next step?

- A. Arrange exploratory laparoscopy.
- B. Perform dilatation and curettage for chorionic villi.
- C. Repeat serum #-hCG test in 48 hours.
- D. Repeat pelvic ultrasonography in 10 days.
- E. Administer intramuscular methotrexate.

**Answer: C**

Explanation:

An empty uterus with #-hCG >1500-2000 IU/L raises concern for a pregnancy of unknown location (PUL), including the possibility of ectopic pregnancy. However, the patient is hemodynamically stable and asymptomatic. In such cases, the best initial step is to repeat serum #-hCG in 48 hours to assess the rise or fall of hCG levels.

Toronto Notes 2023 - Obstetrics, "First Trimester Bleeding":

"If #-hCG >1500 IU/L and no intrauterine pregnancy is visualized on ultrasound, repeat #-hCG in 48 hours to determine rise or decline. A suboptimal rise (less than 66%) suggests ectopic pregnancy." MCCQE1 Objectives (Obstetrics > 79-1: Early Pregnancy Complications):

"In a patient with early pregnancy bleeding, the candidate must interpret quantitative #-hCG trends to distinguish ectopic pregnancy, miscarriage, or viable intrauterine pregnancy." Immediate administration of methotrexate or invasive procedures such as D&C or laparoscopy are not appropriate until further diagnostic clarification is obtained.

### NEW QUESTION # 93

A 56-year-old woman presents to your office with a 9-month history of intolerable sweating, palpitations, and periodic anxiety. Her last period was 12 months ago. She continues to have regular Papanicolaou testing with no worrisome pathology. She is otherwise healthy. Which one of the following is the most effective treatment for these symptoms?

- A. Antidepressant agent
- B. Low-dose clonidine
- C. Evening primrose oil
- D. Regular exercise, weight loss and smoking cessation
- E. Estrogen in combination with progesterone

**Answer: E**

Explanation:

In postmenopausal women with severe vasomotor symptoms, hormone therapy (estrogen with progesterone in women with an intact uterus) is the most effective treatment. It improves hot flashes, sleep, and mood symptoms.

Toronto Notes 2023 - Gynecology, Menopause Management:

"Combination hormone therapy is first-line for moderate to severe menopausal symptoms. Non-hormonal agents may be considered if contraindications exist." MCCQE1 Objectives - Gynecology > Menopause:

"Candidates must recognize the indication and benefits of hormone therapy for vasomotor symptoms in appropriate patients." Lifestyle changes (A) are supportive but insufficient. Primrose oil (C) lacks robust evidence. SSRIs (D) and clonidine (E) are second-line.



