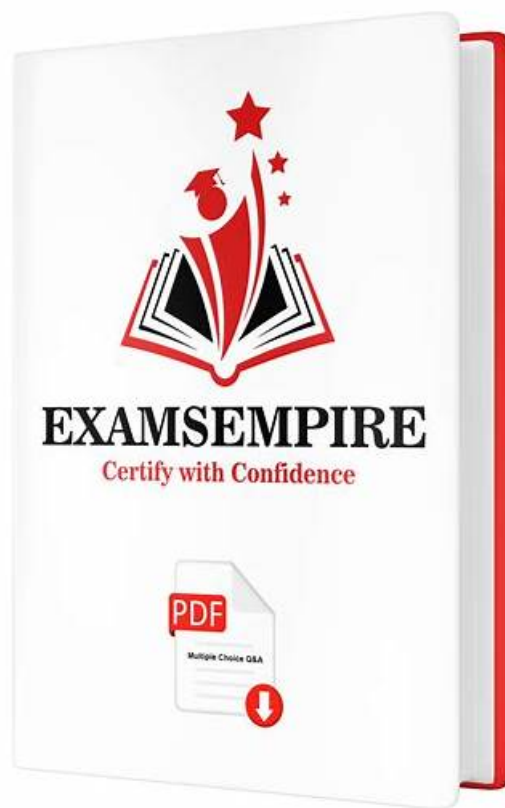


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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q15-Q20):

### NEW QUESTION # 15

A 29-year-old woman, gravida 1, para 0, aborta 0, presents to your clinic. Her pregnancy is at 22 weeks' gestation. Her blood pressure is 158/96 mmHg. Which one of the following antihypertensive medications is contraindicated for this patient?

- A. Ramipril
- B. Nifedipine
- C. Hydralazine
- D. Labetalol
- E. Methyldopa

**Answer: A**

Explanation:

Ramipril, an ACE inhibitor, is contraindicated in pregnancy due to risks of fetal renal dysgenesis, oligohydramnios, and fetal death, especially in the second and third trimesters.

Toronto Notes 2023 - Obstetrics, Hypertensive Disorders of Pregnancy:

"ACE inhibitors and ARBs are contraindicated in pregnancy due to their teratogenic potential and adverse fetal effects." MCCQE1 Objectives - Obstetrics > Hypertension in Pregnancy:

"Candidates must identify safe antihypertensives during pregnancy and contraindicated medications such as ACE inhibitors and ARBs." Methyldopa, labetalol, nifedipine, and hydralazine are considered safe and are commonly used in pregnancy.

### NEW QUESTION # 16

A 26-year-old woman, gravida 2, para 2, aborta 0, has just delivered a full-term newborn via spontaneous vaginal delivery after 4 hours of labor. Following oxytocin administration and placental expulsion, there continues to be a steady trickle of bright red blood from her vagina. On examination, the placenta is intact and the fundus feels firm. Her vital signs are within normal range.

Which one of the following is the most likely diagnosis?

- A. Uterine rupture
- B. Uterine atony
- C. Disseminated intravascular coagulopathy
- D. Vaginal or cervical tear
- E. Retained products of conception

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

In postpartum hemorrhage with a firm uterine fundus and intact placenta, a common cause is trauma such as a vaginal or cervical tear. Uterine atony (A) typically presents with a boggy uterus. The absence of systemic instability or coagulopathy makes options D and E less likely.

Toronto Notes 2023 - Obstetrics, Postpartum Hemorrhage:

"Continued bleeding despite a firm fundus and intact placenta should raise suspicion for genital tract trauma, especially cervical or vaginal lacerations." MCCQE1 Objectives - Obstetrics > Postpartum Complications:

"Candidates must differentiate causes of postpartum hemorrhage and identify when bleeding is due to trauma vs uterine atony."

### NEW QUESTION # 17

A 38-year-old woman presents with diffuse nodularity in the outer upper quadrant of her right breast. There is no obvious dominant mass, nipple discharge, or skin dimpling. There are no palpable lymph nodes. Which one of the following is the most likely diagnosis?

- A. Intraductal carcinoma
- B. Fibrocystic change
- C. Mastitis
- D. Paget disease
- E. Benign phyllodes tumour

**Answer: B**

Explanation:

Fibrocystic change is the most common benign breast condition in women of reproductive age. It typically presents with diffuse nodularity or "lumpy" areas, especially in the upper outer quadrant, and varies with the menstrual cycle. No dominant mass or systemic signs are expected.

Toronto Notes 2023 - Gynecology, "Benign Breast Conditions":

"Fibrocystic changes often present with bilateral or unilateral nodularity, most commonly in the upper outer quadrants, without discrete masses." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must differentiate benign breast conditions from malignant ones based on presentation and physical exam findings."

Paget disease (B) presents with nipple changes. Intraductal carcinoma (C) typically shows a discrete mass or suspicious features.

Phyllodes tumours are usually well-circumscribed. Mastitis (E) is inflammatory and associated with erythema, fever, and tenderness.

### NEW QUESTION # 18

A 63-year-old woman presents to your office with a history of progressive abdominal discomfort over the past five months. She reports bloating and difficult digestion with constipation. She has no urinary symptoms and denies vaginal or rectal bleeding. An abdominal ultrasound shows a large complex pelvic mass with internal multiloculation and moderate ascites. The cancer antigen 125 (CA 125) is elevated at 1023 U/mL (< 35 U/mL). Which one of the following is the most likely diagnosis?

- A. Metastatic uterine adenocarcinoma
- B. Chronic hematosalpinx
- C. Rectosigmoid adenocarcinoma
- **D. Serous carcinoma of the ovary**
- E. Ovarian hyperstimulation syndrome

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

Postmenopausal women with abdominal distension, bloating, a complex pelvic mass, and elevated CA-125 are highly suggestive of epithelial ovarian cancer, especially serous cystadenocarcinoma-the most common type.

Toronto Notes 2023 - Gynecology / Oncology:

"Serous epithelial ovarian carcinoma presents with vague abdominal symptoms, ascites, complex pelvic mass, and elevated CA-125." MCCQE1 Objectives (Gynecology > 82-5: Ovarian Masses):

"Candidates must recognize signs and investigations of ovarian cancer, including elevated tumor markers and imaging findings."

Ovarian hyperstimulation (A) occurs in fertility treatments. Colorectal cancer (C) may mimic these symptoms but typically causes rectal bleeding and has lower CA-125 levels. Uterine adenocarcinoma (D) usually causes bleeding. Hematosalpinx (E) presents with pelvic pain, not ascites.

### NEW QUESTION # 19

One of your patients presents to your clinic for a consultation regarding their recurrent hemoptysis. On review of their chart, you realize that although you had ordered chest radiography 2 months ago, the result cannot be found in the chart. You call the radiology department and are relieved to find that the chest radiography was done and that it did not reveal any pathology. After informing the patient of this lapse in reporting, which one of the following is the best next step?

- A. Remind the patient that they are responsible for calling for outstanding test results.
- **B. Review your clinic's filing procedures and make any needed improvements.**
- C. Send a letter of complaint to the radiology department for not sending a report.
- D. Reassure the patient that this is a rare occurrence in your clinic.

**Answer: B**

Explanation:

When an error in the system is identified (e.g., test result not properly followed up), the most responsible approach is to analyze and improve internal clinic processes. Patient safety depends on reliable result tracking systems.

Toronto Notes 2023 - ELOM, "Medical Errors and Quality Improvement" Section:

"When an error or near miss is identified, root cause analysis and system-level interventions are required to prevent recurrence.

Blaming the patient or others without review of internal processes is inappropriate." MCCQE1 Objectives (ELOM > 99-1: Medical

Error and Disclosure):

"Candidates must recognize the importance of continuous quality improvement in health care. System-level changes should be implemented when safety lapses occur." Option A shifts responsibility improperly onto the patient. Option C deflects blame without assessing one's own clinic. Option D minimizes the error and does not lead to improvement.

## NEW QUESTION # 20

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