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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q115-Q120):

### NEW QUESTION # 115

A 35-year-old man comes to your office with a history of headaches that last 1 hour and are relieved by 1000 mg of acetaminophen. These headaches, which started 6 months ago after he got his first job as a lawyer, occur regularly. The patient wants a computed tomography scan of his head to rule out a tumour. Physical examination reveals no abnormality. Review of systems does not contribute any positive findings. Which one of the following is the best management?

- A. Refer the patient to a neurologist for further investigations.
- B. Order a computed tomography of the head.
- C. Reassure the patient.
- D. Prescribe stronger pain relief medications.
- E. Refer the patient to a psychiatrist for anxiety disorder.

**Answer: C**

Explanation:

This patient's headache is consistent with tension-type or stress-related headache. The symptoms are mild, responsive to over-the-counter medications, and without red flags (neurologic signs, worsening pattern, nocturnal pain). Reassurance is appropriate.

Toronto Notes 2023 - Neurology, "Headache" Section:

"In the absence of red flags (e.g., sudden onset, focal deficits, age >50, worsening pattern), reassurance is the best course. Tension headaches are often related to stress and improve with lifestyle modification and simple analgesia." MCCQE1 Objectives (Internal Medicine > 76-6: Neurologic Symptoms):

"Candidates should recognize benign headache patterns and avoid unnecessary investigations." CT head (B) is not indicated. Stronger analgesics (D) may cause rebound headache. Specialist or psychiatric referrals (A, E) are premature.

#### NEW QUESTION # 116

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. Labetalol
- C. Hydralazine
- D. Methyldopa
- E. Nifedipine

**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 # 117

You are providing antenatal consultation to a primiparous woman of 37 weeks' gestation who was admitted for labour induction. Repeat prenatal ultrasounds confirm a chronically small fetus who has never demonstrated easily detectable fetal movement. Maternal health has been normal throughout the pregnancy and she has received all antenatal serum screening. This fetus is at significant risk for which one of the following?

- A. Infantile diabetes.
- B. Congenital hypothyroidism.
- C. Spina bifida.
- D. Fetal stroke.
- E. Chromosomal abnormalities.

**Answer: E**

Explanation:

A fetus that is chronically growth-restricted and has persistently reduced fetal movement raises concern for an underlying fetal condition rather than isolated placental insufficiency. MCCQE objectives emphasize that early-onset or persistent fetal growth restriction, especially when accompanied by abnormal fetal behavior (notably reduced movement), is associated with higher rates of aneuploidy and other chromosomal disorders (e.g., trisomy syndromes), as well as congenital anomalies and neuromuscular disorders. Among the listed options, chromosomal abnormalities best fit the combined pattern of longstanding small size and consistently diminished movement.

Normal maternal serum screening reduces risk but does not eliminate it; screening tests can miss chromosomal abnormalities, and some aneuploidies may not be reliably detected depending on the test used and gestational timing. Spina bifida is more typically associated with elevated maternal serum AFP and structural findings on ultrasound. Fetal stroke is usually an acute event with more abrupt changes. Congenital hypothyroidism and infantile diabetes are not typical causes of markedly reduced fetal movement with chronic growth restriction.

### NEW QUESTION # 118

You are examining a full-term baby girl in the nursery. You notice that her left forefoot is adducted and supinated relative to the contralateral foot, which makes her left foot appear C-shaped. Which one of the following findings is most instrumental in deciding on the management of this issue?

- A. Flexibility of the deformity
- B. Cephalohematoma
- C. Syndactyly of 2nd and 3rd toes
- D. Significant hallux valgus
- E. Internal tibial torsion

**Answer: A**

Explanation:

The description is classic for metatarsus adductus. The most important clinical factor guiding management is whether the foot is flexible or rigid. Flexible deformities typically resolve spontaneously and do not require intervention.

Toronto Notes 2023 - Pediatrics, "Musculoskeletal Conditions":

"Metatarsus adductus: inward deviation of the forefoot. Management depends on flexibility. Flexible cases are benign and resolve spontaneously; rigid forms may need casting." MCCQE1 Objectives (Pediatrics > 78-2: Musculoskeletal Disorders):

"Candidates must assess and differentiate between flexible and rigid deformities to guide treatment in foot abnormalities." Other findings (B-E) are either unrelated or not determinant in metatarsus adductus management.

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### NEW QUESTION # 119

In a research study, it is found that people who smoke tobacco cigarettes drink more coffee and have higher rates of lung cancer than people who do not smoke. However, the consumption of coffee alone is not associated with lung cancer. Which one of the following best describes the contribution of drinking coffee in the study?

- A. Confounder
- B. Predictor
- C. Selection bias
- D. Risk factor

**Answer: A**

Explanation:

A confounder is a variable associated with both the exposure and the outcome but not in the causal pathway.

In this study, coffee drinking is associated with smoking (the actual risk factor for lung cancer), but not independently associated with lung cancer.

Toronto Notes 2023 - Epidemiology Chapter:

"A confounder is a third variable that distorts the observed association between an exposure and an outcome.

It must be associated with both the exposure and the outcome, but not a result of the exposure." MCCQE1 Objectives (Population Health > 97-3: Study Design and Bias):

"Recognize and control for confounding in the interpretation of observational study data." Coffee is not a risk factor (B) since it's not independently associated with lung cancer, and it's not selection bias (C), which involves how participants are enrolled in a study.

### NEW QUESTION # 120

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