

# MCCQE Exam Flashcards & MCCQE Reliable Test Guide

## MCCQE Part 1 Practice Questions

### Question 1

A 65-year-old man presents with worsening dyspnea and paroxysmal nocturnal dyspnea. On examination, there are bibasilar crackles and an S3 heart sound. What is the most likely diagnosis?

- A) Chronic obstructive pulmonary disease (COPD)
- B) Pneumonia
- C) Congestive heart failure (CHF)
- D) Pulmonary embolism

### Question 2

A 45-year-old woman presents with fatigue, weight loss, and hyperpigmentation. Lab results reveal hyponatremia and hyperkalemia. What is the most likely diagnosis?

- A) Hypothyroidism
- B) Addison's disease
- C) Cushing's syndrome
- D) Hyperaldosteronism

### Question 3

A 30-year-old man is involved in a motor vehicle accident and presents with hypotension, muffled heart sounds, and distended neck veins. What is the most likely diagnosis?

- A) Myocardial infarction
- B) Cardiac tamponade
- C) Pulmonary embolism
- D) Aortic dissection

### Question 4

A 25-year-old woman presents with palpitations, sweating, and episodic headaches. Her blood pressure is persistently elevated. What is the most likely diagnosis?

- A) Hyperthyroidism
- B) Pheochromocytoma
- C) Panic disorder

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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q197-Q202):

### NEW QUESTION # 197

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

**Answer: E**

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 # 198

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

**Answer: B**

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 # 199

You have been asked to develop a program in your hospital for people who are at the highest risk of death by suicide. The hospital administrator asks you to describe the types of patients they should expect in the program. Which one of the following groups is the most likely prominent demographic?

- A. Patients of both sexes who have psychotic disorders

- B. Women aged 14 to 20 years who have histories of being abused and who are experiencing financial hardships
- C. Men aged 11 to 20 years who have histories of juvenile delinquency and narcotic use
- **D. Men aged 50 to 70 years who have limited social supports and alcohol use disorder**
- E. Women aged 20 to 40 years who have cluster B personality disorders and experience relationship losses

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

Middle-aged to older men with social isolation and substance use disorders (especially alcohol) are among the highest-risk groups for completed suicide. They are less likely to seek help and often use more lethal methods.

Toronto Notes 2023 - Psychiatry, "Suicide Risk Assessment":

"High-risk demographics include older men, social isolation, comorbid alcohol use, and chronic illness. These patients have the highest rates of completed suicide." MCCQE1 Objectives (Psychiatry > 71-1: Suicide Risk):

"Candidates must recognize epidemiologic risk factors for completed suicide, including demographics and comorbidities." Although women and youth have higher rates of suicidal ideation and attempts, men over 50 have the highest completion rates.

### NEW QUESTION # 200

A 58-year-old woman presents to your office with heavy vaginal bleeding. She has a history of type 2 diabetes and hypertension. Some active bleeding is visible on speculum examination. Ultrasound reveals an endometrial thickness of 12 mm. Endometrial biopsy shows complex hyperplasia with atypia. Which one of the following is the best next step?

- A. Obtain consent for dilatation and curettage
- B. Prescribe topical progesterone
- C. Arrange endometrial ablation
- **D. Refer for hysterectomy and bilateral salpingo-oophorectomy**
- E. Organize hysteroscopy

**Answer: D**

Explanation:

Comprehensive and Detailed Explanation:

Complex endometrial hyperplasia with atypia carries a high risk of progression to or concurrent endometrial carcinoma. Definitive management in postmenopausal women is total hysterectomy with bilateral salpingo-oophorectomy.

Toronto Notes 2023 - Gynecology, Abnormal Uterine Bleeding:

"Endometrial hyperplasia with atypia in postmenopausal women is best managed surgically due to the risk of malignancy." MCCQE1 Objectives - Gynecology > Postmenopausal Bleeding:

"Candidates should identify endometrial hyperplasia with atypia as an indication for hysterectomy in appropriate patients." Ablation (A) is contraindicated. Progesterone (B) is used for non-atypical hyperplasia. D&C (C) and hysteroscopy (D) are diagnostic but not definitive.

### NEW QUESTION # 201

A 56-year-old woman with a 4-year history of fibromyalgia presents for follow-up. She reports that she is struggling with her health and daily life. She is unhappy with her lack of progress and says she feels tired all the time and stays in bed all day. When asked why, she states she is confused about why she is not getting better. Physical exam and investigations are unchanged from baseline. Which one of the following is the best next step?

- A. Start a selective serotonin reuptake inhibitor
- **B. Educate the patient about her illness**
- C. Initiate iron and vitamin B12 supplementation
- D. Prescribe cannabinoid therapy

**Answer: B**

Explanation:

Patient education is foundational in managing fibromyalgia. Understanding the chronic but non-progressive nature of the disease, reassurance, and emphasis on self-management are crucial. It helps set realistic expectations and enhances engagement in therapy.

Toronto Notes 2023 - Rheumatology, Fibromyalgia:

"Patient education is essential. Explain the nature of fibromyalgia, emphasizing that although it is chronic, it is non-deforming and can



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