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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q275-Q280):

NEW QUESTION # 275

A 58-year-old woman presents to your office with refractory bipolar I disorder. She is on the following medications: lithium carbonate, valproic acid, and olanzapine. She also takes acetaminophen for osteoarthritis and pantoprazole for gastroesophageal reflux. Lately, she has noticed she bruises very easily. Laboratory work displays a platelet count of $70 \times 10^9/L$ (normal 130-400). Which one of the following is most likely to induce this side effect?

- A. Pantoprazole
- B. Valproic acid
- C. Acetaminophen
- D. Olanzapine
- E. Lithium carbonate

Answer: B

Explanation:

Valproic acid is well known to cause thrombocytopenia, especially at higher serum concentrations or in patients over 60. Bruising with platelet count $<100 \times 10^9/L$ is a classic manifestation.

Toronto Notes 2023 - Psychiatry, Mood Disorders & Pharmacology Section:

"Valproic acid is associated with hematologic side effects including thrombocytopenia. Platelet counts should be monitored regularly." MCCQE1 Objectives - Psychiatry > Pharmacotherapy:

"The candidate must recognize adverse effects of mood stabilizers including hematologic complications of valproic acid." Other listed medications (A-D) have no common or direct link with thrombocytopenia in this context.

NEW QUESTION # 276

A 66-year-old woman with metastatic breast cancer presents with hard, difficult-to-pass stools. She has been experiencing this issue since starting morphine to control her pain. Which one of the following is the best next step?

- A. Start docusate
- B. Add a bulk-forming fiber supplement to her diet
- C. Prescribe senna
- D. Lower her morphine dose
- E. Suggest increasing her physical activity

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Opioid-induced constipation is best managed with stimulant laxatives like senna or bisacodyl. Stool softeners such as docusate are insufficient as monotherapy. Senna stimulates peristalsis, making it more effective.

Toronto Notes 2023 - Palliative Care:

"Opioid-induced constipation requires stimulant laxatives such as senna. Stool softeners alone are not adequate." MCCQE1 Objectives (Palliative Care > 92-1: Symptom Management):

"Candidates must treat opioid-related side effects appropriately, including use of stimulant laxatives for constipation." Bulk agents (C) can worsen symptoms. Reducing morphine (D) may compromise pain control. Activity (E) helps but is insufficient as first-line management.

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NEW QUESTION # 277

You are counselling a couple that is concerned about the risk that their second child could be affected by the same X-linked recessive disorder (hemophilia A) as their last child, a boy. Neither parent has this disorder.

What is the probability that their second child will be affected?

- A. 50% if the child is a girl
- B. 100% whether the child is a boy or a girl
- C. 25% if the child is a girl
- D. 25% if the child is a boy
- E. 50% if the child is a boy

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

In X-linked recessive disorders such as hemophilia A, carrier mothers (usually asymptomatic) have a 50% chance of passing the affected X chromosome to each son, who would then express the disease. Each daughter has a 50% chance of being a carrier but is generally not affected.

Toronto Notes 2023 - Genetics:

"X-linked recessive inheritance: Carrier mother has a 50% chance of having an affected son and a 50% chance of having a carrier daughter." MCCQE1 Objectives (Genetics > 61-1: Inheritance Patterns):

"Candidates must apply principles of X-linked inheritance to assess risk in offspring." If the mother is a known carrier (as inferred from having an affected son), the chance of a second affected boy is 50%.

NEW QUESTION # 278

A previously healthy 7-year-old boy presents to the Emergency Department with a generalized tonic-clonic seizure, which subsided spontaneously after 10 minutes. There is no history of trauma. Physical examination reveals normal vital signs and a normal neurologic examination. Which one of the following diagnostic studies is urgently indicated?

- A. Serum electrolytes.
- B. Magnetic resonance imaging of the head.
- C. Lumbar puncture.
- D. Computed tomography of the head.
- E. Electroencephalography.

Answer: A

Explanation:

This child experienced a first unprovoked generalized tonic-clonic seizure that resolved spontaneously and now has a normal neurologic examination and stable vital signs. MCCQE objectives emphasize that the immediate priority after a first seizure is to identify reversible metabolic causes, particularly hypoglycemia and electrolyte abnormalities (e.g., hyponatremia, hypocalcemia). Therefore, urgent serum electrolytes (and glucose) are indicated.

Neuroimaging (CT or MRI) is not urgently required in a neurologically normal child without focal deficits, trauma, persistent altered consciousness, or signs of increased intracranial pressure. MRI may be arranged later for further evaluation if clinically indicated. Electroencephalography is useful in outpatient follow-up to assess seizure type and recurrence risk but is not an emergency test. Lumbar puncture is reserved for suspected central nervous system infection (e.g., fever, meningeal signs, altered mental status), which are absent here.

Thus, immediate laboratory evaluation for metabolic derangements is the appropriate urgent investigation.

NEW QUESTION # 279

A 65-year-old man presents to your clinic with a 2-month history of persistent erectile dysfunction. He reports having difficulties maintaining an erection. His last hemoglobin A1c level result was 6.4% (4.8-6.0). He had a negative result on his cardiac stress test 1 month ago. He has been taking stable dosages of citalopram, metformin, and ramipril for the past 2 years. His physical examination findings are normal, and his mood appears euthymic. Which one of the following investigations should be ordered before initiating treatment with sildenafil?

- A. Complete blood count.
- B. Urine culture.
- C. Prostate-specific antigen.
- D. No further investigations.
- E. Echocardiography.

Answer: D

Explanation:

Erectile dysfunction (ED) in older men is commonly vascular, medication-related, or associated with diabetes.

This patient has well-controlled diabetes (HbA1c 6.4%) and a recent negative cardiac stress test, suggesting he is at low cardiovascular risk for sexual activity. MCCQE objectives emphasize cardiovascular risk stratification prior to prescribing phosphodiesterase-5 (PDE-5) inhibitors. Patients who are stable and cleared for moderate physical exertion (e.g., recent negative stress test) do not require additional cardiac testing before initiating sildenafil.

There is no indication for routine CBC, urine culture, PSA, or echocardiography in the absence of relevant symptoms or findings. PSA screening is unrelated to ED management and should follow age-appropriate shared decision-making guidelines.

Echocardiography is unnecessary without cardiac symptoms or abnormal exam.

The key contraindication to sildenafil is concurrent nitrate therapy or unstable cardiovascular disease, neither of which is present. Therefore, no additional investigations are required before initiating treatment.

Counseling should include discussion of medication interactions, side effects (e.g., headache, flushing), and avoidance with nitrates.

NEW QUESTION # 280

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