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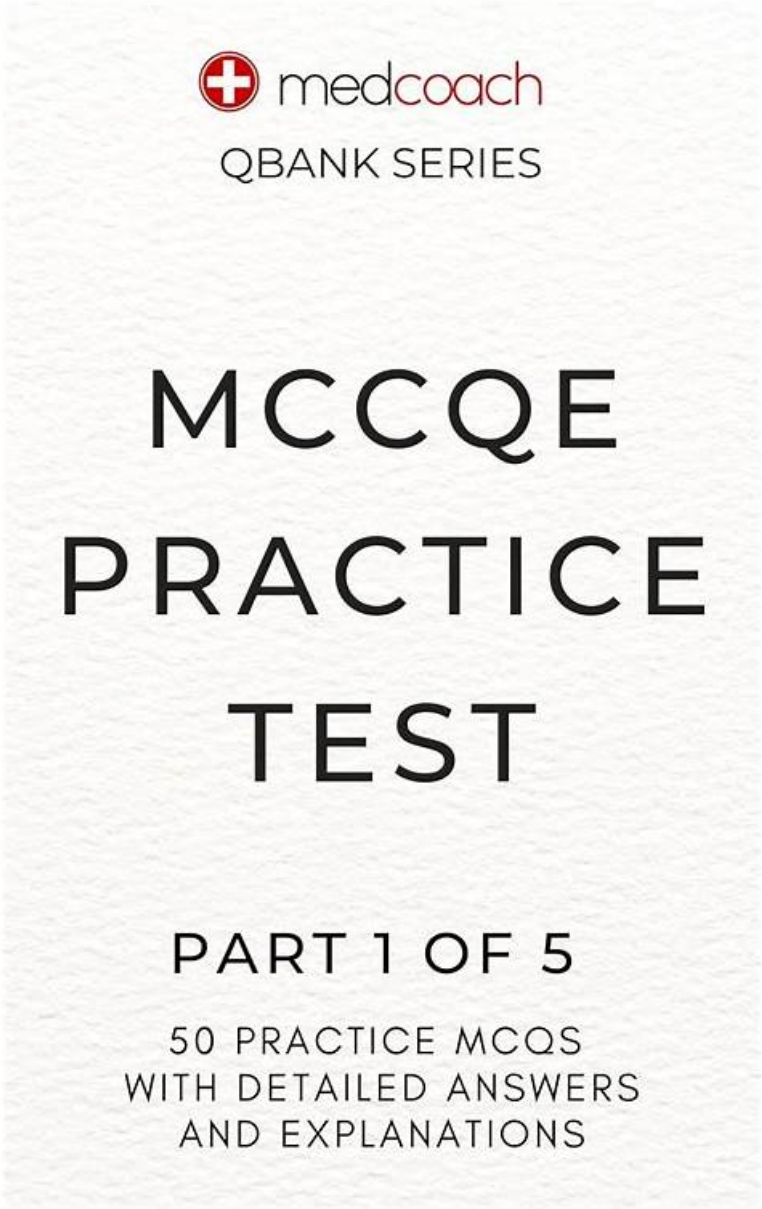

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q91-Q96):

NEW QUESTION # 91
A 6-year-old boy is brought to the Emergency Department with a 2-day history of a limp. On examination, he looks well, has a temperature of 38 °C and is able to weight-bear. His hip examination reveals mild decreased range of motion. Radiographs of his hip and pelvis show no abnormality. His C-reactive protein level is 8 mg
/L (< 6). Which one of the following is the most likely diagnosis?

- A. Septic arthritis
- B. Juvenile rheumatoid arthritis
- C. Trochanteric bursitis
- D. Osteomyelitis
- E. Transient synovitis

Answer: E

Explanation:
Comprehensive and Detailed Explanation:
Transient synovitis is the most common cause of hip pain and limp in children aged 3-10 years. It is often preceded by a viral infection. Patients appear well, can often bear weight, and have only mild to moderate elevation in inflammatory markers. Radiographs are normal.
Toronto Notes 2023 - Pediatrics, "Limping Child":
"Transient synovitis is benign and self-limiting. Presentation includes mild limp, low-grade fever, normal or slightly elevated CRP/ESR, and ability to bear weight." MCCQE1 Objectives (Pediatrics > 78-2: Musculoskeletal Disorders):
"Candidates must distinguish between transient synovitis and more serious causes of limping, such as septic arthritis." Septic arthritis (A) usually causes inability to bear weight and more significant fever and CRP elevation.
Osteomyelitis (B) typically presents with localized tenderness and systemic signs. Bursitis (D) is rare in young children. JIA (E) is chronic.
-

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

Answer: D

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 37-year-old man comes to the office for follow-up of his opioid use disorder. He receives opioid agonist treatment, including some take-home doses. At this follow-up visit, he reports some nonprescription opioid use since his last visit. Which one of the following is the best next step?

- A. Slowly taper and discontinue the opioid agonist
- B. Prescribe a cannabinoid
- C. Taper the dosage of the opioid agonist
- D. Increase the frequency of follow-up visits
- E. Discontinue take-home doses

Answer: D

Explanation:
Nonprescription opioid use during opioid agonist therapy is not uncommon. The response shouldbe supportive and not punitive. Increasing the frequency of follow-up enhances monitoring, supports adherence, and prevents relapse.
Toronto Notes 2023 - Psychiatry, "Substance Use Disorders":
"Patients who relapse during opioid agonist treatment benefit from closer monitoring and increased support, including more frequent follow-up and psychosocial interventions." MCCQE1 Objectives (Psychiatry > 71-5: Substance Use and Addiction):
"Candidates must manage relapses in opioid use by optimizing follow-up and support, not by discontinuing or reducing therapy prematurely." Tapering or discontinuing therapy (A, E) risks destabilizing treatment. Removing take-home doses (B) may be warranted later but not first. Cannabinoids (D) are not first-line adjuncts.

NEW QUESTION # 94
A 32-year-old woman presents to your outpatient clinic with concerns regarding a 6-month history of both a pulsatile buzzing sound in her ears and headaches. There is no history of hearing loss, vertigo, ear pain, or discharge from the ears. There is a long-standing history of prolonged exposure to occupational noise. She has a BMI of 32. Otoscopic examination is unremarkable, and there are no neck masses present. You determine that the buzzing sound is synchronous with her radial pulse. Which of the following investigations should be ordered next?

- A. Electroencephalography
- B. Magnetic resonance imaging of the brain
- C. C-reactive protein
- D. Audiogram

Answer: B

Explanation:
Comprehensive and Detailed Explanation:
Pulsatile tinnitus synchronous with the pulse may be vascular in origin. The association with headaches and elevated BMI (a risk factor for idiopathic intracranial hypertension, IIH) warrants neuroimaging to assess for cerebral venous sinus thrombosis, vascular malformations, or raised intracranial pressure.
Toronto Notes 2023 - Neurology / ENT:
"Pulsatile tinnitus requires investigation for vascular causes including idiopathic intracranial hypertension.
MRI or MRV is the next step."
MCCQE1 Objectives (Neurology > 35-1: Headache and Tinnitus):
"Candidates must investigate pulsatile tinnitus with neuroimaging when vascular causes are suspected." Audiogram (A) is for hearing loss. EEG (C) is not useful for tinnitus. CRP (D) is irrelevant.

NEW QUESTION # 95
A 54-year-old woman presents to your office to discuss breast cancer screening. She is asymptomatic with no history of breast cancer. She had a fibroadenoma removed when she was 24 years old. The patient is not on any medications. Her family history is

significant for a great-aunt with breast cancer. The patient has not had genetic testing but had normal breast screening 2 years ago. Which one of the following is the best next step?

- A. Reassurance.
- B. Mammography.
- C. Monthly self-breast examination.
- D. Breast magnetic resonance imaging.
- E. Positron emission tomography scan.

Answer: B

Explanation:
According to Canadian guidelines, women aged 50 to 74 at average risk for breast cancer should undergo routine screening mammography every 2 to 3 years. A great-aunt with breast cancerdoes not raise this patient's risk to high. Mammography is appropriate as she is now due for the next screen.
Toronto Notes 2023 - Population Health, "Screening Guidelines" Section:
"Routine mammography is recommended every 2 years for average-risk women aged 50 to 74. Family history in second-degree or more distant relatives (e.g., great-aunt) does not qualify for high-risk screening or MRI." MCCQE1 Objectives (Population Health > 97-5: Screening and Prevention):
"Candidates should apply Canadian screening recommendations including mammography for average-risk women #50 years old."
Self-breast exams (C) are not recommended for screening. PET scan (D) and MRI (E) are reserved for high- risk populations or diagnostic clarification.

NEW QUESTION # 96
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