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MCCQE Part 1 Exam Pdf

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 (Q162-Q167):

NEW QUESTION # 162

A 31-year-old nulligravid woman presents to your office after 5 months of attempting to get pregnant without success. Her menses are regular, and she is otherwise healthy. Her husband is healthy and has never fathered any children before. Which one of the following is the best next step?

- A. Advise her to adjust her diet and reduce her weight by 5%
- B. Order a follicle-stimulating hormone level on day 3 of her cycle
- C. Send her husband for a semen analysis
- **D. Reassure her and have her return after 12 months without conceiving**
- E. Arrange a hysterosalpingography after her next menses

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Infertility is defined as the inability to conceive after 12 months of regular, unprotected intercourse in women under 35 years. Since she has been trying for only 5 months, reassurance is appropriate.

Toronto Notes 2023 - Gynecology:

"Investigations for infertility in women under 35 should begin after 12 months of attempting to conceive, unless other risk factors are present." MCCQE1 Objectives (Gynecology > 82-1: Infertility):

"Candidates must apply appropriate timing and indications for infertility investigations based on patient age and history." Earlier testing is not warranted here. Options A-D are part of the infertility work-up but not before 12 months.

NEW QUESTION # 163

A 34-year-old man with trisomy 21 is brought to the Emergency Department because of a painful, red great toe. He is accompanied by an older woman who begins giving you the history as you enter the room. The patient is sitting on the examination table with the foot exposed, but he does not speak. Which one of the following is the best next step?

- A. Examine the uncovered foot immediately to provide comfort to the patient sooner.
- B. Have a nurse attend with you in case the patient needs restraint.
- C. Ask the woman to provide legal documentation of her responsibility for the patient.
- **D. Establish the relationship between the woman and the patient and direct questions to the patient.**
- E. Allow the woman to continue with the history to expedite the patient encounter.

Answer: D

Explanation:

Patients with developmental disabilities must still be engaged directly unless clearly incapable. It is vital to first establish the companion's relationship to the patient and give the patient the opportunity to communicate.

Toronto Notes 2023 - ELOM, Consent and Capacity:

"Presume capacity in adults with developmental disabilities unless proven otherwise. Direct communication with the patient is essential, and the identity of accompanying individuals should be clarified." MCCQE1 Objectives - ELOM > Patient Autonomy and Consent:

"Candidates must respect patient autonomy and include developmentally delayed individuals in medical discussions unless incapacity is determined." Options A and C delay establishing capacity and relationship. Option D is premature. Option E bypasses consent and interaction with the patient.

NEW QUESTION # 164

You are seeing a 5-month-old infant who has had intermittent stridor since age 2 months. He is otherwise healthy. He has been drinking well and has been reaching all the age-specific developmental milestones.

Which one of the following is the most likely diagnosis?

- **A. Laryngomalacia.**

- B. Vascular ring.
- C. Tracheoesophageal fistula.
- D. Subglottic hemangioma.
- E. Aspiration of a foreign body.

Answer: A

Explanation:

Laryngomalacia is the most common cause of chronic stridor in infants. It presents with inspiratory stridor that worsens with feeding, supine positioning, or agitation. The child remains otherwise well and meets developmental milestones.

Toronto Notes 2023 - Pediatrics, Airway Disorders:

"Laryngomalacia presents with intermittent inspiratory stridor, typically beginning in the first few months of life. Diagnosis is clinical and prognosis is usually good." MCCQE1 Objectives - Pediatrics > Respiratory Disorders:

"Candidates must recognize the typical presentation of laryngomalacia and differentiate it from other causes of pediatric stridor."

Vascular ring (A) or subglottic hemangioma (C) often present with more severe or progressive symptoms.

Foreign body aspiration (D) presents acutely. TE fistula (E) usually causes feeding difficulties from birth.

NEW QUESTION # 165

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

Answer: B

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 # 166

A 17-year-old boy is brought by his 2 roommates to the emergency department (ED) after a party where he had been drinking and smoking cannabis. He reportedly was having a good time when he suddenly wanted to jump out of a window. His roommates describe him as "normal prior to a breakup with his girlfriend a week ago." He has since become anxious and unable to sleep. On examination, he is somnolent and appears intoxicated. Which one of the following is the most appropriate initial management?

- A. Prescribe chlordiazepoxide and start an intravenous line.
- B. Call the patient's parents to take him home.
- **C. Arrange for an involuntary admission to psychiatry.**
- D. Observe the patient in the ED for several hours.

Answer: C

Explanation:

This adolescent exhibited acute suicidal behavior (attempted to jump out of a window), which is a psychiatric emergency. Regardless of intoxication or cause, such behavior mandates a safety-first approach: involuntary psychiatric assessment and protection from self-harm.

Toronto Notes 2023 - Psychiatry, "Suicide and Crisis Intervention" Section:

Suicidal ideation or attempts require immediate evaluation and monitoring." MCCQE1 Objectives (Psychiatry > 79-2: Suicide and Risk Management):

Observation (B) may miss the window for action. Parents (A) should be contacted but are not a substitute for admission.

NEW QUESTION # 167

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