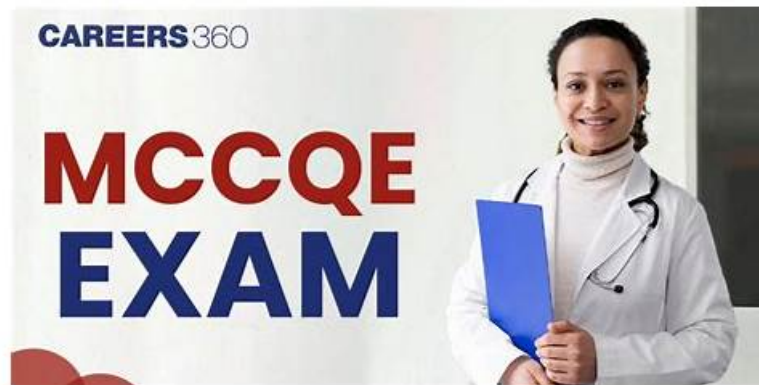


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q81-Q86):

NEW QUESTION # 81

A 26-year-old man presents to your office with fever, chills, and malaise. Aside from an episode of dysuria 8 weeks ago, which spontaneously resolved, he has been healthy. On examination, his left wrist and right ankle are tender. There is a cluster of vesiculopustular lesions on his right hand. Which one of the following is the most likely diagnosis?

- A. Primary HIV infection syndrome
- B. Rheumatoid arthritis
- C. Reactive arthritis
- **D. Disseminated gonococemia**
- E. Varicella

Answer: D

Explanation:

Disseminated gonococcal infection (DGI) typically presents with the classic triad of polyarthralgia, tenosynovitis, and skin lesions

(especially pustules on extremities). A prior urogenital infection and systemic symptoms further support this diagnosis.

Toronto Notes 2023 - Infectious Disease, STIs:

"DGI presents with arthritis-dermatitis syndrome: fever, asymmetric polyarthralgia, tenosynovitis, and vesiculopustular skin lesions. It may follow asymptomatic or unrecognized urogenital infection." MCCQE1 Objectives - Infectious Disease > STIs:

"Candidates must recognize systemic manifestations of gonorrhea including DGI and distinguish it from other forms of arthritis or systemic illness." Reactive arthritis (C) may follow STI but includes conjunctivitis and urethritis. HIV (A) does not typically cause this triad. RA (D) has different distribution and chronicity. Varicella (E) presents with diffuse vesicular rash, not joint pain.

NEW QUESTION # 82

You perform a literature search of journal articles on the effectiveness of a new antihypertensive for first-line treatment of people aged 35 to 50. You find reports of 4 good quality studies. Three of them show that statistically, the new drug is significantly more effective than the standard treatment, and one shows no difference. Before you conclude that the new antihypertensive is more effective in this group of patients, which one of the following concepts must be given consideration?

- A. Information bias
- B. Random error
- C. Systematic error
- D. The power of the studies
- E. Publication bias

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

Publication bias refers to the tendency for positive results to be published more often than negative or inconclusive ones. In your review, 3 of 4 studies show positive findings. However, studies showing no effect may not have been published, skewing your impression.

Toronto Notes 2023 - Public Health, Critical Appraisal:

"Publication bias can lead to overestimation of treatment efficacy. Systematic reviews must account for unpublished or negative findings." MCCQE1 Objectives - Preventive Medicine > Critical Appraisal:

"Candidates must recognize and account for biases such as publication bias in interpreting literature." Random error (A) and power (D) affect individual studies. Systematic and information biases (B, E) affect data quality, not publication trends.

NEW QUESTION # 83

A 43-year-old man is referred to you for an incidental finding of elevated hemoglobin. Laboratory results are as follows:

Hemoglobin

185 g/L (130-170)

Mean corpuscular volume

92 fL (60-100)

White blood cells

7.8×10^3 / L (4-10)

Platelets

250×10^3 / L (130-400)

His BMI is 23. He has type 2 diabetes for which he takes gliclazide MR 60 mg daily. Which one of the following features on history could explain his laboratory abnormality?

- A. Cirrhosis
- B. Central sleep apnea
- C. Hypothyroidism
- D. Alcohol abuse
- E. Hypertension

Answer: B

Explanation:

Elevated hemoglobin in the absence of polycythemia vera can be due to secondary causes such as chronic hypoxia. Central sleep apnea, often associated with diabetes or neurologic conditions, leads to intermittent hypoxia and compensatory erythropoiesis.

Toronto Notes 2023 - Hematology and Respiratory Medicine, "Polycythemia" Section:

"Secondary erythrocytosis may result from hypoxic conditions including sleep apnea, COPD, or high altitude.

Assess for sleep-disordered breathing in patients with elevated hemoglobin and no myeloproliferative features." MCCQE1 Objectives (Internal Medicine > 76-7: Hematologic Abnormalities):

"Candidates must investigate secondary causes of elevated hemoglobin, including hypoxia-related conditions." Hypertension (A), hypothyroidism (C), and cirrhosis (D) do not cause polycythemia. Alcohol (B) typically causes macrocytosis and anemia.

NEW QUESTION # 84

A 22-year-old woman presents to the office for episodic mood changes that her boyfriend has noticed. During such episodes, she cries suddenly, is irritable and sad, and withdraws from socializing. Which one of the following would be most useful in establishing a diagnosis?

- **A. Mood journal.**
- B. Personality testing
- C. Trial of lorazepam
- D. Urine drug screen
- E. Interviewing the boyfriend alone.

Answer: A

Explanation:

A mood journal is a structured tool that allows the patient to record mood fluctuations, triggers, and timing. It is particularly helpful in identifying mood disorders such as premenstrual dysphoric disorder, bipolar disorder, or cyclothymia.

Toronto Notes 2023 - Psychiatry, Mood Disorders:

"Mood diaries are useful in identifying temporal patterns, such as menstrual cycle-linked mood changes, and in distinguishing between affective disorders." MCCQE1 Objectives - Psychiatry > Diagnostic Evaluation:

"Candidates should use clinical tools such as symptom diaries to assist in establishing the pattern and nature of psychiatric symptoms." Personality testing (A) is not first-line. Urine drug screen (B) is only indicated with suspicion of substance use. Lorazepam (D) treats symptoms, not diagnosis. Interviewing the boyfriend (E) may help, but only as a supplement to direct observation and self-report.

NEW QUESTION # 85

A 55-year-old man presents with vague abdominal pain and general weakness. His mother had colon cancer and died at age 60 years. His physical examination findings and complete blood count results are normal.

Which one of the following tests should be ordered first?

- A. Computed tomography colonography
- B. Air-contrast barium enema
- C. Magnetic resonance imaging of the abdomen
- **D. Colonoscopy**
- E. Fecal immunochemical test (FIT)

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Given his age and a first-degree relative with colon cancer diagnosed before age 60, this patient meets criteria for early colon cancer screening. Colonoscopy is the gold standard for both screening and diagnosis in this context.

Toronto Notes 2023 - Gastroenterology, "Colorectal Cancer Screening":

"Patients with a first-degree relative diagnosed with colorectal cancer before age 60 should begin screening at age 40, or 10 years before the relative's diagnosis. Colonoscopy is the preferred method." MCCQE1 Objectives (Population Health > Preventive Screening > 63-1):

"Candidates must apply colorectal cancer screening guidelines and select appropriate tests based on risk level." FIT (A) is for average-risk screening. MRI (B) and CT colonography (E) are secondary. Barium enema (D) is outdated.

NEW QUESTION # 86

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