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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q69-Q74):

NEW QUESTION # 69

An 18-year-old woman presents to the Emergency Department with a 3-day history of vomiting and right upper quadrant pain. She is alert but appears unwell and jaundiced. She was previously healthy and has not travelled recently. She has no risk factors for blood-borne pathogens. She denies hematemesis or hematochezia. On further history, she reports that she took a full bottle of pills that she found in her parents' medicine cabinet several hours before she started vomiting. Without intervention, which one of the following is the most likely outcome?

- A. Rapid-onset cerebral edema
- B. Status epilepticus

- C. Fulminant hepatic failure
- D. Ventricular fibrillation
- E. Acute renal failure

Answer: C

Explanation:

This is a classic presentation of acute acetaminophen (paracetamol) overdose. The most serious consequence, especially with delayed treatment, is fulminant hepatic failure.

Toronto Notes 2023 - Toxicology, Acetaminophen Toxicity:

"Acetaminophen overdose is the most common cause of acute liver failure. Delayed presentation leads to jaundice, coagulopathy, encephalopathy, and possible death." MCCQE1 Objectives - Internal Medicine > Toxicology:

"Candidates must identify acetaminophen overdose by clinical history and recognize fulminant hepatic failure as a primary complication." Cerebral edema (C) may occur secondarily, but fulminant hepatic failure is the most direct and expected outcome. Renal failure (B), arrhythmias (E), and seizures (A) are not typical with acetaminophen.

NEW QUESTION # 70

A 71-year-old man is brought to the Emergency Department with sudden onset of shortness of breath and chest pain. He was discharged from hospital 1 week ago after a total hip arthroplasty. On examination, his respiratory rate is 32/min. There is visible respiratory distress, and chest auscultation is clear. Which one of the following is the most likely diagnosis?

- A. Cholesterol embolus
- B. Pulmonary embolus
- C. Aortic dissection
- D. Myocardial infarction
- E. Fat embolus

Answer: B

Explanation:

Sudden onset dyspnea and pleuritic chest pain in a postoperative patient with tachypnea and clear lung fields are classic features of a pulmonary embolism (PE). Recent orthopedic surgery significantly increases VTE risk. Clear lungs on auscultation support this over pneumonia or CHF.

Toronto Notes 2023 - Respiratory, "Pulmonary Embolism":

"Presentation includes sudden dyspnea, pleuritic chest pain, and tachypnea. Risk factors include recent surgery and immobilization. Examination often reveals clear chest auscultation." MCCQE1 Objectives (Internal Medicine > Cardiopulmonary > 44-1):

"Candidates must recognize PE in patients with risk factors (e.g., surgery) and classic features and initiate appropriate diagnosis and management." Fat embolism (B) usually presents with petechiae, neurologic symptoms, and occurs within 24-72 hours post- op. Cholesterol emboli (E) are more chronic and systemic.

NEW QUESTION # 71

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

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 # 72

You are working in a busy family practice. Your colleague's 48-year-old female patient presents with a 6- month history of fatigue and gastrointestinal symptoms. A recent colonoscopy was normal. Her chart indicates multiple investigations for similar symptoms over the past 2 years, all of which have been non- revealing. Your working diagnosis is somatic symptom disorder. Which one of the following is the most appropriate treatment?

- A. Cognitive behavioral therapy
- B. Risperidone 0.5 mg daily
- C. Exposure and response prevention therapy
- D. Amitriptyline 10 mg at bedtime
- E. Citalopram 20 mg daily

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Cognitive behavioral therapy (CBT) is the most effective first-line treatment for somatic symptom disorder. It helps patients reframe dysfunctional thoughts and improve coping strategies for perceived physical symptoms.

Toronto Notes 2023 - Psychiatry, "Somatic Symptom and Related Disorders":

"CBT is first-line for somatic symptom disorder. Antidepressants may be considered if comorbid depression or anxiety is present." MCCQE1 Objectives (Psychiatry > 71-2: Somatic Symptom Disorders):

"Candidates must manage somatic symptom disorder with appropriate psychosocial interventions." Citalopram (B) or amitriptyline (E) may be used adjunctively if mood symptoms are prominent. Risperidone (C) and ERP (D) are not indicated.

NEW QUESTION # 73

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

7.8×10³ / L (4-10)

Platelets

250×10³ / 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. Hypothyroidism
- B. Alcohol abuse
- C. Hypertension
- D. Cirrhosis
- E. Central sleep apnea

Answer: E

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 # 74

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