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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q124-Q129):

NEW QUESTION # 124

Your colleague's receptionist asks you to assess her 4-year-old daughter who has had 2 episodes of acute otitis media in the last month. The mother wants you to arrange a consultation with an ear, nose and throat (ENT) specialist to get a tympanostomy before her daughter starts school. You do not believe there is a surgical indication at this time. Which one of the following is the best next step?

- A. Call the ENT consultant on call to discuss your dilemma.
- **B. Decline to send her daughter for consultation and explain your decision.**
- C. Ask another family physician to see the daughter due to a conflict of interest.
- D. Suggest that the next time they go to the Emergency Department for quicker access to the ENT consultant.
- E. Explain that there is no indication for the surgery but refer her daughter for consultation.

Answer: B

Explanation:

Referrals should be medically indicated. Physicians are not obligated to refer simply because a patient (or colleague) requests it, especially when it may lead to unnecessary care. The ethical and appropriate action is to explain your medical reasoning and decline an unwarranted referral.

Toronto Notes 2023 - ELOM, "Professionalism and Resource Stewardship" Section:

"Physicians have a responsibility to act as gatekeepers to specialist services and should not refer patients when criteria are not met.

Explaining the reasoning and declining the request respectfully is appropriate." MCCQE1 Objectives (ELOM > 99-1:

Professionalism and Clinical Judgment):

"Candidates must demonstrate ethical reasoning in managing requests for unwarranted interventions." Involving the emergency department (B) or another physician (C) is not appropriate unless there's a true conflict of interest. Calling a consultant (E) may be unnecessary if no medical reason exists.

NEW QUESTION # 125

A mother brings her 13-year-old daughter to the office. The girl has had intermittent lower abdominal pain, constipation, and difficulty voiding for 3 months. She says that she is not sexually active. She looks well. She has reached age-specific developmental milestones, and her vital signs are within normal range. On abdominal examination, she is found to have a palpable suprapubic mass that persists after voiding. The girl says that her older sister started having menstrual periods at this age. The patient is surprised that hers have not started. Which one of the following is the best next step?

- A. Pelvic ultrasonography.
- B. Measurement of serum human chorionic gonadotropin.
- C. Urinalysis.
- **D. Examination of external genitalia.**
- E. Abdominal radiography.

Answer: D

Explanation:

The clinical picture suggests an obstructive anomaly of the female reproductive tract, such as imperforate hymen or vaginal outflow tract obstruction, leading to hematocolpos. The first essential step is physical examination of the external genitalia.

Toronto Notes 2023 - Pediatrics and Gynecology, "Amenorrhea" Section:

"In girls with primary amenorrhea and cyclic abdominal pain, perform an external genital exam to rule out obstructive anomalies (e.g., imperforate hymen or transverse vaginal septum). Examination should always precede imaging." MCCQE1 Objectives (Pediatrics > 78-3: Puberty and Menstrual Disorders):

"Candidates must evaluate delayed menarche with physical exam, including inspection of the genitalia to rule out anatomic obstruction." Pelvic ultrasound (D) is helpful but should follow physical exam. Radiography (B), hCG (C), and urinalysis (E) are not primary steps in evaluating amenorrhea with a mass.

NEW QUESTION # 126

A 31-year-old man presents to the office with concerns about his heart. Three months ago, his father died of a myocardial infarction at age 58 years. He states that since the death of his father, he has experienced episodes in which his heart will start racing, causing him to feel short of breath, dizzy, and nauseous. He is afraid that he will die during these episodes. Findings from a physical examination, electrocardiogram, Holter monitoring, echocardiogram, and complete blood count are normal. Serum electrolyte level, troponin level, and thyroid function studies are all within normal limits. Which one of the following options is the most appropriate?

- A. Lorazepam at bedtime
- B. Metoprolol
- **C. Grief therapy**
- D. Cardiac stress test

Answer: C

Explanation:

This patient presents with panic-like somatic symptoms triggered by bereavement. Normal investigations rule out cardiac pathology. Grief therapy is appropriate as the underlying stressor is unresolved grief and anxiety.

Toronto Notes 2023 - Psychiatry, Grief and Anxiety Disorders:

"Bereavement-related anxiety and somatization are common. Grief counseling can help reduce somatic and psychological symptoms when medical causes are ruled out." MCCQE1 Objectives - Psychiatry > Anxiety and Bereavement:

"Candidates should recognize psychological sequelae of grief, including panic and health anxiety, and provide appropriate psychological support." Metoprolol (C) is not indicated without confirmed cardiac cause. Lorazepam (B) may offer short-term relief but does not address the underlying grief. Stress testing (A) is unnecessary with repeated normal investigations.

NEW QUESTION # 127

A 48-year-old woman presents with a 2-year history of regular, heavy menstrual flow. She has a BMI of 54, poorly controlled type 2 diabetes, and obstructive sleep apnea. Laboratory results are as follows:

Hemoglobin: 82 g/L (123-157)

Ferritin: 6 µg/L (11-307)

Endometrial biopsy: Absence of hyperplasia or malignancy

Transvaginal ultrasound:

* Uterus: 12 cm × 8.2 cm × 6 cm

* Intramural fibroids

* Endometrial thickness: 14 mm

* Ovaries: Normal

Which one of the following is the best next step?

- **A. Levonorgestrel-releasing intrauterine system**
- B. Continuous combined oral contraception
- C. Hysterectomy
- D. Cyclic medroxyprogesterone

Answer: A

Explanation:

The levonorgestrel-releasing intrauterine system (LNG-IUS) is the first-line treatment for heavy menstrual bleeding, particularly in women with risk factors for endometrial hyperplasia and contraindications to systemic hormones (e.g., morbid obesity, diabetes, OSA).

Toronto Notes 2023 - Gynecology, "Abnormal Uterine Bleeding" Section:

"The LNG-IUS is highly effective in reducing menstrual bleeding and improving hemoglobin levels. It is particularly recommended in women with obesity, chronic anovulation, or contraindications to estrogen." MCCQE1 Objectives (Obstetrics and Gynecology > 82-1: Abnormal Uterine Bleeding):

"Candidates must consider the LNG-IUS as a preferred non-surgical treatment for chronic heavy menstrual bleeding when endometrial pathology has been excluded." Oral contraceptives (C) are not first-line in morbid obesity due to increased thromboembolic risk. Cyclic medroxyprogesterone (D) is less effective than LNG-IUS. Hysterectomy (A) is definitive but should follow failure of conservative therapy.

NEW QUESTION # 128

A mother brings her previously healthy 4-month-old girl for evaluation due to fussiness for 3 weeks. The infant becomes irritable and cries with occasional body arching 1-2 hours after feeding, frequently spits up after feeds, has developed feeding aversion, and shows slowing weight gain. She has been on cow's milk-based formula since birth. Stools are normal, and physical examination is unremarkable. Which one of the following is the most likely diagnosis?

- A. Celiac disease.
- B. Hypertrophic pyloric stenosis.
- C. Peptic ulcer.
- **D. Gastroesophageal reflux disease.**
- E. Intermittent intussusception.

Answer: D

NEW QUESTION # 129

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