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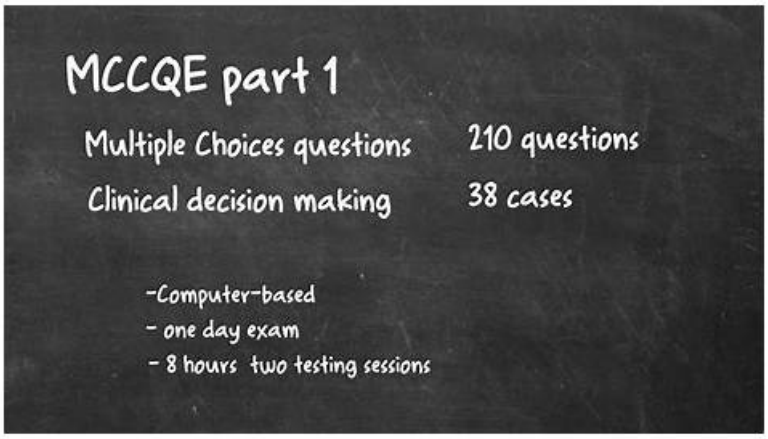

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q194-Q199):

NEW QUESTION # 194
A 62-year-old woman is taken to the operating room for an elective laparoscopic cholecystectomy. Induction of anesthesia triggers a severe hypertensive crisis that ultimately resolves after administration of a 5 mg bolus of phentolamine.
Which one of the following is most consistent with this presentation?

- A. Elevated plasma catecholamines
- B. Low urinary metanephrines
- C. Low renal vein renin
- D. High plasma cortisol
- E. Increased thyrotropin (thyroid-stimulating hormone) level

Answer: A

Explanation:
This presentation is classic for an undiagnosed pheochromocytoma, which causes episodic or crisis-level hypertension due to excess catecholamines. Anesthesia or surgical manipulation can trigger massive catecholamine release, leading to hypertensive crisis. Phentolamine, an alpha-blocker, is the appropriate treatment.
Toronto Notes 2023 - Endocrinology, Pheochromocytoma:

"Pheochromocytomas may precipitate hypertensive crises during surgery. Elevated plasma catecholamines and urinary metanephrines confirm diagnosis." MCCQE1 Objectives - Internal Medicine > Endocrinology:
"Candidates should suspect pheochromocytoma in perioperative hypertensive crises and confirm with plasma or urine catecholamines/metanephrines." Low metanephrines (E) would argue against pheochromocytoma. TSH (A), cortisol (D), and renin (C) are unrelated to acute intraoperative hypertensive episodes of this nature.

NEW QUESTION # 195
A 42-year-old man presents to your clinic for follow-up regarding his anxiety. He lost his job 1 year ago.
Since then, he constantly thinks about what happened, trying to understand what went wrong and how he could fix it or prevent it in the future. He is unable to sleep because of this. He has become socially isolated and when he does see friends, he worries constantly that he may say something hurtful. He wishes he could get past what happened and find another job but feels consumed by the fear that he may offend someone in the future. On history, his symptoms did not respond to escitalopram, sertraline, fluvoxamine, or venlafaxine, all at maximum tolerated doses. Which one of the following medications is the most appropriate?

- A. Amitriptyline
- B. Vortioxetine
- C. Quetiapine
- D. Clomipramine
- E. Paroxetine

Answer: D

Explanation:
Comprehensive and Detailed Explanation:
This patient likely has treatment-resistant obsessive-compulsive disorder (OCD), with classicsymptoms of rumination, excessive guilt, and fear of causing harm. Clomipramine, a tricyclic antidepressant with strong serotonergic activity, is effective in treatment-resistant OCD and is often used after failure of multiple SSRIs or SNRIs.
Toronto Notes 2023 - Psychiatry, OCD:
"Clomipramine is a first-line tricyclic antidepressant for OCD, particularly after failed SSRI/SNRI trials. It is effective due to potent serotonergic action." MCCQE1 Objectives - Psychiatry > OCD and Anxiety Disorders:
"Candidates must identify treatment strategies for resistant OCD, including the role of clomipramine and augmentation therapy." Quetiapine (C) may be used as augmentation. Paroxetine (E) is another SSRI. Vortioxetine (A) and amitriptyline (D) are not first-line or preferred for OCD.

NEW QUESTION # 196
A 58-year-old woman presents with a 1-year history of functional decline. She reports seeing rodents and little children invading her bedroom. Her partner tells you she has a slow, unsteady gait and tends to fall. On examination, she cannot sustain her attention during cognitive testing. Which one of the following is most likely to be found on brain imaging?

- A. Subdural hematoma
- B. No structural abnormality
- C. Cerebellar atrophy
- D. Medio-temporal atrophy
- E. Bilateral frontal atrophy

Answer: E

Explanation:
The symptoms - visual hallucinations, attention deficits, gait instability - suggest dementia with Lewy bodies (DLB), which may show bilateral frontal or parietal atrophy on imaging.
Toronto Notes 2023 - Psychiatry, Neurocognitive Disorders:
"DLB presents with fluctuating cognition, visual hallucinations, parkinsonism, and attention deficits. Imaging may show frontal or parietal atrophy but is not always specific." MCCQE1 Objectives - Psychiatry > Neurocognitive Disorders:
"Candidates must recognize the characteristic features of DLB and support diagnosis with imaging when appropriate." Cerebellar atrophy (A) is linked to ataxia but not hallucinations. Subdural hematoma (B) causes abrupt decline. Mediotemporal atrophy (D) is typical of Alzheimer's. Option E is incorrect - imaging can support the diagnosis.

NEW QUESTION # 197
You performed a surgical procedure on a 32-year-old woman for a herniated disk that was causing neurologic impairment. At the 8-month follow-up visit, she has healed well; however, she requests a prescription renewal of her narcotic analgesics (hydromorphone). Her pharmacy confirms that the patient adheres to the dosage you prescribed, that she has not consulted other physicians, and that her behavior has always been respectful.
You think that she no longer requires narcotic analgesics. Which one of the following approaches is most helpful to the patient?

- A. Counsel the patient regarding substance use disorder and arrange follow-up with her family physician.
- B. Advise the provincial or territorial agency responsible for following patients who have potential substance use disorders.
- C. Replace short-acting hydromorphone with transdermal fentanyl.
- D. Decline the renewal of further hydromorphone and discharge the patient.
- E. Change the patient's prescription from short-acting hydromorphone to once-daily methadone.

Answer: A

Explanation:
The patient's pain is no longer medically justified for opioids, but there is no evidence of misuse. The most appropriate and supportive action is to explain concerns, provide education about opioid tapering or dependency, and transition care to her family physician for ongoing management.
Toronto Notes 2023 - ELOM, "Safe Prescribing and Opioid Stewardship" Section:
"When opioids are no longer indicated, engage the patient in a conversation about tapering and arrange appropriate follow-up. Coordinate care with primary providers when long-term management is needed." MCCQE1 Objectives (ELOM > 99-1: Professionalism and Substance Use):
"Candidates must address the risk of dependency, counsel the patient, and ensure a safe transition to appropriate care without abrupt termination." Methadone (E) and fentanyl (A) are for opioid use disorder or chronic pain, not for tapering in low-risk patients. Discharging the patient (B) or reporting (C) is punitive and unnecessary.

NEW QUESTION # 198
A 72-year-old man presents to your office with reports of a hard lump slowly enlarging in the right inguinal area. He is otherwise healthy. Which one of the following is most likely to reveal the cause of his lump?

- A. Palpation of the spleen.
- B. Palpation of the liver.
- C. Examination of the testicles.
- D. Sexual history.
- E. Digital rectal examination.

Answer: C

Explanation:
A slowly enlarging, hard inguinal "lump" in an older adult is concerning for inguinal lymphadenopathy or an inguinal hernia , and MCCQE objectives emphasize targeted examination of the regional drainage areas to identify a primary source. Inguinal lymph nodes receive lymphatic drainage from the external genitalia and scrotal skin , perineum, and lower abdominal wall and lower extremity. Therefore, careful genital examination
-including the testicles/scrotum-can reveal common underlying causes such as skin malignancy of the scrotum , penile/scrotal lesions, chronic infection, or other local pathology that would explain a hard inguinal node.
Digital rectal examination assesses the prostate and rectum, whose lymphatic drainage is primarily to pelvic nodes rather than superficial inguinal nodes, making it less likely to identify the cause here. Palpation of liver or spleen looks for systemic malignancy/hematologic disease but is less likely to reveal the cause of a unilateral inguinal mass. Sexual history may suggest STI-related nodes, but these are typically tender and acute; a focused physical exam is more likely to reveal the etiology.

NEW QUESTION # 199
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