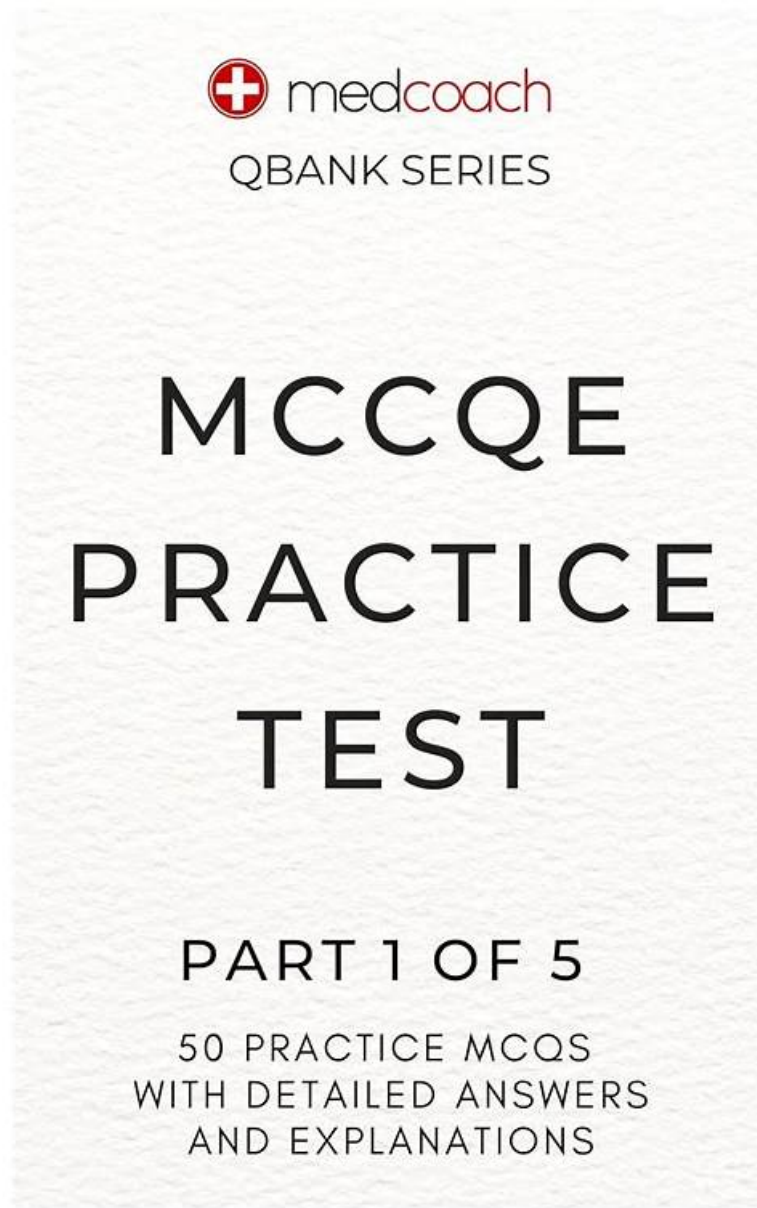


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q190-Q195):

NEW QUESTION # 190

A 53-year-old man presents to the Emergency Department with a 3-week history of believing his neighbor is poisoning him by pumping gas through his home's air vent. He appears distracted, irritable, and is speaking very quickly. He has a family history of depression. Which one of the following is the most likely diagnosis?

- A. Bipolar I disorder
- B. Psychotic disorder secondary to traumatic brain injury
- C. Malingering
- D. Brief psychotic disorder
- E. Delirium

Answer: A

Explanation:

This man exhibits a classic manic episode with psychotic features: persecutory delusions, distractibility, pressured speech, irritability, and possible grandiosity. The chronicity and mood symptoms are most consistent with Bipolar I disorder.

Toronto Notes 2023 - Psychiatry, "Mood Disorders" Section:

"Bipolar I disorder is characterized by episodes of mania, often with psychotic features. Symptoms include grandiosity, decreased need for sleep, distractibility, and mood-congruent delusions." MCCQE1 Objectives (Psychiatry > 79-1: Mood Disorders):

"Candidates must recognize mania and differentiate from brief psychosis or organic causes." Delirium (A) is acute, fluctuating, and involves impaired attention. Malingering (B) requires external gain.

Brief psychotic disorder (C) resolves within 1 month. Brain injury-related psychosis (E) would require a supporting history or findings.

(Part 2)

NEW QUESTION # 191

A 6-year-old boy is brought to the Emergency Department with a 2-day history of a limp. On examination, he looks well, has a temperature of 38 °C and is able to weight-bear. His hip examination reveals mild decreased range of motion. Radiographs of his hip and pelvis show no abnormality. His C-reactive protein level is 8 mg /L (< 6). Which one of the following is the most likely diagnosis?

- A. Juvenile rheumatoid arthritis
- B. Osteomyelitis
- C. Trochanteric bursitis
- D. Septic arthritis
- E. Transient synovitis

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

Transient synovitis is the most common cause of hip pain and limp in children aged 3-10 years. It is often preceded by a viral infection. Patients appear well, can often bear weight, and have only mild to moderate elevation in inflammatory markers.

Radiographs are normal.

Toronto Notes 2023 - Pediatrics, "Limping Child":

"Transient synovitis is benign and self-limiting. Presentation includes mild limp, low-grade fever, normal or slightly elevated

CRP/ESR, and ability to bear weight." MCCQE1 Objectives (Pediatrics > 78-2: Musculoskeletal Disorders):

"Candidates must distinguish between transient synovitis and more serious causes of limping, such as septic arthritis." Septic arthritis (A) usually causes inability to bear weight and more significant fever and CRP elevation.

Osteomyelitis (B) typically presents with localized tenderness and systemic signs. Bursitis (D) is rare in young children. JIA (E) is chronic.

-

NEW QUESTION # 192

You are called to the Emergency Department to see a 6-month-old boy with a 3-day history of fever. Physical examination reveals an irritable infant with a temperature of 38.1°C. His vital signs are:

Blood pressure: 87/50 mm Hg

Respiratory rate: 80/min

Heart rate: 140/min

Oxygen saturation: 92% on room air

The infant has no skin findings. On chest examination, you hear coarse crackles on the right side of the chest.

Which one of the following is the best next step in the management of this child?

- A. Intravenous antibiotics.
- B. Oral steroids.
- C. Reassurance.
- D. Oral antibiotics.
- E. Intravenous fluids.

Answer: A

Explanation:

This 6-month-old presents with signs of systemic illness, tachypnea, hypoxia, and focal lung findings. In this age group, pneumonia can rapidly progress, and given the severity of symptoms, oral treatment is insufficient.

Intravenous antibiotics are urgently indicated.

Toronto Notes 2023 - Pediatrics, Respiratory Infections in Infants:

"Infants under 6 months with signs of systemic illness, hypoxia ($SpO_2 < 94\%$), and respiratory distress should receive IV antibiotics. Delayed treatment may result in rapid clinical deterioration." MCCQE1 Objectives - Pediatrics > Respiratory Conditions:

"Candidates must recognize signs of serious lower respiratory tract infection in infants and initiate prompt IV antibiotic therapy when criteria for hospitalization are met." Oral antibiotics (C) are appropriate for mild outpatient pneumonia. Reassurance (B) and oral steroids (A) are inappropriate. IV fluids (D) may be supportive but do not address the infectious cause.

NEW QUESTION # 193

A 19-year-old woman presents to the office. She is a new mother. She shares that she does not intend to vaccinate her son. Which one of the following is the best next step?

- A. Contact child protection services.
- B. Explore with the patient her rationale for not vaccinating her child.
- C. Tell the patient you cannot follow her in your practice but will refer her to a colleague.
- D. Provide education on the risks and benefits of vaccination.
- E. Ask to speak with the patient's parents.

Answer: B

Explanation:

When encountering vaccine hesitancy, the first and most effective step is to open a non-judgmental conversation and explore the patient's reasons. This helps build trust and tailor subsequent education and counseling.

Toronto Notes 2023 - Public Health and Preventive Medicine, Immunization:

"Addressing vaccine hesitancy requires understanding parental concerns. Begin with open-ended questions to identify underlying beliefs and information gaps." MCCQE1 Objectives - Preventive Medicine > Immunization:

"Candidates must demonstrate effective communication with vaccine-hesitant parents, beginning with eliciting their rationale before providing evidence-based recommendations." Jumping to education (B) or punitive measures (C, D) may close communication. The patient is an adult; speaking with her parents (E) violates her autonomy.

NEW QUESTION # 194

An otherwise well 18-month-old girl is brought to your family practice office for routine immunization. Her mouth is as shown in the attached image. She has no symptoms. Which one of the following is the most likely cause of this presentation?

Image description: Severe black and brown decay of multiple upper front teeth, with relatively spared lower teeth.

- **A. Putting the child to bed with a bottle.**
- B. Vitamin D deficiency.
- C. Lack of fluoride in drinking water.
- D. Use of oral iron supplements.
- E. Repeated courses of antibiotics.

Answer: A

Explanation:

The image shows classic features of "early childhood caries" (ECC), often called "baby bottle tooth decay." This typically affects upper incisors first due to prolonged exposure to milk/formula or sugary drinks during sleep.

Toronto Notes 2023 - Pediatrics, "Dental Health" Section:

"ECC is most commonly caused by prolonged nighttime bottle feeding with milk or juice. It affects upper anterior teeth due to pooling and lack of protective salivary flow." MCCQE1 Objectives (Pediatrics > 78-2: Preventive Care):

"Candidates must recognize risk factors for dental caries in young children, including nighttime bottle use and sugary liquid exposure."

Antibiotics (C) or iron (D) can stain but do not cause this pattern of decay. Vitamin D (A) causes enamel hypoplasia or delayed eruption. Fluoride deficiency (B) causes diffuse decay, not selective anterior tooth loss.

NEW QUESTION # 195

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