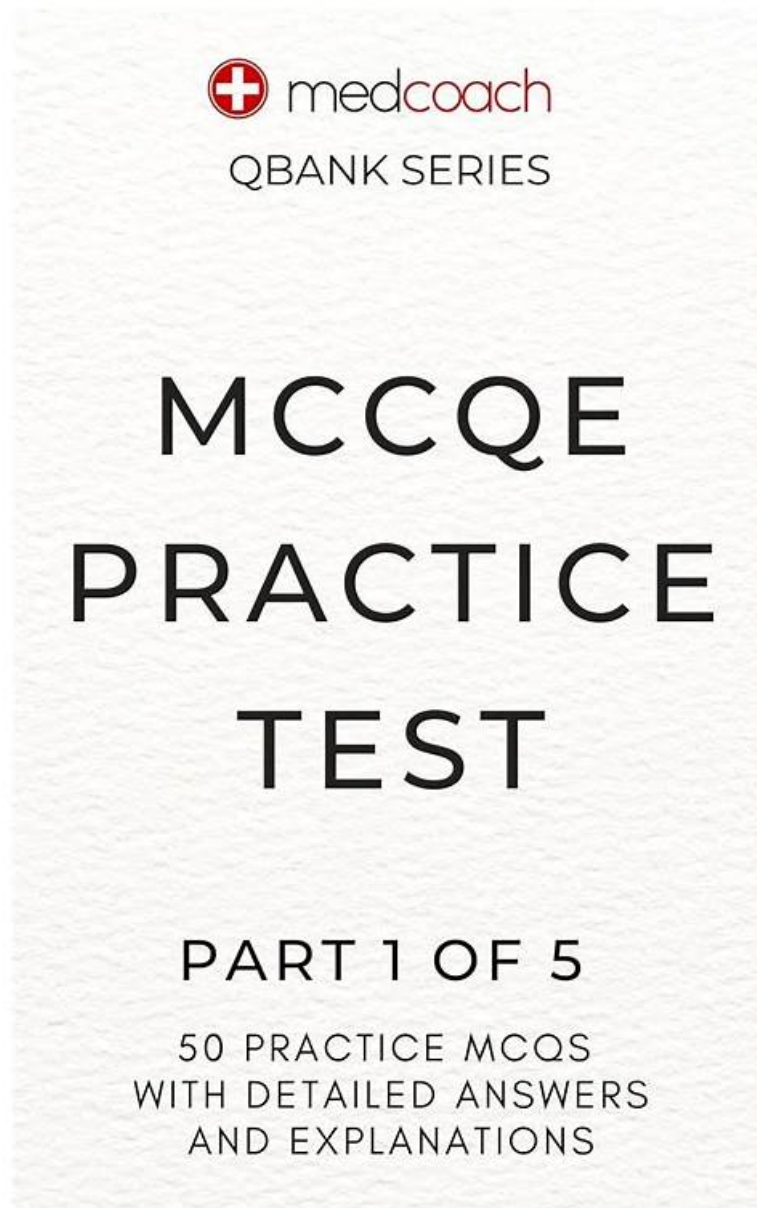


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q129-Q134):

NEW QUESTION # 129

A 6-year-old girl is found to have a blood pressure of 130/75 mm Hg. She was born prematurely at 32 weeks' gestation and required ventilation. There is a family history of hypertension in 3 grandparents. Clinical examination reveals a grade 1/6 mid-systolic murmur, no renal bruits, and femoral pulses are difficult to feel.

Which one of the following is the most likely diagnosis?

- A. Ventricular septal defect
- B. Essential hypertension
- C. Renal artery thrombosis
- **D. Aortic coarctation**
- E. Reflux nephropathy

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

The combination of upper extremity hypertension and weak femoral pulses is classic for aortic coarctation. A soft systolic murmur may be present. This condition often becomes apparent during routine screening in school-aged children.

Toronto Notes 2023 - Pediatrics / Cardiology:

"Coarctation of the aorta presents with upper limb hypertension, diminished femoral pulses, and sometimes a systolic murmur. BP discrepancy is key." MCCQE1 Objectives (Pediatrics > 78-1: Congenital Heart Disease):

"Candidates must recognize signs of aortic coarctation, including weak lower limb pulses and systemic hypertension in children."

VSD (A) typically presents with a louder murmur. Reflux nephropathy (B) may cause hypertension but without femoral pulse discrepancy. Renal artery thrombosis (C) is rare. Essential hypertension (D) is less likely in this age group with these findings.

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NEW QUESTION # 130

A same-sex couple asks to join a family physician's practice. The physician tells them that she does not treat same-sex couples and will refer them to a physician with more clinical experience with same-sex couples.

Which one of the following best describes the physician's obligation under the Canadian Charter of Rights and Freedoms?

- **A. An obligation to accept this couple, as not doing so constitutes discrimination based on sexual orientation.**
- B. No obligation to accept this couple because of her right not to act in a manner contrary to her personal values.
- C. An obligation to accept this couple as patients because physicians must treat all patients.
- D. No obligation to accept this couple because of her inexperience caring for same-sex patients.
- E. No obligation to accept this couple, but does need to refer to a colleague who will.

Answer: A

Explanation:

Refusing care based on sexual orientation constitutes discrimination under the Canadian Charter of Rights and Freedoms and violates professional standards. Physicians must not deny care based on personal bias or prejudice.

Toronto Notes 2023 - ELOM, Equity in Care and Professionalism:

"Denying care based on sexual orientation violates both human rights legislation and professional obligations.

Physicians must ensure equitable access for all patients."

MCCQE1 Objectives - ELOM > Professionalism and Patient Rights:

"Candidates must act in accordance with patients' rights to equitable, non-discriminatory access to care regardless of race, gender, or sexual orientation." Referral (Option B) does not excuse discriminatory refusal. Personal discomfort or inexperience (Options D

and E) do not justify discrimination.

NEW QUESTION # 131

A 20-year-old man is brought by a friend to the emergency department with an elevated temperature, generalized muscle rigidity, hypovolemia, a fluctuating level of consciousness, and impaired attention. The patient also may be responding to auditory hallucinations. The friend informs you that the patient overdosed with a prescribed medication. Which one of the following medications is most likely to cause these symptoms?

- A. Amitriptyline
- B. Lorazepam
- C. Lithium carbonate
- **D. Risperidone**
- E. Lamotrigine

Answer: D

Explanation:

This presentation is classic for neuroleptic malignant syndrome (NMS), a rare but life-threatening reaction to antipsychotic drugs (particularly dopamine antagonists like risperidone). Features include hyperthermia, rigidity, altered mental status, and autonomic instability.

Toronto Notes 2023 - Psychiatry, "Neuroleptic Malignant Syndrome":

"NMS is associated with antipsychotic use. Key features: hyperthermia, lead-pipe rigidity, altered consciousness, autonomic dysfunction. Elevated CK, leukocytosis often present." MCCQE1 Objectives (Psychiatry > 71-5: Adverse Effects of Psychotropics):

"Candidates must recognize and manage neuroleptic malignant syndrome and differentiate it from other drug toxicities." Amitriptyline (B) overdose causes anticholinergic symptoms. Lamotrigine (A) causes rash or seizures in toxicity. Lithium (D) leads to tremor, ataxia, and GI upset. Lorazepam (E) causes CNS depression, not rigidity or fever.

NEW QUESTION # 132

A 3-year-old boy is brought to your office because his daycare teachers are concerned about his language development. His parents speak both English and French at home, and he can say around 15 words combined in both languages. His history reveals that he has minimal interest in playing with other children. Which one of the following is most appropriate?

- A. Reassure that no intervention is needed.
- B. Recommend use of one language at home.
- **C. Screen for autism spectrum disorder.**
- D. Evaluate for attention deficit hyperactivity disorder.
- E. Refer to a pediatric neurologist.

Answer: C

Explanation:

A limited vocabulary (fewer than 50 words by age 2-3 years) and reduced social interaction (limited interest in peers) raise concern for autism spectrum disorder (ASD). Screening for ASD is the most appropriate next step.

Toronto Notes 2023 - Pediatrics, Development and Behaviour:

"Red flags for autism include delayed language, limited social reciprocity, and poor peer interaction.

Screening should be initiated early when clinical signs are present."

MCCQE1 Objectives - Pediatrics > Developmental Disorders:

"Candidates must identify key signs of ASD and initiate appropriate screening and early intervention." Multilingual households do not typically cause such delays (E is incorrect). ADHD (B) presents with attention /hyperactivity issues, not language/social delay. Reassurance (A) is inappropriate. Neurology referral (C) may follow but is not first-line.

NEW QUESTION # 133

A 12-year-old boy initially presents with a 4-month history of left knee pain. He denies any obvious history of trauma, but he plays basketball frequently and notes his pain is worse after playing. On physical examination the patient has a prominent tibial tubercle, which is swollen and tender. There is full range of motion in the knee. A radiograph of the left knee reveals an ossicle anterior to the

tibial tuberosity. Which one of the following is the most likely diagnosis?

- **A. Osgood-Schlatter disease**
- B. Patellar tendinitis
- C. Chondromalacia patellae
- D. Osteomyelitis
- E. Osteosarcoma

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Osgood-Schlatter disease is a traction apophysitis of the tibial tubercle due to repetitive stress from the quadriceps during growth. It is common in active adolescents and presents with a tender, prominent tibial tuberosity and typical radiographic findings.

Toronto Notes 2023 - Pediatrics / MSK:

"Osgood-Schlatter disease presents with localized pain at the tibial tuberosity in adolescents involved in sports. X-ray may show ossicle or fragmentation." MCCQE1 Objectives (Pediatrics > 78-2: MSK Injuries and Overuse):

"Candidates must identify overuse syndromes like Osgood-Schlatter and distinguish from infections or malignancy." Osteomyelitis (A) is systemic. Osteosarcoma (B) causes deep pain, often at night. Chondromalacia (C) affects anterior knee and worsens with stairs. Patellar tendinitis (D) affects the inferior pole of patella, not tibial tubercle.

NEW QUESTION # 134

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