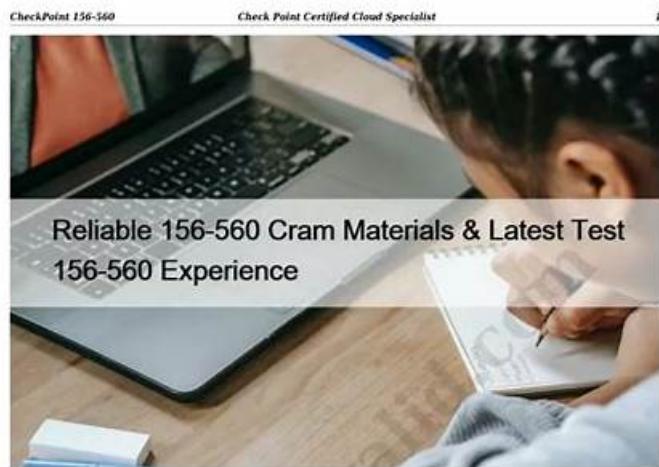


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q121-Q126):

NEW QUESTION # 121

A 37-year-old woman diagnosed with schizophrenia comes to her family physician because she has been choking on her food lately. She has a history of mild spastic dysphonia. She was recently started on haloperidol for auditory hallucinations. Which one of the following is the best short-term management?

- A. Start lorazepam
- B. Change the haloperidol to quetiapine
- C. Arrange for an urgent laryngoscopy
- D. Provide reassurance
- E. Begin dantrolene

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

This patient is likely experiencing extrapyramidal symptoms (dysphagia/dystonia) due to haloperidol.

Switching to an atypical antipsychotic (like quetiapine), which has a lower risk of EPS, is appropriate.

Dysphagia in the context of antipsychotic use requires prompt medication review.

Toronto Notes 2023 - Psychiatry, "Antipsychotics and Extrapyramidal Effects":

"Dysphagia can be a sign of extrapyramidal side effects. Consider switching to an atypical antipsychotic with lower EPS risk."

MCCQE1 Objectives (Psychiatry > 71-5: Antipsychotic Adverse Effects):

"Candidates must recognize and manage EPS, including drug-induced dysphagia." Dantrolene (C) is for neuroleptic malignant syndrome, not isolated dysphagia. Laryngoscopy (B) may be useful later but not first-line. Reassurance (D) is unsafe. Lorazepam (E) may help in dystonia but doesn't address the root cause.

NEW QUESTION # 122

An otherwise healthy 43-year-old woman presents to your clinic for a left breast mass. Six months ago, she underwent a bilateral breast magnetic resonance imaging (MRI) after watching a television program on breast cancer prevention. An ultrasound-guided biopsy of a 1.5 cm mass confirmed, at the time, that she had fibroadenoma. The follow-up ultrasound now reveals a mass measuring 1.7 cm. Which one of the following is the best next step in the management of this patient?

- A. Proceed with needle-localized left lumpectomy.
- B. Order a MRI of both breasts to rule out anything else.
- C. Administer prophylactic tamoxifen to decrease the risk of cancer.
- D. Reassure the patient and reassess in 12 months.
- E. Repeat the biopsy to confirm the diagnosis.

Answer: D

Explanation:

Fibroadenomas can grow slightly or fluctuate in size. A minimal increase (from 1.5 cm to 1.7 cm) over six months is clinically insignificant. No malignant features are reported, and the previous biopsy confirmed benign nature. Annual follow-up is appropriate. Toronto Notes 2023 - Obstetrics and Gynecology, "Breast Disorders" Section:

"Fibroadenomas are benign breast masses that may slightly enlarge. Routine imaging follow-up at 6 to 12 months is appropriate for lesions with benign imaging and histology." MCCQE1 Objectives (Obstetrics and Gynecology > 82-3: Breast Mass):

"Candidates must distinguish between benign and suspicious masses and determine appropriate intervals for follow-up imaging."

Repeat biopsy (A) or surgery (B) is unwarranted without suspicious change. MRI (C) is not needed in stable, benign lesions.

Tamoxifen (D) is not used for fibroadenomas.

NEW QUESTION # 123

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

Answer: E

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 # 124

The parents of a 12-year-old boy present to your clinic to discuss their son's submersion injury. The patient was seen in hospital for 6 months after being pulled unresponsive from a lake at his friend's house; he had been submerged for an estimated 20 minutes. After extended resuscitation and a 2-month stay in the intensive care unit, he remains in a persistent vegetative state but needs no respiratory or cardiac support. When evaluating the discharge from hospital, which one of the following is most appropriate?

- A. Continue intensive rehabilitation in the acute care hospital for the best chance of recovery
- B. Plan for a progressive return to school with a home caregiver
- C. Organize scheduled readmissions to hospital to provide the family with respite care
- D. **Advocate for home care support so that the parents can care for their son safely at home**
- E. Recommend placement in a palliative care facility

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

The patient is in a persistent vegetative state and medically stable, meaning he does not need continued hospitalization. The goal is to provide appropriate long-term care in the least restrictive setting, typically at home with robust home care support services. This approach aligns with ethical care, family-centered goals, and medical appropriateness.

Toronto Notes 2023 - Pediatrics / Neurodevelopment & Chronic Care:

"Home care with appropriate medical and caregiver support is often the best setting for children with severe neurological impairments who are medically stable." MCCQE1 Objectives (Pediatrics > 77-5: Chronic Neurological Disorders):

"Candidates must assess discharge planning and coordinate home care support for children with long-term care needs." Palliative facility (B) is not appropriate unless end-of-life is imminent. School (C) is not feasible in this state.

Hospital readmission for respite (D) is not standard. Rehabilitation (E) has little utility in persistent vegetative state.

NEW QUESTION # 125

A 9-year-old girl is brought to the Emergency Department because she has generalized urticaria, abdominal cramping, and postural dizziness 30 minutes after eating at a friend's birthday party. Which one of the following is the most appropriate route of administration for epinephrine?

- A. Intravenous
- B. Subcutaneous
- C. **Intramuscular**
- D. Intranasal

- E. Inhaled

Answer: C

Explanation:

Anaphylaxis requires immediate administration of epinephrine via the intramuscular (IM) route, typically in the lateral thigh. This route provides the fastest and most reliable absorption for emergency treatment.

Toronto Notes 2023 - Pediatrics, Anaphylaxis:

"Epinephrine 0.01 mg/kg IM is the first-line treatment for anaphylaxis. The intramuscular route provides the most rapid and safe absorption in emergencies." MCCQE1 Objectives - Pediatrics > Allergy and Immunology:

"Candidates must know the emergency management of anaphylaxis, including proper dosage and intramuscular administration of epinephrine." IV administration (A) is reserved for critical care settings. Subcutaneous (C) and intranasal/inhaled routes (D, E) are ineffective in anaphylaxis.

NEW QUESTION # 126

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