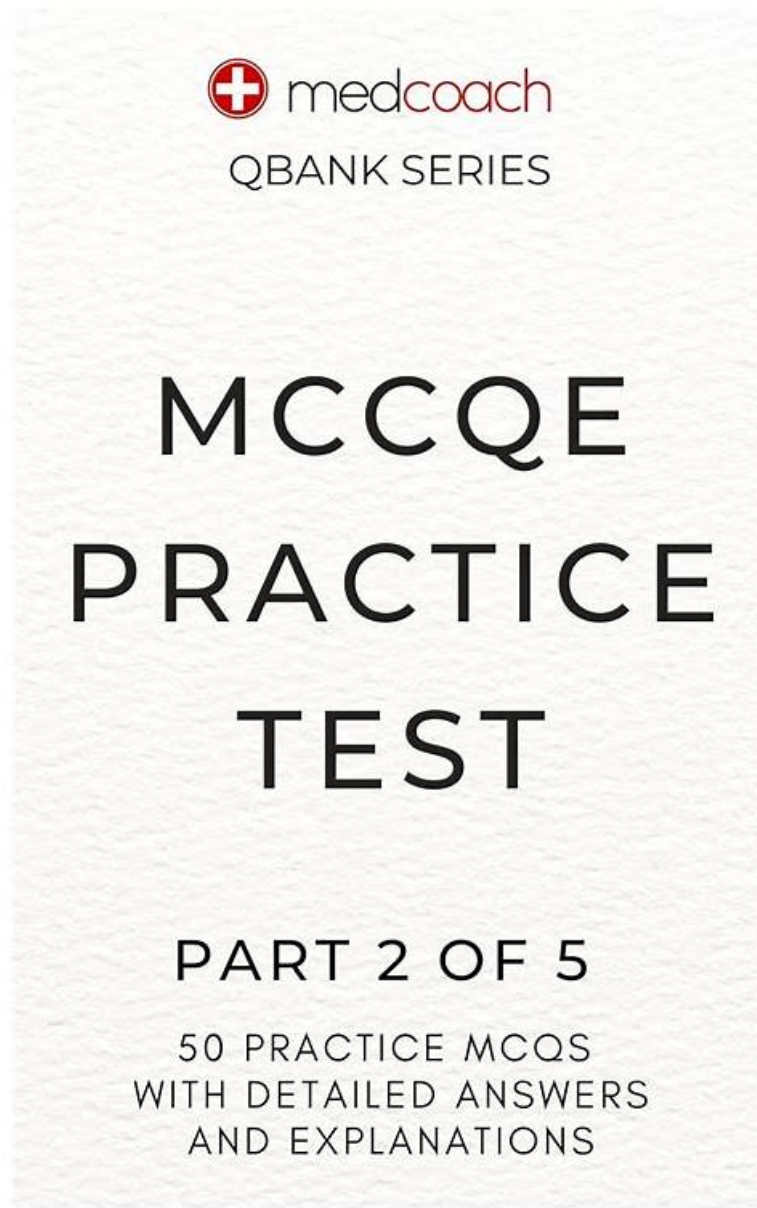


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q187-Q192):

NEW QUESTION # 187

An 88-year-old married man is admitted following a cardiac arrest at home. He was not expected to recover, and after 2 weeks, he remains in a coma. His wife states, "I cannot let him go. That would be murder." As the attending physician looking after her husband, which one of the following is the best next course of action?

- A. Remove him from life support as this would not be murder
- B. Seek advice from the provincial or territorial public guardian
- C. Say nothing further and wait until she comes around to accepting his state
- D. Emphasize that the duration of his stay in the Intensive Care Unit will be limited
- E. Encourage her to imagine what her husband would have wanted

Answer: E

Explanation:

In discussions about end-of-life care, it is critical to shift the focus from the substitute decision-maker's own feelings to what the patient would have wanted. This approach promotes ethically sound and patient-centered decisions. It is respectful, supportive, and maintains trust.

Toronto Notes 2023 - ELOM, "Advance Care Planning and End-of-Life Decisions":

"When a patient cannot express wishes, decisions must be based on known prior wishes or substituted judgment-what the patient would have wanted." MCCQE1 Objectives (ELOM > 90-2: Capacity, Consent, and End-of-Life Care):

"Candidates must guide surrogate decision-makers toward reflecting on the patient's values and previously expressed wishes."

Options A and B are inappropriate-waiting without engagement or unilateral withdrawal is unethical. C does not address the wife's emotional or ethical concerns. E is premature unless the wife is clearly unable or unfit to act as decision-maker.

NEW QUESTION # 188

A 69-year-old woman with long-standing hypertension presents to the emergency department with a 2-hour history of persistent chest and back pain. A posteroanterior chest radiograph shows suspicious widening of the mediastinal shadow. Which one of the following is most likely to yield a clinical diagnosis?

- A. Computed tomography of the chest
- B. Transthoracic echocardiography
- C. Electrocardiography
- D. Pulmonary angiography
- E. Ventilation-perfusion lung scan

Answer: A

Explanation:

The presentation is highly suspicious for acute aortic dissection - sudden chest/back pain and mediastinal widening on chest x-ray.

The most definitive and widely available test is contrast-enhanced computed tomography (CT) of the chest.

Toronto Notes 2023 - Cardiology, Aortic Dissection:

"CT angiography of the chest is the gold standard for stable patients with suspected aortic dissection. Look for mediastinal widening on chest x-ray as a clue." MCCQE1 Objectives - Internal Medicine > Cardiovascular Disease:

"Candidates should recognize acute aortic dissection and select appropriate imaging, such as CT chest, for diagnosis in stable patients." Transthoracic echo (A) may miss dissections. ECG (C) helps rule out MI but not dissection. V/Q scan (D) and pulmonary angiography (E) are for suspected pulmonary embolism.

NEW QUESTION # 189

A 69-year-old man presents with a 4-day history of a painful right knee. On history, he denies any trauma or similar previous episodes. Examination reveals effusion of the right knee that is warm to the touch. Which one of the following is the best next step?

- A. Nonsteroidal anti-inflammatory drugs
- **B. Joint aspiration**
- C. Serum uric acid level
- D. Right knee radiography
- E. Intravenous antibiotics

Answer: B

Explanation:

The first step in evaluating a new, hot, swollen joint is arthrocentesis to rule out septic arthritis and crystal arthropathy. Joint aspiration provides fluid for microscopy, culture, and crystal analysis, which guides definitive diagnosis and treatment.

Toronto Notes 2023 - Rheumatology, Monoarthritis:

"Joint aspiration is the most important first step in evaluating monoarthritis. Septic arthritis must be ruled out before initiating any therapy." MCCQE1 Objectives - Internal Medicine > Rheumatology:

"Candidates should perform joint aspiration in the presence of acute monoarthritis to differentiate between septic arthritis, gout, and other causes." Radiography (A) and serum uric acid (B) do not establish cause acutely. Empiric antibiotics (D) and NSAIDs (E) should only be started after ruling out septic arthritis.

NEW QUESTION # 190

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

Answer: D

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 # 191

You are treating a 78-year-old man for recent onset of diarrhea, tenesmus, and minor bleeding when he wipes.

He has a history of prostate cancer that was treated by radiotherapy. Rectal examination findings are normal. Colonoscopy reveals a pale rectum with ulcerations and areas of mucosal hemorrhage. Which one of the following is the most likely explanation for this clinical presentation?

- A. Ulcerative colitis
- **B. Radiation proctitis**
- C. Rectal cancer
- D. Recurrent prostate cancer
- E. Diverticulosis

Answer: B

Explanation:

Radiation proctitis is a well-known complication of pelvic radiation therapy (e.g., for prostate cancer). It presents months to years after treatment with rectal bleeding, tenesmus, and mucosal ulceration on colonoscopy.

Toronto Notes 2023 - Gastroenterology, "Radiation-Induced GI Injury":

"Radiation proctitis presents with rectal bleeding, tenesmus, urgency. Colonoscopy shows pale, friable mucosa, ulcerations, and telangiectasia." MCCQE1 Objectives (Gastroenterology > 47-2: GI Bleeding and Complications):

"Candidates must recognize radiation proctitis based on history of radiation and characteristic endoscopic findings." Ulcerative colitis (B) usually starts younger and is more diffuse. Diverticulosis (C) affects the left colon and causes painless bleeding. Recurrent prostate cancer (D) and rectal cancer (E) would show mass or infiltration.

NEW QUESTION # 192

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