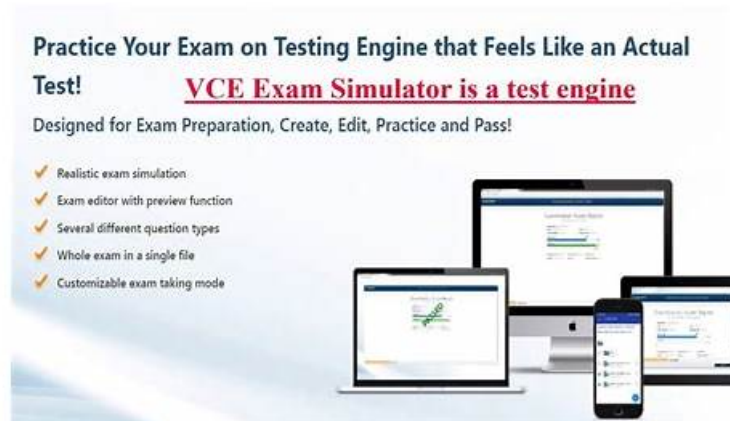


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q126-Q131):

NEW QUESTION # 126

A 38-year-old woman presents with diffuse nodularity in the outer upper quadrant of her right breast. There is no obvious dominant mass, nipple discharge, or skin dimpling. There are no palpable lymph nodes. Which one of the following is the most likely diagnosis?

- A. Benign phyllodes tumour
- **B. Fibrocystic change**
- C. Intraductal carcinoma
- D. Paget disease
- E. Mastitis

Answer: B

Explanation:

Fibrocystic change is the most common benign breast condition in women of reproductive age. It typically presents with diffuse nodularity or "lumpy" areas, especially in the upper outer quadrant, and varies with the menstrual cycle. No dominant mass or systemic signs are expected.

Toronto Notes 2023 - Gynecology, "Benign Breast Conditions":

"Fibrocystic changes often present with bilateral or unilateral nodularity, most commonly in the upper outer quadrants, without discrete masses." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must differentiate benign breast conditions from malignant ones based on presentation and physical exam findings."

Paget disease (B) presents with nipple changes. Intraductal carcinoma (C) typically shows a discrete mass or suspicious features.

Phyllodes tumours are usually well-circumscribed. Mastitis (E) is inflammatory and associated with erythema, fever, and tenderness.

NEW QUESTION # 127

A 60-year-old man presents to the office with concerns regarding a pruritic rash, which he has had for several years. He reports a "crawling" sensation on his skin. He is concerned that this rash may be caused by a parasite he may have picked up while serving in the military overseas. On examination, you note multiple crusted lesions on his forearms, neck, chest, scalp, and thighs. There is a complete sparing of the skin on his back. He brought a bottle with fibrous material of different colours that he picked from his wounds. He is otherwise healthy and reports no other symptoms except some chronic fatigue and insomnia related to the itching. Which one of the following treatments is the most appropriate?

- A. Butenafine
- **B. Ivermectin**
- C. Fluconazole
- D. Doxycycline
- E. Permethrin

Answer: B

Explanation:

This case describes classic signs of delusional parasitosis (also known as Morgellons syndrome). However, the presence of widespread crusted lesions raises suspicion for crusted scabies, particularly in older adults.

Crusted scabies may be misinterpreted as chronic dermatitis or psychocutaneous disorder. The most effective treatment is oral ivermectin.

Toronto Notes 2023 - Dermatology:

"Crusted scabies presents as widespread hyperkeratotic plaques with crusting. First-line treatment is oral ivermectin, often with topical permethrin." MCCQE1 Objectives (Medicine > Dermatology > 23-1):

"Candidates must recognize presentations of ectoparasitic infections, including scabies, and provide appropriate treatment."

Permethrin (B) is for typical scabies, but crusted scabies often requires systemic ivermectin due to severity and spread.

NEW QUESTION # 128

A 24-year-old woman presents with rapidly increasing lower leg pain. Less than 24 hours ago, she fell off her bicycle and had some minor abrasions. On examination, she is in severe pain and appears anxious. Local examination of her leg reveals mild discoloration with marked tenderness but no swelling in her calf. Which one of the following is the most likely diagnosis?

- A. Baker's cyst
- B. Plantaris rupture
- C. Cellulitis
- **D. Necrotizing fasciitis**
- E. Deep vein thrombosis

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Rapid progression of pain out of proportion to exam, systemic symptoms (anxiety), and skin changes without major swelling are classic for necrotizing fasciitis—a surgical emergency. Discoloration and extreme tenderness should raise immediate concern.

Toronto Notes 2023 - Emergency Medicine / Surgery:

"Necrotizing fasciitis presents with severe pain, systemic toxicity, rapid progression, and early skin changes (discoloration). Pain out of proportion is a key clue." MCCQE1 Objectives (Emergency Medicine > 51-1: Soft Tissue Infections):

"Candidates must recognize necrotizing fasciitis and initiate urgent surgical consultation." Plantaris rupture (A) is benign and localized.

DVT (B) is more gradual and often with swelling. Cellulitis (C) progresses more slowly and is less painful. Baker's cyst (D) causes posterior knee pain, not severe systemic illness.

NEW QUESTION # 129

A 31-year-old man presents to the office with concerns about his heart. Three months ago, his father died of a myocardial infarction at age 58 years. He states that since the death of his father, he has experienced episodes in which his heart will start racing, causing him to feel short of breath, dizzy, and nauseous. He is afraid that he will die during these episodes. Findings from a physical examination, electrocardiogram, Holter monitoring, echocardiogram, and complete blood count are normal. Serum electrolyte level, troponin level, and thyroid function studies are all within normal limits. Which one of the following options is the most appropriate?

- A. Grief therapy
- B. Lorazepam at bedtime
- C. Metoprolol
- D. Cardiac stress test

Answer: A

Explanation:

This patient presents with panic-like somatic symptoms triggered by bereavement. Normal investigations rule out cardiac pathology. Grief therapy is appropriate as the underlying stressor is unresolved grief and anxiety.

Toronto Notes 2023 - Psychiatry, Grief and Anxiety Disorders:

"Bereavement-related anxiety and somatization are common. Grief counseling can help reduce somatic and psychological symptoms when medical causes are ruled out." MCCQE1 Objectives - Psychiatry > Anxiety and Bereavement:

"Candidates should recognize psychological sequelae of grief, including panic and health anxiety, and provide appropriate psychological support." Metoprolol (C) is not indicated without confirmed cardiac cause. Lorazepam (B) may offer short-term relief but does not address the underlying grief. Stress testing (A) is unnecessary with repeated normal investigations.

NEW QUESTION # 130

A 20-year-old nulligravid woman presents with severe pain during menstruation. She is unable to take nonsteroidal anti-inflammatory drugs (NSAIDs) and is adamant about not taking any hormonal therapy. She has questions about non-medicinal therapeutic options. Which one of the following recommendations is the most appropriate?

- A. High-frequency transcutaneous electrical nerve stimulation (TENS)
- B. Massage therapy
- C. Spinal manipulation
- D. Laparoscopic uterine nerve ablation (LUNA)
- E. Progesterone-releasing intrauterine device

Answer: A

Explanation:

TENS has been shown to be effective for managing primary dysmenorrhea when pharmacological options are contraindicated or refused. It works by interfering with pain signal transmission and increasing endorphin levels.

Toronto Notes 2023 - Gynecology, Dysmenorrhea:

"High-frequency TENS is effective in managing primary dysmenorrhea and can be considered when NSAIDs or hormonal therapies are not acceptable to the patient." MCCQE1 Objectives - Gynecology > Menstrual Disorders:

"Candidates must be aware of non-pharmacological interventions for dysmenorrhea, including TENS and heat therapy." Options D and E involve hormonal or surgical intervention. Spinal manipulation and massage (B and C) lack consistent evidence for dysmenorrhea relief.

NEW QUESTION # 131

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