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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q47-Q52):

NEW QUESTION # 47

A 26-year-old woman, gravida 2, para 1, presents with a positive pregnancy test. Her previous pregnancy was associated with preeclampsia, and she delivered a 1000 g boy at 34 weeks' gestation. Her blood pressure is 130 /86 mm Hg. Which one of the following is the best recommendation for this pregnancy?

- A. Genetic assessment and counseling.
- B. Accurate dating by ultrasound.
- C. Amniocentesis for karyotyping.

- D. Complete bed rest starting at 20 weeks' gestation.
- E. Prophylactic labetalol.

Answer: B

Explanation:

Accurate dating is critical in pregnancies at high risk for preeclampsia and intrauterine growthrestriction. First- trimester ultrasound is used to establish gestational age, which guides monitoring and interventions.

Toronto Notes 2023 - Obstetrics, High-Risk Pregnancy:

"In women with a history of preeclampsia, early and accurate dating allows for appropriate fetal surveillance and timely delivery."

MCCQE1 Objectives - Obstetrics > Prenatal Care:

"Candidates should recognize the importance of accurate pregnancy dating in high-risk pregnancies." Prophylactic labetalol (E) is not indicated in normotensive patients. Genetic testing (A, B) is not appropriate unless additional risk factors are present. Bed rest (D) is not evidence-based for preeclampsia prevention.

NEW QUESTION # 48

A 91-year-old man comes to the Emergency Department reporting blood in his stools, which has now resolved. He is able to give a history and mentions that this also happened 2 years ago. At that time, a colonoscopy was done and revealed diverticular disease as the cause. Which one of the following is the best next step?

- A. Order a fecal immunochemical test (FIT).
- B. Perform a computed tomography colonoscopy.
- C. Discuss the issue with his family before making a decision.
- **D. Reassure him that a colonoscopy does not need to be repeated.**
- E. Recommend a surgical resection of the diverticular disease.

Answer: D

Explanation:

In a patient with known diverticular bleeding and no red flags (e.g., weight loss, anemia, family history), repeating colonoscopy is not required. Diverticular bleeding is typically self-limited. Colonoscopy within the past few years with clear findings suffices.

Toronto Notes 2023 - Gastroenterology, Lower GI Bleed:

"Patients with known diverticulosis and self-limited bleeding who have had prior complete colonoscopy do not require repeat endoscopy unless symptoms recur or persist." MCCQE1 Objectives - Internal Medicine > Gastroenterology:

"Candidates must recognize when no further invasive investigation is necessary in elderly patients with known benign findings and resolved symptoms." Option E is considerate but not clinically necessary for independent patients. Options A, B, and D are not indicated in resolved, low-risk cases.

NEW QUESTION # 49

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

Answer: D

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 # 50

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

Answer: C

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.

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NEW QUESTION # 51

A 37-year-old man presents with chronic back, neck, and shoulder pain following a workplace injury 4 years ago. He has a history of alcohol misuse and PTSD related to the incident. Current medications (acetaminophen, naproxen, amitriptyline, gabapentin) provide inadequate pain relief. He requests oxycodone after self-trialing it with temporary benefit. After history and physical assessment, which one of the following is the best next step?

- A. Prescribing a low-dose, long-acting opioid and reassessing in 1 week for effectiveness.
- B. Referring the patient to substance use and mental health support services.
- C. Prescribing cannabis.
- D. Prescribing a short course of a short-acting opioid to be used only as needed.
- E. Ordering repeat imaging of the spine and shoulder to confirm the diagnosis.

Answer: B

Explanation:

The patient has chronic non-cancer pain with comorbid PTSD and alcohol misuse - high-risk factors for opioid use disorder. Before any opioid prescribing, a comprehensive interdisciplinary approach including mental health and substance use support is essential.

Toronto Notes 2023 - Pain Management and Addiction Medicine:

"In chronic pain patients with substance use or mental health comorbidities, refer to addiction/mental health services before considering opioid therapy." MCCQE1 Objectives (ELOM > 99-4: Safe Prescribing):

"Candidates must assess for substance use risk factors and manage chronic pain using a multidisciplinary approach." Imaging (A) is unlikely to alter management. Opioids (B, C) should not be first-line in this context. Cannabis (E) is not first-line and lacks robust evidence in complex chronic pain.

NEW QUESTION # 52

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