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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q171-Q176):

NEW QUESTION # 171

A 55-year-old woman presents with a 6-month history of poor memory and impaired concentration. She has bipolar I disorder that has been treated with lithium carbonate for 4 years. She has gained a lot of weight since starting lithium. Physical examination findings are otherwise normal. She is concerned about her memory issues, but there are no other perception, mood, or cognition abnormalities. Which one of the following tests is most likely to have abnormal findings?

- A. Parathyroid hormone
- B. Serum sodium level
- C. Serum thyrotropin (thyroid-stimulating hormone) level
- D. Creatinine clearance
- E. Liver function tests

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Lithium commonly causes hypothyroidism, which can lead to fatigue, cognitive slowing, weight gain, and memory impairment.

Thyroid-stimulating hormone (TSH) levels are often elevated in such cases.

Toronto Notes 2023 - Psychiatry / Endocrinology:

"Lithium is associated with hypothyroidism and renal impairment. Monitor TSH regularly in patients on lithium therapy." MCCQE1

Objectives (Psychiatry > 71-5: Mood Stabilizers):

"Candidates must recognize the endocrine side effects of lithium, including hypothyroidism and the importance of TSH monitoring."

Creatinine clearance (C) may also be affected but is less directly associated with memory issues. Liver function (A), sodium (D), and PTH (E) are not typically the first abnormal values in this presentation.

NEW QUESTION # 172

A 35-year-old woman presents to your clinic for follow-up regarding her persistent primary immune thrombocytopenic purpura. She was admitted to hospital with a relapse and received treatment with dexamethasone, intravenous immunoglobulin, and rituximab. She was recently discharged from hospital with a platelet count of $55 \times 10^9/L$ (130-360), and also continues to take 10 mg of prednisone once daily. She is scheduled for a splenectomy in 4 weeks. Which one of the following is the best next step in preparation for the patient's surgical procedure?

- A. Arrange for preoperative vaccination
- B. Transfuse 5 units of platelets 1 week preoperatively
- C. Start calcium and vitamin D supplementation
- D. Stop prednisone 2 weeks preoperatively
- E. Prescribe daily azithromycin 1 week preoperatively

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Patients undergoing splenectomy are at lifelong risk for overwhelming post-splenectomy infection (OPSI), particularly from encapsulated organisms. Vaccination against Streptococcus pneumoniae, Haemophilus influenzae type b, and Neisseria meningitidis is recommended at least 2 weeks prior to elective splenectomy.

Toronto Notes 2023 - Hematology / Surgery:

"Patients undergoing elective splenectomy should receive vaccines against pneumococcus, H. influenzae type b, and meningococcus at least 2 weeks before surgery." MCCQE1 Objectives (Hematology > 38-2: Thrombocytopenia and Splenectomy):

"Candidates must ensure vaccination prior to splenectomy to prevent postsplenectomy sepsis." Calcium (B) may be considered in chronic steroid users but is not the priority. Azithromycin (C) is not indicated. D is unsafe without tapering. E is only for acute bleeding or extremely low platelets.

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NEW QUESTION # 173

A 62-year-old woman is taken to the operating room for an elective laparoscopic cholecystectomy. Induction of anesthesia triggers a severe hypertensive crisis that ultimately resolves after administration of a 5 mg bolus of phentolamine.

Which one of the following is most consistent with this presentation?

- A. Low urinary metanephrines
- B. Low renal vein renin
- C. Increased thyrotropin (thyroid-stimulating hormone) level
- D. Elevated plasma catecholamines
- E. High plasma cortisol

Answer: D

Explanation:

This presentation is classic for an undiagnosed pheochromocytoma, which causes episodic or crisis-level hypertension due to excess catecholamines. Anesthesia or surgical manipulation can trigger massive catecholamine release, leading to hypertensive crisis.

Phentolamine, an alpha-blocker, is the appropriate treatment.

Toronto Notes 2023 - Endocrinology, Pheochromocytoma:

"Pheochromocytomas may precipitate hypertensive crises during surgery. Elevated plasma catecholamines and urinary metanephrines confirm diagnosis." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should suspect pheochromocytoma in perioperative hypertensive crises and confirm with plasma or urine catecholamines/metanephrines." Low metanephrines (E) would argue against pheochromocytoma. TSH (A), cortisol (D), and renin (C) are unrelated to acute intraoperative hypertensive episodes of this nature.

NEW QUESTION # 174

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. Encourage her to imagine what her husband would have wanted**
- C. Emphasize that the duration of his stay in the Intensive Care Unit will be limited
- D. Seek advice from the provincial or territorial public guardian
- E. Say nothing further and wait until she comes around to accepting his state

Answer: B

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 # 175

You are seeing a 78-year-old man for follow-up of metastatic cholangiocarcinoma diagnosed 8 months ago and currently being treated with thermotherapy. He has just completed his 2nd cycle and reports frequently feeling hopeless, worthless, and helpless, with no sense of a positive future. He states he is turning away invitations to socialize with family and friends. He feels like sleeping all the time and reports no appetite.

Which one of the following is the most likely diagnosis?

- A. Brain metastasis
- B. Side effects of chemotherapy
- C. Normal grief reaction
- D. Hepatic encephalopathy
- **E. Major depressive episode**

Answer: E

Explanation:

This patient exhibits classic symptoms of a major depressive episode (MDE): anhedonia, low mood, social withdrawal, feelings of worthlessness, hypersomnia, and loss of appetite. These symptoms are persistent and pervasive beyond what is typical in grief.

Toronto Notes 2023 - Psychiatry, "Depressive Disorders" Section:

"MDE is characterized by #5 symptoms present nearly every day for #2 weeks including low mood, anhedonia, sleep/appetite disturbances, low energy, feelings of worthlessness, and suicidal ideation. It must cause significant impairment in functioning."

MCCQE1 Objectives (Psychiatry > 79-1: Mood Disorders):

"Candidates must distinguish between grief, adjustment disorders, and major depression in patients with chronic illness and initiate appropriate management." Normal grief (A) may involve sadness and crying but does not involve pervasive hopelessness or worthlessness. Side effects of chemotherapy (C) and hepatic encephalopathy (E) have other specific physical signs. Brain metastasis (D) would more likely present with focal neurologic symptoms or cognitive impairment.

NEW QUESTION # 176

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