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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q148-Q153):

NEW QUESTION # 148

A 70-year-old woman consults you for progressive vision problems. She describes seeing haloes at night around street lights and having double vision. Her near vision has improved. Which one of the following is an ophthalmologic examination most likely to uncover?

- A. Kayser-Fleischer ring.
- B. Increased intra-ocular pressure.
- C. Retinal exudates.
- D. Arcus senilis.
- E. Altered red reflex.

Answer: E

Explanation:

The symptoms described - haloes at night, monocular diplopia, and improved near vision (second sight) - are classic signs of nuclear sclerosis-type cataracts. On exam, the most consistent finding would be an altered red reflex due to lens opacification.

Toronto Notes 2023 - Ophthalmology, Cataracts:

"Cataracts can cause glare, monocular diplopia, and improved near vision. A diminished or irregular red reflex is commonly seen on

direct ophthalmoscopy." MCCQE1 Objectives - Internal Medicine > Ophthalmologic Disorders:

"The candidate must recognize symptoms and physical findings of cataracts, including changes in red reflex and visual acuity."

Options A and B are associated with lipid deposition and Wilson's disease, respectively. Retinal exudates (D) suggest diabetic or hypertensive retinopathy. Increased intraocular pressure (E) suggests glaucoma but is not supported by this clinical picture.

NEW QUESTION # 149

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

Answer: E

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 # 150

A 32-year-old man presents to the clinic for assessment of a dog bite sustained 3 days ago while traveling in another country. He recalls having seen the dog eat where he was staying, and the animal did not appear well.

On examination, the patient has 2 distinct deep puncture wounds on his left leg. There is an erythematous border but no exudate. He is unsure of his immunization status. Which one of the following is the most appropriate management?

- A. Irrigate the wounds with hydrogen peroxide
- B. Start antibiotic treatment with ciprofloxacin
- C. Order serum creatine kinase
- D. Give rabies immunoglobulin and vaccine
- E. Arrange for wound debridement

Answer: D

Explanation:

Dog bites from animals of unknown rabies status, especially from endemic regions and in patients with uncertain immunization status, require immediate post-exposure prophylaxis (PEP) including both rabies immunoglobulin and vaccine. The decision is urgent given the fatal nature of rabies.

Toronto Notes 2023 - Infectious Diseases, "Rabies Exposure":

"Rabies PEP is indicated for bites from animals with unknown vaccination status or those showing abnormal behavior, particularly in endemic regions. PEP includes both vaccine and immunoglobulin." MCCQE1 Objectives (Public Health > 64-1: Rabies and Animal Bites):

"Candidates must recognize indications for rabies post-exposure prophylaxis." Ciprofloxacin (C) is not the antibiotic of choice (amoxicillin-clavulanate is preferred). Hydrogen peroxide (E) can be cytotoxic. Debridement (B) and CK (D) are not immediate priorities here.

NEW QUESTION # 151

A 55-year-old woman presents to the office with a 2-month history of right shoulder pain and limited function that started after she began an upper body weight training program. Examination shows tenderness inferior to the acromion. She has full passive range of motion of the shoulder but significant pain with abduction from 30° to 120° of arc. Which one of the following is the best next step?

- A. Arthrography.
- B. Computed tomography.
- C. Arthroscopy.
- D. Ultrasonography.

Answer: D

Explanation:

The presentation is consistent with rotator cuff tendinopathy or subacromial impingement. The painful arc between 30°-120° with preserved passive ROM suggests this. Ultrasound is the preferred initial imaging modality due to its availability, safety, and ability to visualize soft tissues dynamically.

Toronto Notes 2023 - Orthopedics, "Shoulder Pathologies" Section:

"In rotator cuff injuries or impingement syndromes, initial imaging with musculoskeletal ultrasound is appropriate. It can identify tendinopathy, partial tears, or subacromial bursitis." MCCQE1 Objectives (Surgery > 84-7: Musculoskeletal Pain):

"Candidates should initiate workup for rotator cuff or impingement syndromes with ultrasound as the first-line test, reserving more invasive or costly procedures for unresolved or complex cases." CT (A) is used for bony detail, not soft tissues. Arthroscopy (C) is invasive and therapeutic. Arthrography (D) is outdated and largely replaced by MRI or ultrasound.

NEW QUESTION # 152

You are seeing a 78-year-old man for follow-up of metastatic cholangiocarcinoma diagnosed 8 months ago and currently being treated with chemotherapy. 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. Major depressive episode
- B. Brain metastasis
- C. Normal grief reaction
- D. Side effects of chemotherapy
- E. Hepatic encephalopathy

Answer: A

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 # 153

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