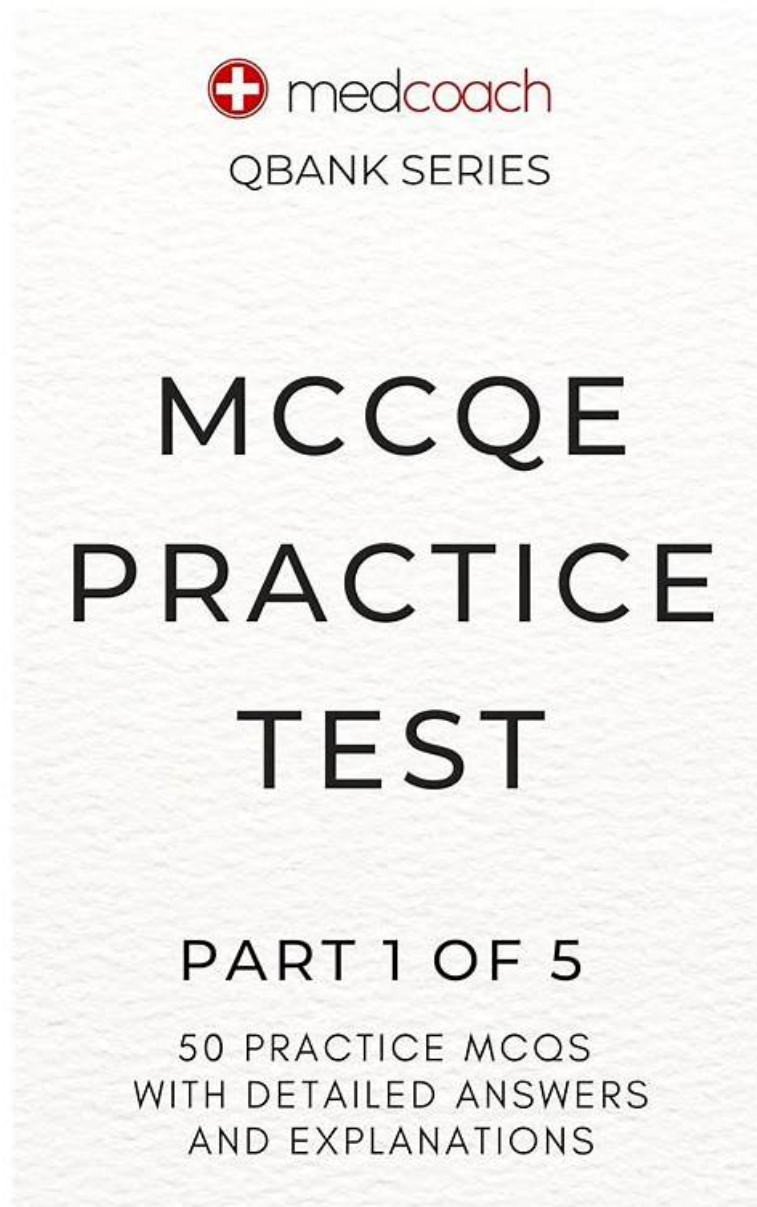


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q59-Q64):

NEW QUESTION # 59

A 60-year-old woman presents with a 7-day history of bloody diarrhea and diffuse mild abdominal tenderness. Stool tests (culture, ova/parasites) are negative. Which one of the following is the best next step?

- A. Prescribe broad-spectrum antibiotics.
- **B. Order a diagnostic colonoscopy.**
- C. Recommend a trial of loperamide.
- D. Recommend symptomatic observation.
- E. Prescribe tapered-dose steroids.

Answer: B

Explanation:

Persistent bloody diarrhea with negative stool cultures and ova/parasite testing in an older adult suggests inflammatory bowel disease (IBD) or another colitis such as ischemic or microscopic colitis. Colonoscopy is the best next diagnostic step to evaluate for ulcerative colitis, Crohn disease, ischemic colitis, or malignancy.

Toronto Notes 2023 - Gastroenterology, "Inflammatory Bowel Disease":

"Persistent bloody diarrhea with negative infectious work-up should prompt colonoscopic evaluation to rule out IBD or other forms of colitis." MCCQE1 Objectives (Internal Medicine > Gastrointestinal > 47-1):

"Candidates must assess and investigate chronic or persistent diarrhea. In the presence of red flag features such as bleeding, weight loss, or anemia, colonoscopy is indicated." Antibiotics (A) are not indicated with negative stool cultures. Observation (C) and loperamide (D) risk delaying diagnosis. Steroids (E) may be required later but only after confirmation of diagnosis.

NEW QUESTION # 60

A 2-year-old boy is brought by his parents to your clinic because of sudden onset of high fever, refusal to drink, and drooling. Examination reveals cervical lymphadenopathy as well as multiple ulcers on the inner lips, tongue, and gums. Which one of the following is the most likely diagnosis?

- **A. Herpetic gingivostomatitis**
- B. Kawasaki disease
- C. Acute epiglottitis
- D. Infectious mononucleosis
- E. Hand-foot and mouth disease

Answer: A

Explanation:

Primary herpetic gingivostomatitis caused by HSV-1 is common in toddlers. It presents with high fever, irritability, drooling, refusal to eat, and painful oral ulcers on the lips, gums, and tongue. Cervical lymphadenopathy is common.

Toronto Notes 2023 - Pediatrics, "Infectious Conditions in Children":

"Primary HSV-1 infection in children presents with high fever, cervical lymphadenopathy, and painful oral ulcers (gingivostomatitis)." MCCQE1 Objectives (Pediatrics > 75-2: Infectious Diseases):

"Candidates must recognize viral exanthems and enanthems, including herpetic gingivostomatitis, based on clinical findings."

Kawasaki (A) includes conjunctivitis, strawberry tongue, and extremity changes. Epiglottitis (B) presents with drooling but without oral ulcers. Mono (C) lacks the ulcerative pattern. Hand-foot-mouth (D) affects palms and soles, not inner lips and gums predominantly.

NEW QUESTION # 61

A 40-year-old man presents to the emergency department with a 24-hour history of severe abdominal pain and recurrent vomiting. He has a long-term history of alcohol use disorder. His blood pressure is 90/60 mm Hg, and his heart rate is 120/min. The pain is located mostly in the epigastrium but radiates to the right upper quadrant and to his back. Radiographs of the abdomen and chest reveal some distended small bowel loops in his upper abdomen. Laboratory work results are pending. After fluid resuscitation, which one of the following is the best next step?

- A. Upper gastrointestinal endoscopy
- B. Ultrasonography
- C. Immediate laparotomy
- **D. Computed tomography**
- E. Sengstaken-Blakemore tube

Answer: D

Explanation:

The clinical picture is most consistent with acute pancreatitis (alcohol-related, epigastric pain radiating to back, vomiting, and ileus). CT abdomen with contrast is the best diagnostic tool if the diagnosis is uncertain or complications are suspected.

Toronto Notes 2023 - Gastroenterology, "Pancreatitis":

"CT abdomen is indicated when diagnosis is unclear, symptoms are severe, or complications (e.g., necrosis, ileus) are suspected."

MCCQE1 Objectives (Gastroenterology > 47-1: Acute Abdominal Pain):

"Candidates must investigate acute epigastric pain appropriately, especially in the context of alcohol use and systemic features."

Ultrasound (B) is first-line for gallstones but not best here. Laparotomy (A) is not warranted without peritonitis or perforation.

Endoscopy (D) is not indicated. Sengstaken-Blakemore (E) is for variceal bleeding, which is not suspected here.

NEW QUESTION # 62

A 30-year-old man (assigned female at birth) presents to your clinic for a periodic health examination. He declines a gynecologic examination because such examinations lead to intense emotional distress for him. He also believes that he does not require a Papanicolaou (Pap) test because he is not in a sexual relationship with a man. After acknowledging the patient's distress and providing education regarding the need for Pap screening, which one of the following would be the best next step?

- **A. Ask permission to learn more about his distress in a subsequent appointment.**
- B. Advise him to reconsider his decision and to allow the examination to proceed.
- C. Record his directives in the chart.

Answer: A

Explanation:

It is essential to balance medical guidelines with trauma-informed, patient-centered care. This includes offering future discussion while respecting boundaries. Acknowledging distress and offering to explore more in the future (B) preserves trust and autonomy.

Toronto Notes 2023 - ELOM and LGBTQ2S+ Health Section:

"For transgender individuals, screening decisions should be personalized. Trauma-informed care includes validating distress and deferring invasive exams when not urgent." MCCQE1 Objectives (ELOM > 99-2: Cultural Safety):

"Candidates must prioritize patient-centered communication and consent, particularly when distress or marginalization may influence healthcare interactions." Option A is coercive. Option C is documentation only and lacks engagement or exploration.

NEW QUESTION # 63

A 34-year-old woman, gravida 3, para 2, aborta 0, presents at 38 weeks' gestation. She is in early labor with ruptured membranes. Her previous pregnancy was complicated by fever during labor. Which one of the following would increase the risk of fever recurrence?

- A. Precipitous labor
- **B. Epidural analgesia**
- C. Advanced maternal age
- D. Multiparity

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Epidural analgesia is associated with increased maternal intrapartum fever due to non-infectious(neurogenic) thermoregulation impairment. This is a well-known phenomenon in laboring women.

Toronto Notes 2023 - Obstetrics / Anesthesia:

"Epidural analgesia increases risk of intrapartum fever by up to 20% via non-infectious mechanisms." MCCQE1 Objectives (Obstetrics > 80-5: Intrapartum Care):

"Candidates must recognize risk factors for intrapartum complications, including effects of epidural use." Multiparity (A), precipitous labor (B), and maternal age (C) are not established risk factors for intrapartum fever.

NEW QUESTION # 64

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