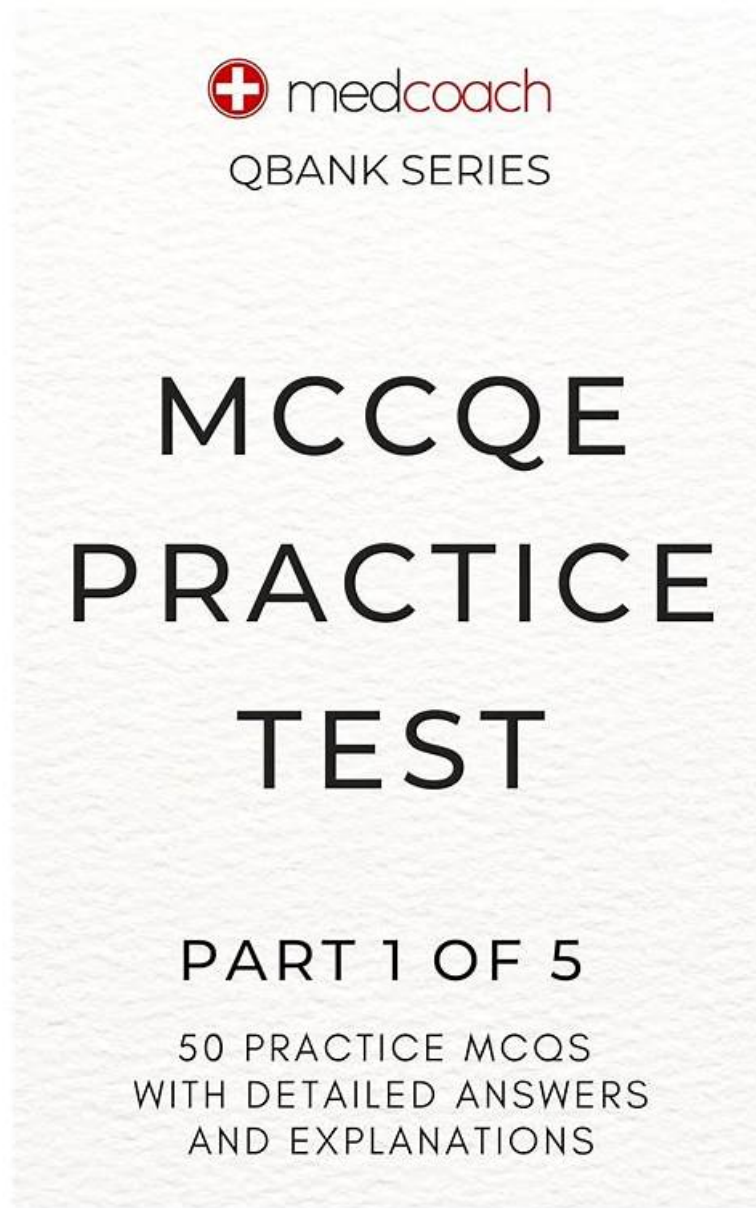


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q231-Q236):

NEW QUESTION # 231

You are being consulted for a 79-year-old man who is about to undergo a total hip arthroplasty. His orthopedic surgeon is aware of the diagnosis of Alzheimer disease and would like your suggestions to help avoid acute postsurgical delirium. To that end, which one of the following is the most effective strategy?

- A. Avoid medications with anticholinergic potential
- B. Treat postsurgical insomnia with benzodiazepines
- C. Refrain from prescribing opiate analgesics to treat postoperative pain
- D. Keep family visits to a minimum to avoid postsurgical overstimulation
- E. Screen the patient with the Mini-Mental Status Examination prior to surgery

Answer: A

Explanation:

One of the strongest modifiable risk factors for postoperative delirium in older adults is exposure to anticholinergic medications (e.g., diphenhydramine, certain antidepressants). Avoiding these can reduce delirium risk.

Toronto Notes 2023 - Geriatrics, "Delirium Prevention":

"Avoid high-risk medications including anticholinergics, benzodiazepines, and narcotics if possible. Maintain orientation cues and adequate pain control." MCCQE1 Objectives (Medicine > Geriatrics > 41-1: Cognitive Impairment):

"Candidates must recognize predisposing factors for delirium and apply prevention strategies, including medication review." Opiates (B) should be used judiciously; untreated pain can also cause delirium. Cognitive screening (C) is helpful for baseline but does not prevent delirium. Benzodiazepines (D) increase delirium risk. Family involvement is actually helpful (E).

NEW QUESTION # 232

A 25-year-old woman who is at 8 weeks' gestation plans to travel to rural Cambodia to care for her ill mother. Which one of the following treatments should be provided to her before the trip?

- A. Tetanus and diphtheria booster if last received more than 5 years ago
- B. Hepatitis B immunoglobulin
- C. Antimalarial chemoprophylaxis
- D. Ciprofloxacin for travellers' diarrhea

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Travel to rural Cambodia poses a high risk of malaria, which can be life-threatening in pregnancy.

Antimalarial prophylaxis is strongly recommended for pregnant women traveling to endemic regions.

Chloroquine or mefloquine (depending on resistance patterns) may be used in pregnancy under specialist guidance.

Toronto Notes 2023 - Infectious Disease / Travel Medicine:

"Malaria prophylaxis is indicated in pregnant women traveling to endemic regions. The risk of severe malaria and poor fetal outcomes is high." MCCQE1 Objectives (Public Health > 65-3: Travel Medicine and Pregnancy):

"Candidates must provide preventive care to pregnant travelers including vaccination and malaria prophylaxis." Tetanus boosters (D) are given every 10 years. Hep B Ig (B) is for acute post-exposure prophylaxis.

Ciprofloxacin (C) is contraindicated in pregnancy.

NEW QUESTION # 233

A 42-year-old man presents to your office with acute left knee pain and difficulty walking. He denies any trauma. He reports 2 painful episodes involving his right great toe in the last year. He smokes half a pack of cigarettes a day and drinks at least 3 beers daily. He has a temperature of 38.2°C and has a red, swollen and warm left knee. Which one of the following is the best next step?

- A. Order blood cultures.
- **B. Aspirate the knee joint.**
- C. Order radiography of the knee.
- D. Start acetaminophen.
- E. Start indomethacin.

Answer: B

Explanation:

The patient presents with an acutely inflamed joint and fever, raising concern for septic arthritis. A history of gout does not exclude infection. The first and most urgent step in any monoarthritis with systemic signs (fever) is joint aspiration to assess for crystals, white cells, and organisms.

Toronto Notes 2023 - Rheumatology, "Monoarthritis":

"Always rule out septic arthritis in a hot, swollen joint, especially when fever is present. Joint aspiration is essential to differentiate infection from crystal arthropathy." MCCQE1 Objectives (Medicine > Rheumatology > 49-1):

"Candidates must identify red flags for septic arthritis and understand that arthrocentesis is the first step in diagnosis and management." Initiating NSAIDs or acetaminophen without diagnosis (C, D) can delay appropriate care. Radiographs (B) do not help differentiate gout from infection acutely. Blood cultures (E) may help, but aspiration is more diagnostic.

NEW QUESTION # 234

An 83-year-old woman presents to your office with a 2-day history of confusion. Her past medical history is significant for lung cancer, and she is being treated with radiation. On physical examination, she is euvolemic. Her blood work reveals a serum sodium of 118 mmol/L (135-140) as compared with 134 mmol/L (8 days ago). Which one of the following will be most helpful in establishing the cause of her laboratory abnormality?

- A. Urine sodium
- **B. Serum osmolality**
- C. Urinalysis
- D. Parathyroid hormone-related peptide
- E. Creatinine clearance

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Hyponatremia in a patient with lung cancer and euvolemia strongly suggests syndrome of inappropriate antidiuretic hormone secretion (SIADH), especially from small cell carcinoma. Serum osmolality is the best initial test to confirm hypotonic hyponatremia and distinguish true hyponatremia from pseudohyponatremia or other causes.

Toronto Notes 2023 - Endocrinology, "Hyponatremia":

"Serum osmolality helps classify hyponatremia as hypotonic, isotonic, or hypertonic. SIADH typically causes hypotonic hyponatremia in euvolemic patients." MCCQE1 Objectives (Endocrinology > 37-1: Electrolyte Disorders):

"Candidates must evaluate the type and cause of hyponatremia using clinical status and laboratory tests including serum osmolality."

Urine sodium (B) is useful after confirming hypotonicity. PTHrP (E) is associated with hypercalcemia of malignancy, not hyponatremia. Urinalysis (A) and CrCl (D) are less directly informative.

NEW QUESTION # 235

A 25-year-old woman, gravida 1, para 1, aborta 0, gave birth to a newborn who is hypotonic with a large protruding tongue and brachycephaly. The newborn has a single palmar crease bilaterally and short, broad hands with a curved fifth digit. These features best support a clinical diagnosis of which one of the following?

- A. Turner syndrome.
- **B. Trisomy 21.**
- C. Fetal alcohol syndrome.
- D. Prader-Willi syndrome.

- E. Congenital hypothyroidism

Answer: B

Explanation:

This constellation of features-hypotonia, macroglossia, brachycephaly, single palmar crease, short broad hands with clinodactyly-is classic for Down syndrome (Trisomy 21).

Toronto Notes 2023 - Pediatrics, "Genetic Syndromes":

"Trisomy 21 features include hypotonia, upslanting palpebral fissures, epicanthic folds, flat nasal bridge, brachycephaly, macroglossia, single palmar crease, and clinodactyly." MCCQE1 Objectives (Pediatrics > 78-3: Congenital and Genetic Disorders): "Candidates must recognize key dysmorphic features associated with common genetic syndromes including Trisomy 21." Prader-Willi and congenital hypothyroidism may have hypotonia but lack the full phenotypic pattern. Turner syndrome is seen in females with short stature and webbed neck. Fetal alcohol syndrome presents with smooth philtrum and microcephaly.

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NEW QUESTION # 236

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