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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q41-Q46):

### NEW QUESTION # 41

A 39-year-old woman, gravida 2, para 1, aborta 0, presents with concerns that a friend has recently suffered from postpartum psychosis. She wonders if she is likely to suffer this disorder following delivery of her 2nd child. Which one of the following is most likely to increase your patient's risk?

- A. A history of panic disorder
- B. Being a multigravida
- C. A family history of bipolar disorder
- D. Advanced maternal age

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation:

Postpartum psychosis is strongly associated with bipolar disorder and other mood disorders. A personal or family history of bipolar disorder significantly increases the risk. It typically presents within the first 2 weeks postpartum and is a psychiatric emergency.

Toronto Notes 2023 - Psychiatry, "Postpartum Psychiatric Disorders":

"Risk factors for postpartum psychosis include personal or family history of bipolar disorder or postpartum psychosis." MCCQE1 Objectives (Psychiatry > 71-3: Mood Disorders):

"Candidates must recognize risk factors for postpartum psychiatric illness, particularly the association with bipolar spectrum disorders." Advanced maternal age (A), multiparity (B), and panic disorder (D) do not significantly increase the risk of postpartum psychosis.

### NEW QUESTION # 42

A young man and woman who are in a relationship present to the office for prenatal counselling. During the visit, you observe that the man's lips appear as shown in the referenced photo.



[Image shows grouped vesicular lesions on erythematous base affecting the lips-classic for herpes labialis (HSV-1).] Which one of the following is the best advice?

- A. The woman must have a cesarean delivery
- B. The woman should take acyclovir throughout her pregnancy
- C. The man needs herpes simplex virus type-specific serology
- D. The woman should have viral cultures of her cervix
- E. The man should avoid performing oral sex during her pregnancy

**Answer: E**

Explanation:

The patient shows signs of herpes labialis (HSV-1), which can transmit genital herpes via oral sex. This poses a risk to the fetus if maternal infection occurs during pregnancy, especially near delivery. Preventing new genital HSV infection during pregnancy is critical.

Toronto Notes 2023 - Obstetrics:

"HSV-1 can cause genital herpes via oral-genital transmission. Avoid oral sex during outbreaks in pregnancy to prevent primary

maternal infection." MCCQE1 Objectives (Obstetrics > 80-3: Infectious Disease in Pregnancy):

"Candidates must understand the importance of preventing new HSV infection during pregnancy and counsel appropriately." Culture (A) is not useful unless symptomatic. Serology (B) is not needed in this context. Cesarean (D) is not indicated unless active genital lesions at delivery. Acyclovir (C) is for infected mothers or near delivery.

#### NEW QUESTION # 43

You are treating a 78-year-old man for recent onset of diarrhea, tenesmus, and minor bleeding when he wipes.

He has a history of prostate cancer that was treated by radiotherapy. Rectal examination findings are normal.

Colonoscopy reveals a pale rectum with ulcerations and areas of mucosal hemorrhage. Which one of the following is the most likely explanation for this clinical presentation?

- A. Rectal cancer
- B. Diverticulosis
- C. Radiation proctitis
- D. Recurrent prostate cancer
- E. Ulcerative colitis

**Answer: C**

Explanation:

Radiation proctitis is a well-known complication of pelvic radiation therapy (e.g., for prostate cancer). It presents months to years after treatment with rectal bleeding, tenesmus, and mucosal ulceration on colonoscopy.

Toronto Notes 2023 - Gastroenterology, "Radiation-Induced GI Injury":

"Radiation proctitis presents with rectal bleeding, tenesmus, urgency. Colonoscopy shows pale, friable mucosa, ulcerations, and telangiectasia." MCCQE1 Objectives (Gastroenterology > 47-2: GI Bleeding and Complications):

"Candidates must recognize radiation proctitis based on history of radiation and characteristic endoscopic findings." Ulcerative colitis (B) usually starts younger and is more diffuse. Diverticulosis (C) affects the left colon and causes painless bleeding. Recurrent prostate cancer (D) and rectal cancer (E) would show mass or infiltration.

#### NEW QUESTION # 44

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

**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 # 45

A 35-year-old maintenance worker presents to your office because he thinks he has been exposed to asbestos and is afraid of developing asbestosis. He has no respiratory symptoms and is a non-smoker. Which one of the following is the best next step?

- A. Refer him to a respirologist.

- B. Order a chest radiograph.
- **C. Ask him further about his work.**
- D. Order pulmonary function testing.
- E. Provide reassurance, since he is asymptomatic.

**Answer: C**

Explanation:

In any suspected occupational exposure, the first step is a detailed occupational history to assess the nature, intensity, and duration of the exposure. This determines whether surveillance or further testing is appropriate.

Toronto Notes 2023 - Respiratory Medicine, "Occupational Lung Diseases" Section:

"When a patient presents with concerns about exposure to occupational hazards such as asbestos, detailed history is essential. Ask about job tasks, duration of exposure, use of personal protective equipment, and prior workplace assessments." MCCQE1

Objectives (Population Health > 97-2: Environmental and Occupational Health):

"Candidates must be able to obtain a detailed environmental and occupational history and determine the risk of exposure before ordering investigations." Ordering a chest radiograph (B) or PFTs (E) without confirming meaningful exposure is premature. Referral to a specialist (D) and reassurance (A) come only after the exposure risk is assessed.

## NEW QUESTION # 46

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