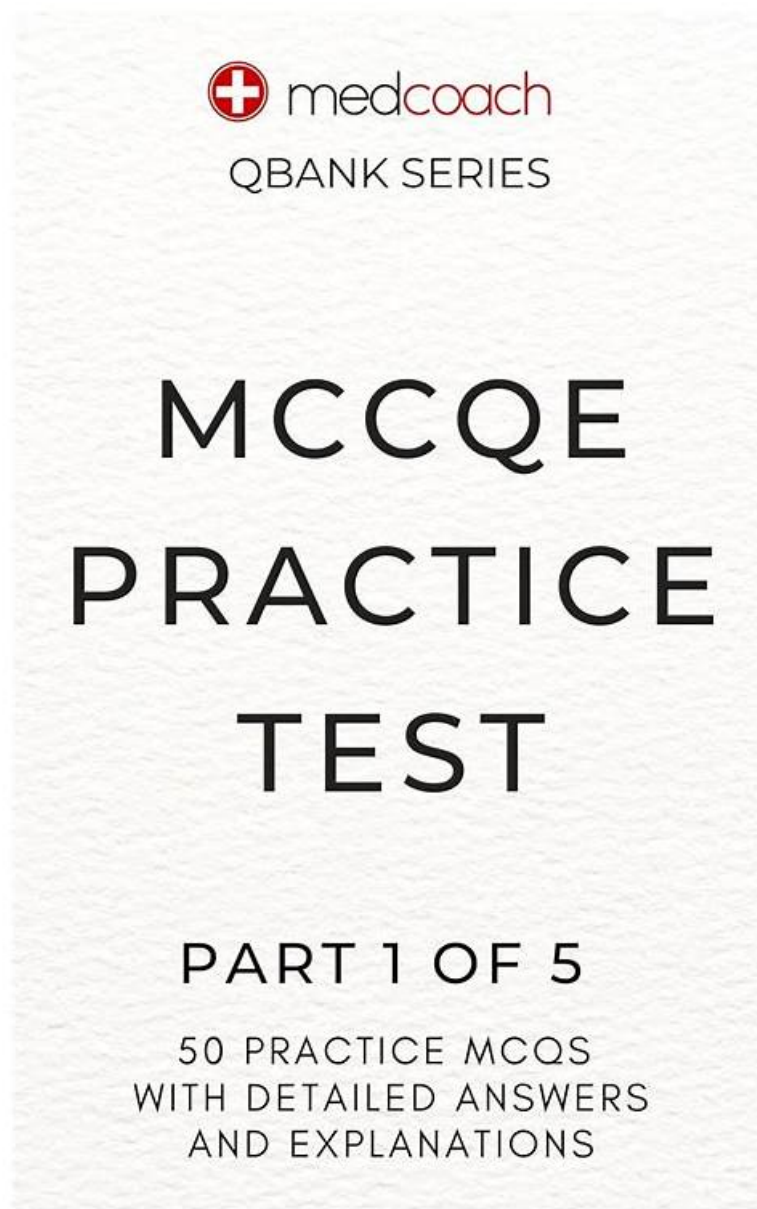


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q124-Q129):

NEW QUESTION # 124

In a research study, it is found that people who smoke tobacco cigarettes drink more coffee and have higher rates of lung cancer than people who do not smoke. However, the consumption of coffee alone is not associated with lung cancer. Which one of the following best describes the contribution of drinking coffee in the study?

- A. Selection bias
- B. Risk factor
- C. Predictor
- **D. Confounder**

Answer: D

Explanation:

A confounder is a variable associated with both the exposure and the outcome but not in the causal pathway.

In this study, coffee drinking is associated with smoking (the actual risk factor for lung cancer), but not independently associated with lung cancer.

Toronto Notes 2023 - Epidemiology Chapter:

"A confounder is a third variable that distorts the observed association between an exposure and an outcome.

It must be associated with both the exposure and the outcome, but not a result of the exposure." MCCQE1 Objectives (Population Health > 97-3: Study Design and Bias):

"Recognize and control for confounding in the interpretation of observational study data." Coffee is not a risk factor (B) since it's not independently associated with lung cancer, and it's not selection bias (C), which involves how participants are enrolled in a study.

NEW QUESTION # 125

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

Answer: B

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 # 126

A 24-year-old woman presents with rapidly increasing lower leg pain. Less than 24 hours ago, she fell off her bicycle and had some minor abrasions. On examination, she is in severe pain and appears anxious. Local examination of her leg reveals mild discoloration with marked tenderness but no swelling in her calf. Which one of the following is the most likely diagnosis?

- A. Baker's cyst
- B. Deep vein thrombosis
- C. Plantaris rupture
- **D. Necrotizing fasciitis**
- E. Cellulitis

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Rapid progression of pain out of proportion to exam, systemic symptoms (anxiety), and skin changes without major swelling are classic for necrotizing fasciitis—a surgical emergency. Discoloration and extreme tenderness should raise immediate concern.

Toronto Notes 2023 - Emergency Medicine / Surgery:

"Necrotizing fasciitis presents with severe pain, systemic toxicity, rapid progression, and early skin changes (discoloration). Pain out of proportion is a key clue." MCCQE1 Objectives (Emergency Medicine > 51-1: Soft Tissue Infections):

"Candidates must recognize necrotizing fasciitis and initiate urgent surgical consultation." Plantaris rupture (A) is benign and localized. DVT (B) is more gradual and often with swelling. Cellulitis (C) progresses more slowly and is less painful. Baker's cyst (D) causes posterior knee pain, not severe systemic illness.

NEW QUESTION # 127

A 72-year-old man presents to your clinic with worsening lower leg edema. He has hypertension, type 2 diabetes, and a history of heavy drinking. On examination, he is pale and has a BMI of 35. Vital signs are as follows:

Blood pressure: 110/60 mm Hg

Heart rate: 102/min

Temperature: Afebrile

His jugular venous pressure is 4 cm above the sternal angle. Cardiac auscultation is normal, and his lungs are clear. His liver is not palpable; he has abdominal distension, bulging flanks, and pitting edema below the knees. While awaiting test results, which one of the following is the best next step?

- A. Compression stockings
- **B. Sodium restriction**
- C. Nadolol
- D. Lactulose
- E. Ramipril

Answer: B

Explanation:

This patient has signs suggestive of decompensated liver cirrhosis (ascites, peripheral edema, low-normal BP, alcohol use, abdominal distension). Sodium restriction is the cornerstone of first-line management to prevent fluid retention in cirrhotic ascites.

Toronto Notes 2023 - Gastroenterology, "Cirrhosis and Ascites" Section:

"Sodium restriction (<2 g/day) is the most important non-pharmacologic management for ascites. Fluid restriction is added only in cases of severe hyponatremia." MCCQE1 Objectives (Internal Medicine > 76-5: Liver Disease):

"Candidates must manage ascites conservatively using sodium restriction, with diuretics added as needed." Lactulose (E) is used for hepatic encephalopathy, not ascites. Ramipril (B) may worsen renal function in cirrhosis. Nadolol (C) is used for variceal bleeding prophylaxis. Compression stockings (D) are not helpful in ascites-related edema.

NEW QUESTION # 128

A 72-year-old man reports that his wife says he has hearing trouble. Examination reveals that air conduction on the right side is less than on the left side and greater than bone conduction bilaterally. He hears a tuning fork placed on the top of his head better with his left ear. Which one of the following is the most appropriate next step in management?

- A. Hearing aid.
- B. Computed tomography scan of the head.
- C. Magnetic resonance imaging of the posterior fossa.

- D. Wax removal from the ears by irrigation.
- E. Audiometry.

Answer: E

Explanation:

The patient demonstrates signs of asymmetric sensorineural hearing loss (SNHL). In Weber test, sound localizes to the better ear in SNHL. Air conduction > bone conduction on Rinne test bilaterally supports SNHL. Audiometry is the best next diagnostic step to quantify and characterize the hearing loss.

Toronto Notes 2023 - ENT, "Hearing Loss":

"Audiometry is the first-line investigation to distinguish conductive from sensorineural hearing loss and to assess severity and frequency involvement." MCCQE1 Objectives (Medicine > ENT > 20-1):

"Candidates must know the approach to hearing loss and interpret Weber and Rinne tests to guide investigations such as audiometry." Imaging (A, C) is reserved for red flags such as unilateral persistent SNHL, which may later prompt MRI to rule out acoustic neuroma. Wax removal (D) is for conductive loss. Hearing aids (E) are management, not diagnostic, and come after audiologic evaluation.

NEW QUESTION # 129

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