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NEW QUESTION: 1

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

Answer: C (LEAVE A REPLY)

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: 2

A 72-year-old woman is brought to the Emergency Department by her daughter because of significant functional decline and progressive shortness of breath. She has widespread metastatic breast cancer and recently stopped chemotherapy due to progression and intolerance. She has been bedridden for 4 weeks. On examination:

* BP: 100/70 mm Hg with pulsus paradoxus of 20 mm Hg

* HR: 99/min

* Temp: 36.5°C

* SpO₂: 94% room air

* JVP: elevated

* Heart sounds: muffled

* Chest X-ray: large globular heart

Labs:

* Hemoglobin: 90 g/L

* Sodium: 118 mmol/L

* Creatinine: 94 µmol/L

Which one of the following is the best next step?

A. Pericardiocentesis

B. Normal saline infusion

C. Discussion on goals of care

D. Blood transfusion

E. Consult with the Intensive Care Unit

Answer: (SHOW ANSWER)

This patient has classic signs of cardiac tamponade (Beck's triad: hypotension, muffled heart sounds, elevated JVP, plus pulsus paradoxus). However, she also has advanced metastatic cancer, functional decline, and has stopped active treatment. In this context, a goals-of-care discussion is the most appropriate next step to determine her wishes regarding interventions like pericardiocentesis.

Toronto Notes 2023 - Palliative Care:

"End-of-life care should prioritize quality of life and patient preferences. In patients with terminal illness and life-threatening conditions (e.g., tamponade), initiate a conversation about goals before aggressive intervention." MCCQE1 Objectives - Internal Medicine > Palliative and End-of-Life Care:

"Candidates must assess prognosis, patient values, and initiate appropriate end-of-life discussions before invasive treatment." Although pericardiocentesis (A) may relieve symptoms, it should follow consent based on the patient's goals.

ICU (E), fluids (B), or transfusion (D) are not appropriate without this discussion.

NEW QUESTION: 3

A 64-year-old man presents with a 3-month history of gradually increasing neck pain and stiffness. The pain radiates into his upper back, and he is having difficulty driving because of limitation of neck rotation secondary to pain. Physical examination shows restricted neck motion in all directions and neck muscle spasms. There is no abnormality on neurologic examination. A radiograph shows narrowing of all of the cervical disc spaces with prominent osteophytes. Which one of the following is the most appropriate next step?

- A. Computed tomography of neck.
- B. Magnetic resonance imaging of the neck.
- C. Electromyography of upper limbs.
- D. Lumbar puncture.
- E. No further investigation.

Answer: E (LEAVE A REPLY)

The presentation is consistent with cervical spondylosis - a degenerative condition. In the absence of neurologic findings, further imaging beyond plain radiography is not warranted. Management includes conservative measures such as physiotherapy and analgesia.

Toronto Notes 2023 - Rheumatology, Cervical Spondylosis:

"Patients with typical cervical spondylosis and no red flags (e.g., neurologic deficits) do not require MRI.

Treatment is conservative. Radiographs showing disc space narrowing and osteophytes confirm diagnosis." MCCQE1 Objectives - Internal Medicine > Musculoskeletal Disorders:

"Candidates must recognize typical degenerative spine disorders and avoid unnecessary investigations when clinical findings are straightforward." MRI (B) is useful if myelopathy or radiculopathy is suspected. CT (A), EMG (C), and LP (D) are not indicated here.

NEW QUESTION: 4

A 70-year-old man presents with severe, postprandial, mid-abdominal pain which has become more severe over the past 6 to 9 months. It is associated with nausea but has not caused him to vomit or changed his bowel habits. He has lost 14 kg over the last 6 months. Abdominal and rectal examination is normal. Upper gastrointestinal series is unremarkable. Which one of the following is the most likely diagnosis?

- A. Peptic ulcer disease
- B. Cholelithiasis
- C. Mesenteric adenitis
- D. Carcinoma of colon
- E. Mesenteric ischemia

Answer: E (LEAVE A REPLY)

Chronic mesenteric ischemia (also known as "intestinal angina") presents as postprandial abdominal pain, leading to food avoidance and significant weight loss. GI exams may be normal. Imaging (e.g., angiography or CT angio) confirms the diagnosis.

Toronto Notes 2023 - Gastroenterology, "Chronic Mesenteric Ischemia":

"Classic triad: postprandial abdominal pain, weight loss, and food aversion. Physical exam and GI series may be normal." MCCQE1 Objectives (Gastroenterology > 47-1: Abdominal Pain):

"Candidates must suspect mesenteric ischemia in older adults with risk factors and postprandial pain leading to weight loss." PUD (A) usually causes epigastric pain relieved by food. Cholelithiasis (B) causes RUQ pain. Colon cancer (D) presents with altered bowel habits or bleeding. Mesenteric adenitis (C) occurs in younger patients, often with infection.

NEW QUESTION: 5

A 40-year-old woman presents to your clinic for follow-up regarding her major depressive disorder, which is being treated with the starting dosage of escitalopram. Most of her symptoms have now improved. However, she has noted anorgasmia since taking this medication. This has significantly affected her relationship with her wife. Which one of the following is the best next step?

- A. Increase the patient's dosage of escitalopram
- B. Switch escitalopram to venlafaxine
- C. Add bupropion
- D. Maintain the current medication

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

Sexual dysfunction, including anorgasmia, is a common side effect of SSRIs like escitalopram. Bupropion, a norepinephrine-dopamine reuptake inhibitor, has minimal sexual side effects and can be safely added to mitigate this issue while preserving the antidepressant effect.

Toronto Notes 2023 - Psychiatry / Pharmacology:

"SSRI-induced sexual dysfunction can be managed by dose reduction, switching agents, or adding bupropion." MCCQE1 Objectives (Psychiatry > 71-1: Depressive Disorders):

"Candidates should be able to address side effects of antidepressants, including sexual dysfunction, and adjust therapy appropriately." Increasing the dose (A) may worsen sexual dysfunction. Venlafaxine (B), an SNRI, also has sexual side effects. D (no change) does not address the patient's concern.

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NEW QUESTION: 6

A 2-month-old infant is brought by his parents to your clinic with concerns regarding his frequent crying spells. He has been crying for more than 3 hours daily for many weeks. The infant has reached all age-specific developmental milestones. Which one of the following is the most important to share with the parents regarding this situation?

- A. This is a self-limited condition
- B. Resolution of the crying spells is expected between ages 6 and 12 months
- C. Investigations are required to confirm a diagnosis

- D. Most infants respond well to low-dose sedative medications
- E. There is an increased risk for dependent personality traits in adulthood

Answer: A (LEAVE A REPLY)

This infant likely has infantile colic, defined by the "rule of 3s": crying >3 hours per day, >3 days per week, for >3 weeks, usually starting in the first few months of life. It is benign and self-limited, typically resolving by 3-4 months of age.

Toronto Notes 2023 - Pediatrics, "Common Concerns in Infancy":

"Colic is self-limited. No routine testing is required in healthy, thriving infants. Reassurance and support for parents are key." MCCQE1 Objectives (Pediatrics > 78-1: Behavioral Pediatrics):

"Candidates must recognize normal variations such as colic and avoid unnecessary interventions. Counseling and reassurance are essential." Sedatives (D) are contraindicated. Investigations (C) are unnecessary without red flags. Resolution (B) usually occurs by 3-4 months, not as late as 12 months.

NEW QUESTION: 7

A 51-year-old man comes to your clinic for follow-up regarding his type 1 diabetes. His hemoglobin A1c is

12.5% (normal 4-6%). He has never had such high blood sugar results. He drinks 2 beers per night to help with sleep. He is not well rested because he has been sleeping on a friend's couch since losing his job last year. Which one of the following is the best next step?

- A. Ensure that he has the finances to adequately monitor his diabetes.
- B. Prescribe an antidepressant to improve his energy and motivation.
- C. Send him for thyroid function testing.
- D. Ask him to create a food journal and refer him to a dietitian.

Answer: A (LEAVE A REPLY)

This patient is experiencing social instability (homelessness, job loss) likely contributing to poorly controlled diabetes. Before investigating or prescribing further, it is essential to address his ability to afford and manage self-monitoring and insulin.

Toronto Notes 2023 - Endocrinology, Diabetes:

"Social determinants such as housing insecurity and financial barriers significantly affect diabetes self-management. Addressing access to glucose monitoring and insulin is critical." MCCQE1 Objectives - Internal Medicine > Chronic Disease Management:

"Candidates must assess barriers to effective disease control, including financial and psychosocial limitations." Antidepressants (B) may be helpful later if depression is suspected. Thyroid testing (C) is not the priority. A dietitian (D) may help long-term, but immediate access and adherence are more urgent.

NEW QUESTION: 8

There are many expenses which are considered part of providing care to patients. Under Canadian legislation, which one of the following is an acceptable means of covering these costs?

- A. Collecting annual fees from patients to supplement fees disbursed by the public payer for insured services.
- B. Collecting fees from patients for home visits.
- C. Collecting fees from patients for uninsured services provided.
- D. Offering rapid access to insured services for a fee.
- E. Collecting fees from patients who are seen after hours.

Answer: C (LEAVE A REPLY)

Physicians in Canada may charge patients for uninsured services (e.g., completion of forms, cosmetic procedures, some travel-related vaccines), but they may not charge extra for insured services or preferential access. Doing so violates the Canada Health Act, which mandates accessibility and universality of insured services.

Toronto Notes 2023 - ELOM, Health Care System:

"Physicians may charge for uninsured services but may not charge block fees for insured services, nor can they charge for expedited access to insured services." MCCQE1

Objectives - ELOM > Health Policy and System:

"Candidates must recognize practices that violate the principles of publicly funded health care, including charging for insured services or access premiums." Option A is not permitted under law. Options B, D, and E involve insured services (e.g., home visits, after-hours care) and cannot be billed directly to patients.

NEW QUESTION: 9

A 25-year-old woman presents to the Emergency Department with a 2-hour history of pelvic pain associated with no other symptoms. The first day of her last menstrual period was 14 days ago. On examination, her vital signs are as follows:

Blood pressure

108/72 mm Hg

Heart rate

110/min

Temperature

37 °C

Abdominal examination reveals rebound tenderness and guarding. Pelvic examination reveals exquisite left adnexal tenderness. Which one of the following is the most likely diagnosis?

- A. Diverticulitis
- B. Appendicitis
- C. Adenomyosis
- D. Endometriosis
- E. Hemorrhagic ovarian cyst

Answer: E (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

Mid-cycle acute onset pelvic pain with localized adnexal tenderness in a reproductive-age woman suggests a hemorrhagic ovarian cyst, particularly a ruptured one. The hemodynamic parameters are stable, but elevated HR supports acute pain and possible blood loss.

Toronto Notes 2023 - Gynecology / Acute Pelvic Pain:

"Hemorrhagic ovarian cysts present with sudden unilateral pelvic pain, mid-cycle, with guarding and rebound tenderness. Ultrasound is key." MCCQE1 Objectives (Gynecology > 82-4: Acute Pelvic Pain):

"Candidates must recognize common causes of acute pelvic pain, including ovarian cysts." Diverticulitis (A) is rare in young women and usually LLQ. Appendicitis (B) is more likely RLQ.

Adenomyosis (C) and endometriosis (D) cause chronic cyclical pain, not acute tenderness.

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NEW QUESTION: 10

A 34-year-old man with trisomy 21 is brought to the Emergency Department because of a painful, red great toe. He is accompanied by an older woman who begins giving you the history as you enter the room. The patient is sitting on the examination table with the foot exposed, but he does not speak. Which one of the following is the best next step?

- A. Allow the woman to continue with the history to expedite the patient encounter.
- B. Establish the relationship between the woman and the patient and direct questions to the patient.
- C. Ask the woman to provide legal documentation of her responsibility for the patient.
- D. Have a nurse attend with you in case the patient needs restraint.
- E. Examine the uncovered foot immediately to provide comfort to the patient sooner.

Answer: B (LEAVE A REPLY)

Patients with developmental disabilities must still be engaged directly unless clearly incapable. It is vital to first establish the companion's relationship to the patient and give the patient the opportunity to communicate.

Toronto Notes 2023 - ELOM, Consent and Capacity:

"Presume capacity in adults with developmental disabilities unless proven otherwise.

Direct communication with the patient is essential, and the identity of accompanying individuals should be clarified." MCCQE1 Objectives - ELOM > Patient Autonomy and Consent:

"Candidates must respect patient autonomy and include developmentally delayed individuals in medical discussions unless incapacity is determined." Options A and C delay establishing capacity and relationship. Option D is premature. Option E bypasses consent and interaction with the patient.

NEW QUESTION: 11

A 37-year-old woman diagnosed with schizophrenia comes to her family physician because she has been choking on her food lately. She has a history of mild spasmodic dysphonia. She was recently started on haloperidol for auditory hallucinations. Which one of the following is the best short-term management?

- A. Change the haloperidol to quetiapine
- B. Arrange for an urgent laryngoscopy
- C. Begin dantrolene
- D. Provide reassurance
- E. Start lorazepam

Answer: A (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

This patient is likely experiencing extrapyramidal symptoms (dysphagia/dystonia) due to haloperidol.

Switching to an atypical antipsychotic (like quetiapine), which has a lower risk of EPS, is appropriate.

Dysphagia in the context of antipsychotic use requires prompt medication review.

Toronto Notes 2023 - Psychiatry, "Antipsychotics and Extrapyramidal Effects":

"Dysphagia can be a sign of extrapyramidal side effects. Consider switching to an atypical antipsychotic with lower EPS risk." MCCQE1 Objectives (Psychiatry > 71-5: Antipsychotic Adverse Effects):

"Candidates must recognize and manage EPS, including drug-induced dysphagia."

Dantrolene (C) is for neuroleptic malignant syndrome, not isolated dysphagia.

Laryngoscopy (B) may be useful later but not first-line. Reassurance (D) is unsafe.

Lorazepam (E) may help in dystonia but doesn't address the root cause.

NEW QUESTION: 12

A 58-year-old woman presents with a 1-year history of functional decline. She reports seeing rodents and little children invading her bedroom. Her partner tells you she has a slow, unsteady gait and tends to fall. On examination, she cannot sustain her attention during cognitive testing. Which one of the following is most likely to be found on brain imaging?

- A. Cerebellar atrophy
- B. Subdural hematoma
- C. Bilateral frontal atrophy
- D. Medio-temporal atrophy
- E. No structural abnormality

Answer: (SHOW ANSWER)

The symptoms - visual hallucinations, attention deficits, gait instability - suggest dementia with Lewy bodies (DLB), which may show bilateral frontal or parietal atrophy on imaging.

Toronto Notes 2023 - Psychiatry, Neurocognitive Disorders:

"DLB presents with fluctuating cognition, visual hallucinations, parkinsonism, and attention deficits. Imaging may show frontal or parietal atrophy but is not always specific." MCCQE1 Objectives - Psychiatry > Neurocognitive Disorders:

"Candidates must recognize the characteristic features of DLB and support diagnosis with imaging when appropriate." Cerebellar atrophy (A) is linked to ataxia but not hallucinations. Subdural hematoma (B) causes abrupt decline. Mediotemporal atrophy (D) is typical of Alzheimer's. Option E is incorrect - imaging can support the diagnosis.

NEW QUESTION: 13

A 6-year-old boy is brought to the Emergency Department with a 2-day history of a limp. On examination, he looks well, has a temperature of 38 °C and is able to weight-bear. His hip examination reveals mild decreased range of motion. Radiographs of his hip and pelvis show no abnormality. His C-reactive protein level is 8 mg /L (< 6). Which one of the following is the most likely diagnosis?

- A. Septic arthritis
- B. Osteomyelitis
- C. Transient synovitis
- D. Trochanteric bursitis
- E. Juvenile rheumatoid arthritis

Answer: C (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

Transient synovitis is the most common cause of hip pain and limp in children aged 3-10 years. It is often preceded by a viral infection. Patients appear well, can often bear weight, and have only mild to moderate elevation in inflammatory markers. Radiographs are normal.

Toronto Notes 2023 - Pediatrics, "Limping Child":

"Transient synovitis is benign and self-limiting. Presentation includes mild limp, low-grade fever, normal or slightly elevated CRP/ESR, and ability to bear weight." MCCQE1 Objectives (Pediatrics > 78-2: Musculoskeletal Disorders):

"Candidates must distinguish between transient synovitis and more serious causes of limping, such as septic arthritis." Septic arthritis (A) usually causes inability to bear weight and more significant fever and CRP elevation.

Osteomyelitis (B) typically presents with localized tenderness and systemic signs. Bursitis (D) is rare in young children. JIA (E) is chronic.

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NEW QUESTION: 14

A 78-year-old man presents to the Emergency Department with chest pain. His electrocardiogram and blood work confirm an acute myocardial infarction. He is admitted to the Intensive Care Unit. Three days later, he develops right-sided abdominal pain. An

ultrasonogram reveals an inflamed gallbladder with no evidence of stones. He does not improve after 48 hours of antibiotics. Which one of the following is the best next step?

- A. Broaden antibiotic therapy
- B. Arrange for endoscopic retrograde cholangiopancreatography
- C. Send for laparoscopic cholecystectomy
- D. Arrange for percutaneous cholecystostomy
- E. Send for hepatobiliary iminodiacetic acid (HIDA) scan

Answer: D (LEAVE A REPLY)

This presentation is consistent with acute acalculous cholecystitis, often seen in critically ill or post-MI patients. If unresponsive to antibiotics, percutaneous cholecystostomy is the preferred next step in those who are poor surgical candidates.

Toronto Notes 2023 - General Surgery, "Hepatobiliary Disorders" Section:

"Acalculous cholecystitis occurs in critically ill patients and is often managed with percutaneous cholecystostomy if the patient is not a candidate for surgery." MCCQE1 Objectives (Surgery > 84-3: Biliary Disease):

"Candidates must be able to diagnose and manage acalculous cholecystitis. Management includes antibiotics and drainage via percutaneous cholecystostomy in unstable patients." Laparoscopic cholecystectomy (C) is standard but not suitable in acutely ill ICU patients. Broadening antibiotics (A) alone is insufficient after failure of initial therapy. ERCP (B) is for biliary obstruction or cholangitis. HIDA scan (E) is diagnostic, not therapeutic.

NEW QUESTION: 15

A 2.5-year-old boy is brought to the Emergency Department after he consumed a button-shaped battery. Chest and abdomen radiographies are performed. Which one of the following locations mandates urgent removal of the battery?

- A. Duodenum
- B. Ileum
- C. Jejunum
- D. Esophagus
- E. Stomach

Answer: (SHOW ANSWER)

Button batteries lodged in the esophagus require urgent endoscopic removal due to risk of tissue necrosis, perforation, and tracheoesophageal fistula within hours. Batteries beyond the esophagus may pass spontaneously if the child is asymptomatic.

Toronto Notes 2023 - Pediatrics, "Foreign Body Ingestion":

"Button batteries in the esophagus are medical emergencies and must be removed immediately. Batteries in the stomach or intestines may be observed if the child is asymptomatic." MCCQE1 Objectives (Pediatrics > 78-2: Gastrointestinal Emergencies):

"Candidates must identify when foreign body ingestion poses immediate risk and requires emergency intervention." Batteries in the stomach or intestines (A-C, E) usually pass

without complication, especially if the child is asymptomatic and the battery is <2 cm.

NEW QUESTION: 16

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

Answer: E (LEAVE A REPLY)

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.

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NEW QUESTION: 17

A 39-year-old man presents to a psychiatrist. He says, "It often seems to me that I am not part of this world.

My voice sounds strange to me, and other people seem like figures in a dream." He has had these feelings intermittently for about 2 years. There is no history of hallucinations, and there are no current indications of disorganized thinking. Which one of the following is the most likely diagnosis?

- A. Schizophrenia.
- B. Conversion disorder.
- C. Depersonalization/derealization disorder.
- D. Persistent depressive disorder.
- E. Delusional disorder.

Answer: C (LEAVE A REPLY)

The patient describes classic symptoms of depersonalization ("my voice sounds strange to me") and derealization ("others seem like figures in a dream"), which define depersonalization/derealization disorder.

There is preserved reality testing and no psychosis.

Toronto Notes 2023 - Psychiatry, "Dissociative Disorders" Section:

"Depersonalization/derealization disorder involves persistent or recurrent experiences of detachment from oneself (depersonalization) or surroundings (derealization), with intact reality testing and no delusions or hallucinations." MCCQE1 Objectives (Psychiatry > 79-4: Dissociative Disorders):

"Candidates must identify depersonalization/derealization disorder as a dissociative disorder distinct from psychosis or mood disorders." Schizophrenia (A) would include hallucinations or disorganized thinking. Conversion disorder (B) presents with neurological symptoms inconsistent with known diseases. Persistent depressive disorder (D) involves chronic low mood. Delusional disorder (E) would involve fixed false beliefs, which are not present here.

NEW QUESTION: 18

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

Answer: (SHOW ANSWER)

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: 19

A 3.5-year-old girl has developed a stutter in the last 3 months. She repeats whole words several times before finishing a sentence. Her paternal uncle had a severe stuttering issue as a child. She has reached the developmental milestones for her age. Her new sibling was born 4 months ago. Which one of the following is the best next step?

- A. Speech therapy.
- B. Audiology assessment.
- C. Cognitive behavior therapy.
- D. Play therapy for adjustment issues.
- E. Reassurance that this issue is common and transient.

Answer: (SHOW ANSWER)

This presentation describes normal developmental dysfluency, which typically occurs between ages 2-5 and often worsens during times of stress or change, such as a new sibling. It is characterized by word repetition and does not require intervention unless it persists >6 months, worsens, or causes distress.

Toronto Notes 2023 - Pediatrics, "Developmental and Behavioral Pediatrics" Section:

"Developmental stuttering is common between 2-5 years and often resolves without intervention.

Reassurance is appropriate unless there are signs of persistent or severe stuttering, secondary behaviors, or parental concern." MCCQE1 Objectives (Pediatrics > 78-1: Development and Behavior):

"Candidates must recognize typical patterns of developmental speech dysfluency and differentiate them from pathological speech disorders. Observation and reassurance are often the appropriate initial step." Because the child is otherwise developing normally and the onset coincides with a known psychosocial stressor, reassurance is the most appropriate step. Formal speech or behavioral therapy is not indicated at this time.

NEW QUESTION: 20

A patient's mother comes to you with a prospective cohort study linking autism to the measles, mumps and rubella vaccine. After reviewing the study carefully, you question the results because of problems with the study design and execution. Which one of the following sources of error would be most important in the study design or execution?

- A. Reporting standard error with point estimates of difference
- B. Vaccine company sponsorship of study
- C. Recruitment of study families at an autism seminar
- D. Parental recall of vaccine administration
- E. Not accounting for all potential confounders during recruitment

Answer: (SHOW ANSWER)

Recruiting participants from an autism seminar introduces selection bias. This non-random selection increases the likelihood of overestimating associations due to pre-existing beliefs or exposures in that subgroup.

Toronto Notes 2023 - Epidemiology:

"Selection bias occurs when participants are not representative of the general population, as in recruitment from disease-specific support groups." MCCQE1 Objectives (Population Health > 65-2: Study Design and Appraisal):

"Candidates must recognize sources of bias in epidemiologic studies, including selection bias due to non-representative recruitment." Recall bias (D) is more of a concern in retrospective studies. Sponsorship (B) may create perception bias but is not a flaw in methodology itself. Standard error reporting (A) is normal. Not accounting for confounders (E) matters but recruitment source is more directly biasing.

NEW QUESTION: 21

A surgical clinic would like to respond to the Truth and Reconciliation Commission of Canada: Calls to Action report. The clinic has implemented a mandatory cultural safety course for all employees and ongoing faculty development that includes teachings from Elders and Knowledge Keepers and teaching sessions about harm reduction, trauma-informed care, and antiracism. Which one of the following steps would further the clinic's goal of responding to this report?

- A. Evaluate how the staff enjoyed the teaching session.
- B. Provide clinic information in the languages spoken by the community.
- C. Display the cultural safety certificate in the waiting room.
- D. Include trauma disclosure on the clinic's intake form.

Answer: B (LEAVE A REPLY)

Providing information in the patient's own language is a concrete way to improve access, cultural safety, and communication - key recommendations in the Truth and Reconciliation Commission's Calls to Action. It moves beyond symbolic gestures and supports equitable care.

Toronto Notes 2023 - ELOM, "Indigenous Health and Cultural Safety" Section:

"Cultural safety includes removing language barriers, engaging with Elders, and using patient-centered practices that respect Indigenous values. Communication in the patient's first language improves trust and outcomes." MCCQE1 Objectives (ELOM > 99-2: Cultural Safety and Health Equity):

"Candidates must apply the principles of culturally safe care including removing barriers to access and effective communication, as highlighted in the Truth and Reconciliation Commission's Calls to Action." Evaluating session enjoyment (A) is not impactful. Certificates (C) are symbolic. Intake questions about trauma (D) must be done with appropriate context and safety - not as a formality.

NEW QUESTION: 22

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

Answer: A (LEAVE A REPLY)

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: 23

You are providing medical care to a 78-year-old man and notice a skin lesion which you suspect is malignant melanoma. He has been living in a long-term care facility for 2 years because of incontinence, mobility and vision problems. He is well-liked by facility staff and

residents, manages his own affairs and communicates clearly. He has designated his daughter to be his substitute decision-maker and has signed a Do Not Resuscitate (DNR) order. Which one of the following is the best next step in providing care to this patient for his skin lesion?

- A. Ask him whether you can discuss your diagnosis and care with his daughter.
- B. Discuss your tentative diagnosis with him and ask about his preferences regarding investigations.
- C. Contact the daughter to inform her of your findings and discuss possible investigations.
- D. Perform a biopsy to ensure an accurate diagnosis before discussing diagnosis and treatment.
- E. Respect his DNR wishes, and do nothing about the skin lesion.

Answer: B (LEAVE A REPLY)

This patient is competent and capable of making his own health decisions. A DNR order and naming a substitute decision-maker apply only when a patient lacks capacity. The next step is to discuss the suspected diagnosis with the patient and explore his preferences.

Toronto Notes 2023 - ELOM, Consent and Capacity:

"Competent patients retain full decision-making authority. Substitute decision-makers are only engaged when the patient lacks capacity. DNR applies to resuscitation, not other medical decisions." MCCQE1 Objectives - ELOM > Capacity, Consent, Advance Directives:

"Candidates must recognize that capable patients should be directly involved in decisions. Substitute decision-makers are not invoked unless the patient is incapable." Option A implies a breach of confidentiality without permission. Option C is premature. Option D bypasses informed consent. Option E misinterprets the DNR's scope.

NEW QUESTION: 24

A 34-year-old woman, gravida 2, para 1, aborta 0, presents to the labor and delivery ward at 32 weeks' gestation with a 24-hour history of worsening frontal headache, photophobia, and neck stiffness. Vitals:

* BP: 121/78 mm Hg

* HR: 90 bpm

* Temp: 38°C

Neuro exam reveals a 2-beat ankle clonus. Tone and power are otherwise normal. No localizing signs or papilledema. Abdomen is soft, fetus is cephalic.

Which one of the following is the best next investigation?

- A. Computed tomography of the head
- B. Lumbar puncture
- C. Fetal ultrasonography
- D. Amniocentesis with culture
- E. Urine protein to creatinine ratio

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

This patient is pregnant and febrile with a new headache, photophobia, and clonus - all features concerning for preeclampsia with neurologic involvement. Clonus is a key finding suggestive of central nervous system irritability. Urine protein/creatinine ratio helps confirm the diagnosis of preeclampsia.

Toronto Notes 2023 - Obstetrics, Hypertensive Disorders in Pregnancy:

"Headache, clonus, and visual disturbances are concerning for severe preeclampsia. A urine protein/creatinine ratio or 24-hour urine collection confirms diagnosis." MCCQE1 Objectives - Obstetrics > Hypertension in Pregnancy:

"Candidates must recognize signs of preeclampsia and assess with appropriate biochemical testing." CT (A) or LP (B) are not indicated unless focal neurologic signs or seizures are present. Fetal imaging and amniocentesis (C, D) do not address maternal symptoms.

NEW QUESTION: 25

A 20-year-old man is brought by a friend to the emergency department with an elevated temperature, generalized muscle rigidity, hypovolemia, a fluctuating level of consciousness, and impaired attention. The patient also may be responding to auditory hallucinations. The friend informs you that the patient overdosed with a prescribed medication. Which one of the following medications is most likely to cause these symptoms?

- A. Lamotrigine
- B. Amitriptyline
- C. Risperidone
- D. Lithium carbonate
- E. Lorazepam

Answer: C (LEAVE A REPLY)

This presentation is classic for neuroleptic malignant syndrome (NMS), a rare but life-threatening reaction to antipsychotic drugs (particularly dopamine antagonists like risperidone). Features include hyperthermia, rigidity, altered mental status, and autonomic instability.

Toronto Notes 2023 - Psychiatry, "Neuroleptic Malignant Syndrome":

"NMS is associated with antipsychotic use. Key features: hyperthermia, lead-pipe rigidity, altered consciousness, autonomic dysfunction. Elevated CK, leukocytosis often present." MCCQE1 Objectives (Psychiatry > 71-5: Adverse Effects of Psychotropics):

"Candidates must recognize and manage neuroleptic malignant syndrome and differentiate it from other drug toxicities." Amitriptyline (B) overdose causes anticholinergic symptoms. Lamotrigine (A) causes rash or seizures in toxicity. Lithium (D) leads to tremor, ataxia, and GI upset. Lorazepam (E) causes CNS depression, not rigidity or fever.

NEW QUESTION: 26

A 1-week-old boy born at full term is brought by his parents to the office with a 2-day history of eye swelling and watery discharge. This morning, the discharge became thick and yellow. On physical exam, he is afebrile and fussy with bilateral eyelid edema, purulent discharge, and erythematous conjunctivae. After taking appropriate cultures of the eyes, which one of the following is the best next step?

- A. Reassure the parents and prescribe a topical antibiotic
- B. Prescribe an oral antibiotic and reassess in 48 hours
- C. Recommend lacrimal sac massage
- D. Advise warm compresses every 2 to 3 hours until discharge is cleared
- E. Admit the patient and start antibiotic therapy

Answer: E (LEAVE A REPLY)

NEW QUESTION: 27

A 29-year-old woman, gravida 1, para 0, aborta 0, presents to your clinic. Her pregnancy is at 22 weeks' gestation. Her blood pressure is 158/96 mm Hg. Which one of the following antihypertensive medications is contraindicated for this patient?

- A. Ramipril
- B. Methyldopa
- C. Labetalol
- D. Nifedipine
- E. Hydralazine

Answer: A (LEAVE A REPLY)

Ramipril, an ACE inhibitor, is contraindicated in pregnancy due to risks of fetal renal dysgenesis, oligohydramnios, and fetal death, especially in the second and third trimesters.

Toronto Notes 2023 - Obstetrics, Hypertensive Disorders of Pregnancy:

"ACE inhibitors and ARBs are contraindicated in pregnancy due to their teratogenic potential and adverse fetal effects." MCCQE1 Objectives - Obstetrics > Hypertension in Pregnancy:

"Candidates must identify safe antihypertensives during pregnancy and contraindicated medications such as ACE inhibitors and ARBs." Methyldopa, labetalol, nifedipine, and hydralazine are considered safe and are commonly used in pregnancy.

NEW QUESTION: 28

An 84-year-old woman is brought by ambulance to the emergency department after she was found by a neighbour. She had fallen, sustained a hip fracture, and was unable to move for the past 2 days. After starting rehydration, she reports hip pain and numbness and tingling in both her legs. Physical examination reveals faint pulses in both legs and severely swollen lower legs that are painful to palpation. The urine in the Foley catheter bag seems to be darker than normal. Which one of the following is the best next step?

- A. Bilateral angiography of the lower legs.

- B. Bilateral Doppler ultrasonography of the legs.
- C. Surgical fixation of the patient's hip fracture.
- D. Compartment pressure measurements of the lower legs.
- E. Myoglobin urine test.

Answer: D (LEAVE A REPLY)

This patient presents with signs of acute compartment syndrome (pain out of proportion, paresthesia, pallor, swelling, decreased pulses, and dark urine indicating rhabdomyolysis). Measuring compartment pressures is the diagnostic test of choice to confirm the diagnosis and guide urgent surgical fasciotomy.

Toronto Notes 2023 - Orthopedics:

"Acute compartment syndrome should be suspected in any patient with severe extremity pain, swelling, sensory deficits, and tense compartments. Confirm with compartment pressure measurements. Fasciotomy is indicated if pressure is >30 mmHg or within 30 mmHg of diastolic pressure." MCCQE1 Objectives (Surgery > 51-2: Limb Trauma):

"Candidates must diagnose acute compartment syndrome and initiate appropriate surgical referral after confirming with pressure measurements." Angiography and Doppler studies assess vascular compromise but are not the first step in suspected compartment syndrome. Fixing the hip (C) and testing myoglobin (E) are not diagnostic steps.

NEW QUESTION: 29

A 59-year-old woman is referred to you because of a 2-month history of left nipple discharge. She is otherwise healthy and is not on any medication. There are no palpable lesions on breast examination. She is able to express a small amount of blood-tinged liquid from her breast. Which one of the following would be the best next step?

- A. Biopsy of nipple complex.
- B. Mammography.
- C. Serum prolactin.
- D. Galactography.
- E. Magnetic resonance imaging of breast.

Answer: B (LEAVE A REPLY)

Spontaneous, unilateral, blood-tinged nipple discharge in a postmenopausal woman is considered pathologic and warrants imaging to rule out intraductal pathology including malignancy. The best initial test is diagnostic mammography, often with ultrasound if indicated.

Toronto Notes 2023 - Breast Disorders:

"Unilateral, spontaneous, bloody nipple discharge should be evaluated with mammography and targeted ultrasound. Further tests such as MRI or duct excision are based on findings." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must recognize red flags for breast malignancy and apply appropriate initial diagnostic imaging." Serum prolactin (C) is indicated in galactorrhea. Galactography (D) and MRI (E) are second-line. Biopsy (A) is premature without imaging.

NEW QUESTION: 30

A 32-year-old woman presents to the office with questions related to the mRNA vaccines that are approved for COVID-19. She is a health care worker. She gave birth to a healthy child 2 months ago. Before being immunized, which one of the following is the most important detail to elicit from the patient's history?

- A. Previous anaphylactic reaction to vaccine components.
- B. Presently breastfeeding.
- C. Current immunosuppression.
- D. Work in a medical unit caring for patients with COVID-19.

Answer: A (LEAVE A REPLY)

The most important pre-vaccination history to elicit is any previous anaphylaxis to vaccine components.

mRNA COVID-19 vaccines (e.g., Pfizer-BioNTech and Moderna) may contain polyethylene glycol (PEG), a potential allergen. This is a contraindication to administration.

Toronto Notes 2023 - Infectious Disease & Immunization Chapter:

"Absolute contraindications to mRNA COVID-19 vaccination include a documented anaphylactic reaction to a component of the vaccine such as polyethylene glycol (PEG)."

MCCQE1 Objectives - Population Health > Preventive Medicine > Immunizations:

"The candidate must be able to assess for contraindications prior to immunization, including anaphylaxis to previous vaccines or components." Breastfeeding and occupational exposure (Options B and D) do not preclude vaccination. Current immunosuppression (Option C) may affect vaccine efficacy but is not a contraindication unless specifically advised.

NEW QUESTION: 31

A 56-year-old woman presents to your office with a 9-month history of intolerable sweating, palpitations, and periodic anxiety. Her last period was 12 months ago. She continues to have regular Papanicolaou testing with no worrisome pathology. She is otherwise healthy. Which one of the following is the most effective treatment for these symptoms?

- A. Regular exercise, weight loss and smoking cessation
- B. Estrogen in combination with progesterone
- C. Evening primrose oil
- D. Antidepressant agent
- E. Low-dose clonidine

Answer: B (LEAVE A REPLY)

In postmenopausal women with severe vasomotor symptoms, hormone therapy (estrogen with progesterone in women with an intact uterus) is the most effective treatment. It improves hot flashes, sleep, and mood symptoms.

Toronto Notes 2023 - Gynecology, Menopause Management:

"Combination hormone therapy is first-line for moderate to severe menopausal symptoms. Non-hormonal agents may be considered if contraindications exist." MCCQE1 Objectives - Gynecology > Menopause:

"Candidates must recognize the indication and benefits of hormone therapy for vasomotor symptoms in appropriate patients." Lifestyle changes (A) are supportive but insufficient. Primrose oil (C) lacks robust evidence. SSRIs (D) and clonidine (E) are second-line.

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NEW QUESTION: 32

A 26-year-old woman, gravida 2, para 1, presents with a positive pregnancy test. Her previous pregnancy was associated with preeclampsia, and she delivered a 1000 g boy at 34 weeks' gestation. Her blood pressure is 130/86 mm Hg. Which one of the following is the best recommendation for this pregnancy?

- A. Genetic assessment and counseling.
- B. Amniocentesis for karyotyping.
- C. Accurate dating by ultrasound.
- D. Complete bed rest starting at 20 weeks' gestation.
- E. Prophylactic labetalol.

Answer: C (LEAVE A REPLY)

Accurate dating is critical in pregnancies at high risk for preeclampsia and intrauterine growthrestriction. First- trimester ultrasound is used to establish gestational age, which guides monitoring and interventions.

Toronto Notes 2023 - Obstetrics, High-Risk Pregnancy:

"In women with a history of preeclampsia, early and accurate dating allows for appropriate fetal surveillance and timely delivery." MCCQE1 Objectives - Obstetrics > Prenatal Care:

"Candidates should recognize the importance of accurate pregnancy dating in high-risk pregnancies." Prophylactic labetalol (E) is not indicated in normotensive patients. Genetic testing (A, B) is not appropriate unless additional risk factors are present. Bed rest (D) is not evidence-based for preeclampsia prevention.

NEW QUESTION: 33

You are a physician working at a university campus health centre. Staff at the centre are thinking about initiating a campus-wide education campaign on stimulant medication use

and misuse. From a physician's perspective, which one of the following is the key message to include in this campaign?

- A. Improvement of study habits through educational initiatives.
- B. Ethical perspectives regarding nonprescription stimulant medication use.
- C. Legal perspectives regarding nonprescription stimulant medication use.
- D. Prevalence of stimulant medication use by students on university campuses.
- E. Adverse effects and health risks associated with stimulant medication use.

Answer: E (LEAVE A REPLY)

The key public health message from a physician's perspective is the evidence-based health risks and adverse effects associated with nonprescribed stimulant use (e.g., insomnia, anxiety, cardiovascular events, and dependency). This is central to a harm-reduction approach.

Toronto Notes 2023 - Public Health & Psychiatry, Substance Use:

"Misuse of prescription stimulants is common among university students. Education campaigns should emphasize medical risks including cardiovascular complications, addiction potential, and psychiatric disturbances." MCCQE1 Objectives - Preventive Medicine > Health Promotion:

"Candidates should identify core messages in public education campaigns, prioritizing evidence-based risks and harm reduction." Legal and ethical issues (B, C) are important but secondary to the health implications. Prevalence data (D) informs the campaign design, but is not the message itself. Study habits (A) are relevant for academic counseling, not medical messaging.

NEW QUESTION: 34

A 71-year-old man with stable chronic low back pain on hydromorphone (8 mg twice daily) presents upset, requesting an early refill. He reports his granddaughter has been stealing his medication and pressuring him for refills. Which one of the following is the best next step?

- A. Call the police and report the patient's granddaughter.
- B. Provide an early refill of hydromorphone.
- C. Begin tapering the hydromorphone.
- D. Increase the dispensed quantity of the patient's hydromorphone.
- E. Arrange for daily dispensing of hydromorphone.

Answer: E (LEAVE A REPLY)

This case suggests diversion of prescription opioids, a serious safety and regulatory concern. The physician must balance maintaining patient care with minimizing risk. Daily dispensing via a monitored pharmacy is the safest and most practical solution to prevent misuse or theft, while avoiding immediate discontinuation of the patient's needed medication.

Toronto Notes 2023 - Chronic Pain & Substance Use:

"In cases of concern for opioid diversion, consider witnessed daily dispensing, prescription monitoring, and involving caregivers when appropriate." MCCQE1 Objectives (Internal Medicine > Pain Management > 56-2):

"The candidate must demonstrate understanding of strategies for safe prescribing and monitoring of controlled substances, including mitigation of diversion." Calling the police (A) is not the physician's immediate duty. Providing an early refill (B) worsens risk. Tapering (C) may be appropriate later, but first the medication must be safeguarded. Increasing quantity (D) is inappropriate.

NEW QUESTION: 35

A 62-year-old woman is taken to the operating room for an elective laparoscopic cholecystectomy. Induction of anesthesia triggers a severe hypertensive crisis that ultimately resolves after administration of a 5 mg bolus of phentolamine.

Which one of the following is most consistent with this presentation?

- A. Increased thyrotropin (thyroid-stimulating hormone) level
- B. Elevated plasma catecholamines
- C. Low renal vein renin
- D. High plasma cortisol
- E. Low urinary metanephrines

Answer: (SHOW ANSWER)

This presentation is classic for an undiagnosed pheochromocytoma, which causes episodic or crisis-level hypertension due to excess catecholamines. Anesthesia or surgical manipulation can trigger massive catecholamine release, leading to hypertensive crisis. Phentolamine, an alpha-blocker, is the appropriate treatment.

Toronto Notes 2023 - Endocrinology, Pheochromocytoma:

"Pheochromocytomas may precipitate hypertensive crises during surgery. Elevated plasma catecholamines and urinary metanephrines confirm diagnosis." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should suspect pheochromocytoma in perioperative hypertensive crises and confirm with plasma or urine catecholamines/metanephrines." Low metanephrines (E) would argue against pheochromocytoma. TSH (A), cortisol (D), and renin (C) are unrelated to acute intraoperative hypertensive episodes of this nature.

NEW QUESTION: 36

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

D. A history of panic disorder

Answer: C (LEAVE A REPLY)

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: 37

A 3-week-old boy is brought by his parents to your clinic for a well-child visit. The newborn was born at term after an uncomplicated pregnancy. He is exclusively breastfed and is thriving. Physical examination findings are normal except for jaundice. Total bilirubin is 172 $\mu\text{mol/L}$ ($\#100$), and conjugated bilirubin is 4 $\mu\text{mol/L}$ ($\#5$). Results of a complete blood count and reticulocyte count are within the normal range. The results of a direct antiglobulin (Coombs) test were negative. Which one of the following, if any, is the most appropriate investigation?

- A. Test for galactosemia.
- B. No investigation required.
- C. Hepatobiliary ultrasonography.
- D. Liver enzymes and serum albumin.
- E. Urine culture.

Answer: B (LEAVE A REPLY)

NEW QUESTION: 38

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

Answer: E (LEAVE A REPLY)

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: 39

A 58-year-old woman presents to your office with refractory bipolar I disorder. She is on the following medications: lithium carbonate, valproic acid, and olanzapine. She also takes acetaminophen for osteoarthritis and pantoprazole for gastroesophageal reflux. Lately, she has noticed she bruises very easily. Laboratory work displays a platelet count of $70 \times 10^9/L$ (normal 130-400). Which one of the following is most likely to induce this side effect?

- A. Olanzapine
- B. Lithium carbonate
- C. Pantoprazole
- D. Acetaminophen
- E. Valproic acid

Answer: E (LEAVE A REPLY)

Valproic acid is well known to cause thrombocytopenia, especially at higher serum concentrations or in patients over 60. Bruising with platelet count $<100 \times 10^9/L$ is a classic manifestation.

Toronto Notes 2023 - Psychiatry, Mood Disorders & Pharmacology Section:

"Valproic acid is associated with hematologic side effects including thrombocytopenia. Platelet counts should be monitored regularly." MCCQE1 Objectives - Psychiatry > Pharmacotherapy:

"The candidate must recognize adverse effects of mood stabilizers including hematologic complications of valproic acid." Other listed medications (A-D) have no common or direct link with thrombocytopenia in this context.

NEW QUESTION: 40

You are travelling on a transatlantic flight. Halfway through the flight, an older passenger (# 65 years) begins to have chest pain and shortness of breath. An announcement is made over the intercom asking for help from any physicians or medical personnel. Which one of the following is the best next step?

- A. Remain silent to avoid any liability that may be incurred by offering help.
- B. Give advice to the flight attendants on how to proceed but do not offer any direct assistance.
- C. Offer assistance and document the encounter in your own records afterwards.
- D. Offer assistance only after the patient and the airline agree to release you from any liability.

Answer: (SHOW ANSWER)

In Canada and in most jurisdictions internationally, physicians have a professional and in some cases legal obligation to provide emergency assistance. Documentation should be done in your own records afterward.

Aviation laws and Good Samaritan protections offer liability coverage for health professionals acting in good faith.

Toronto Notes 2023 - ELOM, "Physician Obligations and Medical-Legal Responsibility":

"Physicians should respond to in-flight or public emergencies when capable.

Documentation should be completed after the event, and liability is protected under Good Samaritan laws." MCCQE1 Objectives (ELOM > Professionalism > 90-1):

"Candidates must demonstrate appropriate professional behavior, including willingness to assist in emergencies and understanding of legal protections." Avoiding assistance (A), or placing conditional barriers (D), is unethical and inappropriate.

NEW QUESTION: 41

A 66-year-old woman has a 3-month history of dry cough and weight loss. A new chest radiograph reveals a large 2-cm mass in her right upper lobe, which is consistent with carcinoma. You look at her previous films and realize that you had read her chest radiograph as normal 1 year ago, but now clearly see a faint opacity in precisely the same location as her current lesion. Which one of the following is the best next step?

- A. Remark only on the new chest radiograph in your report
- B. Comment on the previous chest radiograph and the new one in your report
- C. Prepare a report only after communicating with your department head
- D. Write a report only after communicating with your professional insurer
- E. Create a report only after communicating with your medical regulatory authority

Answer: B (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

Physicians must be transparent and honest in documentation. If a previous abnormality was missed, it must be acknowledged. The correct action is to comment on both the previous and current findings in your report and follow institutional disclosure policies.

Toronto Notes 2023 - ELOM, "Medical Error and Disclosure":

"Physicians must report and document prior missed findings honestly and provide full disclosure when reviewing comparative studies." MCCQE1 Objectives (ELOM > 90-2: Accountability and Communication):

"Candidates must accurately document previous findings when reviewing comparative data, even if it reveals past oversight." Delaying reporting (C-E) or omitting prior findings (A) is unethical.

-

NEW QUESTION: 42

A 1-week-old boy born at full term is brought by his parents to the office with a 2-day history of eye swelling and watery discharge. This morning, the discharge became thick and yellow. On physical exam, he is afebrile and fussy with bilateral eyelid edema, purulent discharge, and erythematous conjunctivae. After taking appropriate cultures of the eyes, which one of the following is the best next step?

- A.** Admit the patient and start antibiotic therapy
- B.** Prescribe an oral antibiotic and reassess in 48 hours
- C.** Reassure the parents and prescribe a topical antibiotic
- D.** Advise warm compresses every 2 to 3 hours until discharge is cleared
- E.** Recommend lacrimal sac massage

Answer: A (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

This neonate likely has gonococcal conjunctivitis, which typically presents 2-5 days after birth with bilateral purulent discharge and swelling. This is an emergency due to the risk of corneal perforation. Empiric IV antibiotics and hospital admission are indicated.

Toronto Notes 2023 - Pediatrics, Neonatal Infections:

"Neonatal conjunctivitis within the first 1-2 weeks should raise suspicion for gonococcal or chlamydial infection. Gonorrhoea requires urgent IV antibiotics and hospitalization."

MCCQE1 Objectives - Pediatrics > Neonatal Infection:

"Candidates must recognize neonatal conjunctivitis and initiate empiric treatment while awaiting culture results." Lacrimal massage (E) and warm compresses (D) are used for nasolacrimal duct obstruction. Oral or topical antibiotics (B, C) are insufficient for suspected gonococcal infection.

NEW QUESTION: 43

A 14-year-old girl, accompanied by her mother, presents to your office with a 3-month history of feeling

"dizzy." After you take an initial history, which one of the following is the most appropriate next step?

- A.** Perform a detailed cardiac and neurological examination
- B.** Do a bedside glucometer reading
- C.** Interview the girl without the mother present
- D.** Order a urine pregnancy test
- E.** Obtain growth parameters and vital signs

Answer: C (LEAVE A REPLY)

In adolescents presenting with vague or potentially sensitive symptoms, it is critical to speak with them alone to obtain a complete and honest history, including mental health, sexual activity, substance use, and abuse screening.

Toronto Notes 2023 - Pediatrics, Adolescent Medicine:

"Private interviews are essential to obtain accurate histories in adolescents, especially when symptoms may have underlying psychosocial or reproductive causes." MCCQE1 Objectives - Pediatrics > Adolescent Health:

"Candidates must demonstrate adolescent-appropriate interviewing techniques, including private questioning to identify sensitive or risk-related concerns." Physical examination and pregnancy testing (A, B, D) may follow based on the private history. Vital signs (E) are standard but do not replace psychosocial assessment.

NEW QUESTION: 44

A 55-year-old woman presents with a 6-month history of poor memory and impaired concentration. She has bipolar I disorder that has been treated with lithium carbonate for 4 years. She has gained a lot of weight since starting lithium. Physical examination findings are otherwise normal. She is concerned about her memory issues, but there are no other perception, mood, or cognition abnormalities. Which one of the following tests is most likely to have abnormal findings?

- A. Liver function tests
- B. Serum thyrotropin (thyroid-stimulating hormone) level
- C. Creatinine clearance
- D. Serum sodium level
- E. Parathyroid hormone

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

Lithium commonly causes hypothyroidism, which can lead to fatigue, cognitive slowing, weight gain, and memory impairment. Thyroid-stimulating hormone (TSH) levels are often elevated in such cases.

Toronto Notes 2023 - Psychiatry / Endocrinology:

"Lithium is associated with hypothyroidism and renal impairment. Monitor TSH regularly in patients on lithium therapy." MCCQE1 Objectives (Psychiatry > 71-5: Mood Stabilizers):

"Candidates must recognize the endocrine side effects of lithium, including hypothyroidism and the importance of TSH monitoring." Creatinine clearance (C) may also be affected but is less directly associated with memory issues. Liver function (A), sodium (D), and PTH (E) are not typically the first abnormal values in this presentation.

NEW QUESTION: 45

A 21-year-old man presents to the office with persistent pain and swelling of the wrist 2 weeks after falling on his outstretched hand. Anteroposterior and lateral radiographs of the

wrist taken at the time of the injury showed no evidence of fracture or dislocation. Which one of the following is the most likely cause of the patient's symptoms?

- A. Fracture of the carpal scaphoid.
- B. Undisplaced fracture of the distal radius.
- C. Subluxation of the lunate bone.
- D. de Quervain tenosynovitis.

Answer: (SHOW ANSWER)

Scaphoid fractures are often radiographically occult on initial presentation and can present later with persistent pain and swelling in the anatomical snuffbox. They typically occur following a fall on an outstretched hand. If missed, they can lead to avascular necrosis.

Toronto Notes 2023 - Orthopedics, Wrist Injuries:

"Scaphoid fractures are the most common carpal fractures. X-rays may be negative early, so high suspicion requires immobilization and repeat imaging after 10-14 days." MCCQE1

Objectives - Surgery > Musculoskeletal Trauma:

"Candidates must recognize that some fractures, such as scaphoid, may not appear on initial imaging but require clinical suspicion and follow-up imaging or immobilization." Other options (B and C) are less likely without radiographic evidence. De Quervain tenosynovitis (D) presents with radial wrist pain unrelated to trauma and worsens with thumb movement.

NEW QUESTION: 46

A 53-year-old man presents to the Emergency Department with a 3-week history of believing his neighbor is poisoning him by pumping gas through his home's air vent. He appears distracted, irritable, and is speaking very quickly. He has a family history of depression. Which one of the following is the most likely diagnosis?

- A. Delirium
- B. Malingering
- C. Brief psychotic disorder
- D. Bipolar I disorder
- E. Psychotic disorder secondary to traumatic brain injury

Answer: (SHOW ANSWER)

This man exhibits a classic manic episode with psychotic features: persecutory delusions, distractibility, pressured speech, irritability, and possible grandiosity. The chronicity and mood symptoms are most consistent with Bipolar I disorder.

Toronto Notes 2023 - Psychiatry, "Mood Disorders" Section:

"Bipolar I disorder is characterized by episodes of mania, often with psychotic features. Symptoms include grandiosity, decreased need for sleep, distractibility, and mood-congruent delusions." MCCQE1 Objectives (Psychiatry > 79-1: Mood Disorders):

"Candidates must recognize mania and differentiate from brief psychosis or organic causes." Delirium (A) is acute, fluctuating, and involves impaired attention. Malingering (B) requires external gain.

Brief psychotic disorder (C) resolves within 1 month. Brain injury-related psychosis (E) would require a supporting history or findings.

(Part 2)

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NEW QUESTION: 47

A 73-year-old woman is seen in the office 2 weeks after a coronary bypass surgical procedure. The site of saphenous vein removal in the left thigh shows an area of tenderness and a 3 × 5 cm palpable mass. The skin is intact. Her temperature is 37.7 °C, hemoglobin is 110 g/L (125-167), and white blood cell count is 8 × 10⁹ /L (4-10). Which one of the following is the most likely diagnosis?

- A. Acute venous bleeding
- B. Femoral artery aneurysm
- C. Thrombophlebitis
- D. Wound hematoma
- E. Wound abscess

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

A localized mass with tenderness at a recent surgical site, intact skin, low-grade temperature, and normal white count is most consistent with a wound hematoma. This is a common complication at saphenous vein graft harvest sites post-CABG.

Toronto Notes 2023 - Surgery / Cardiac:

"Wound hematoma presents as localized swelling and tenderness near recent surgical sites. Abscess is suggested by erythema, warmth, and systemic signs." MCCQE1

Objectives (Surgery > 50-2: Postoperative Complications):

"Candidates must identify and differentiate wound complications, including hematoma, seroma, and abscess." Abscess (E) would show redness, fluctuance, and fever. Aneurysm (B) is rare and pulsatile. Bleeding (A) would not form a stable mass 2 weeks post-op. Thrombophlebitis (C) usually involves superficial veins and erythema.

-

NEW QUESTION: 48

An 18-year-old woman comes to the office because of fatigue. She tells you she is struggling in her first year of university. She mentions that she spends much of her time rewriting her notes and filing and organizing her study materials. She is doing all the work in her group assignments because she feels others cannot do the work to a high enough standard. She has abandoned all enjoyable activities and seems to be constantly working and worrying about her grades. Which one of the following is the most likely diagnosis?

- A. Major depressive disorder.
- B. Obsessive-compulsive disorder.
- C. Generalized anxiety disorder.
- D. Obsessive-compulsive personality disorder.

Answer: D (LEAVE A REPLY)

This patient exhibits perfectionism, preoccupation with order and control, and reluctance to delegate - classic features of obsessive-compulsive personality disorder (OCPD). Unlike OCD, there are no intrusive thoughts or compulsions; rather, behaviors are ego-syntonic.

Toronto Notes 2023 - Psychiatry, Personality Disorders:

"OCPD is marked by perfectionism, rigidity, and preoccupation with productivity. It differs from OCD in lacking obsessions or compulsions." MCCQE1 Objectives - Psychiatry > Personality Disorders:

"Candidates must distinguish OCPD by traits of excessive perfectionism, control, and inflexibility, particularly when these interfere with functioning." Major depression (A) is marked by pervasive low mood, which is not reported. OCD (B) involves distressing obsessions and compulsions. GAD (C) is more generalized worry without the perfectionism and rigidity.

NEW QUESTION: 49

You are taking over a practice from a retiring family physician. The practice has paper records of patients dating back many years, including records of former patients. Which one of the following organizations is the most appropriate to contact regarding medical record retention requirements?

- A. Health Canada.
- B. The College of Family Physicians of Canada.
- C. The provincial/territorial regulatory authority.
- D. The Canadian Medical Association.
- E. The Medical Council of Canada.

Answer: C (LEAVE A REPLY)

Medical record retention is governed by laws and policies established by the provincial or territorial medical regulatory authorities (e.g., College of Physicians and Surgeons of Ontario). These bodies set requirements for how long patient records must be maintained and how to handle former patients' data.

Toronto Notes 2023 - Ethics and Health Systems:

"Retention of medical records is regulated by provincial/territorial colleges, which outline minimum retention periods and storage responsibilities." MCCQE1 Objectives (ELOM > Legal Requirements > Professional Responsibilities):

"The candidate must be able to identify the legal responsibilities of physicians regarding record-keeping, as guided by regulatory authorities." National organizations such as Health Canada, CFPC, CMA, and MCC do not set these rules for individual practice management.

NEW QUESTION: 50

A 30-year-old man comes to the office and asks you to write him a note for his employer that recommends a stress leave. He says he feels entitled to a rest. He comes across as irritable and impulsive. He appears to show little regard for the law and admits to recently embezzling \$5,000 from his employer. He justifies his actions and shows no remorse. He has a history of attention-deficit/hyperactivity disorder as a child. Which one of the following is the most likely diagnosis?

- A. Bipolar II disorder.
- B. Klinefelter syndrome.
- C. Antisocial personality disorder.
- D. Borderline personality disorder.
- E. Narcissistic personality disorder.

Answer: (SHOW ANSWER)

This case features hallmark traits of antisocial personality disorder: disregard for social norms, criminal behavior, lack of remorse, impulsivity, and a history of conduct disorder (suggested by childhood ADHD and likely early behavioral problems).

Toronto Notes 2023 - Psychiatry, Personality Disorders:

"Antisocial personality disorder is characterized by disregard for rights of others, impulsivity, deceitfulness, lack of remorse, and criminal activity beginning in adolescence."

MCCQE1 Objectives - Psychiatry > Personality Disorders:

"Candidates must distinguish antisocial personality disorder by a pattern of behavior that violates the rights of others, with evidence of conduct disorder before age 15." Other options do not explain the full behavioral pattern, especially the criminality and lack of remorse.

NEW QUESTION: 51

You are working in a busy family practice. Your colleague's 48-year-old female patient presents with a 6-month history of fatigue and gastrointestinal symptoms. A recent colonoscopy was normal. Her chart indicates multiple investigations for similar symptoms over the past 2 years, all of which have been non-revealing. Your working diagnosis is somatic symptom disorder. Which one of the following is the most appropriate treatment?

- A. Cognitive behavioral therapy
- B. Citalopram 20 mg daily
- C. Risperidone 0.5 mg daily

D. Exposure and response prevention therapy

E. Amitriptyline 10 mg at bedtime

Answer: A (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

Cognitive behavioral therapy (CBT) is the most effective first-line treatment for somatic symptom disorder. It helps patients reframe dysfunctional thoughts and improve coping strategies for perceived physical symptoms.

Toronto Notes 2023 - Psychiatry, "Somatic Symptom and Related Disorders":

"CBT is first-line for somatic symptom disorder. Antidepressants may be considered if comorbid depression or anxiety is present." MCCQE1 Objectives (Psychiatry > 71-2: Somatic Symptom Disorders):

"Candidates must manage somatic symptom disorder with appropriate psychosocial interventions." Citalopram (B) or amitriptyline (E) may be used adjunctively if mood symptoms are prominent. Risperidone (C) and ERP (D) are not indicated.

-

NEW QUESTION: 52

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. Provide reassurance, since he is asymptomatic.

B. Order a chest radiograph.

C. Ask him further about his work.

D. Refer him to a respirologist.

E. Order pulmonary function testing.

Answer: C (LEAVE A REPLY)

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: 53

An 85-year-old man is transferred from an acute care hospital to your long-term care (LTC) facility. He has a fever, fatigue, myalgia, and malaise. His test result is positive for influenza A virus. Two other residents and 1 LTC staff member have experienced the same symptoms. Which one of the following is the best next step to prevent further infections at the LTC facility?

- A. Ask all visitors to wear a mask.
- B. Enforce mandatory influenza vaccination for LTC staff.
- C. Order symptomatic LTC staff to stay home.
- D. Ensure that all visitors are immunized.

Answer: C (LEAVE A REPLY)

During an outbreak in a long-term care facility, prompt control measures include keeping symptomatic staff at home to prevent spread. Staff are often vectors of infection, and exclusion is a key public health intervention.

Toronto Notes 2023 - Infectious Diseases, "Infection Control and Prevention":

"During influenza outbreaks in institutional settings, exclusion of symptomatic staff is critical to controlling spread." MCCQE1 Objectives (Population Health > 63-2: Outbreak Management):

"Candidates must understand outbreak control, including staff exclusion, cohorting, and surveillance in congregate settings." Vaccination (B) is preventive but not immediately effective during an outbreak. Masking and visitor vaccination are supportive but secondary measures.

NEW QUESTION: 54

A 28-year-old woman presents because of spotting mid-menstrual cycle. Speculum examination reveals an ulcerated endocervical polyp. Which one of the following is the most appropriate management?

- A. Cryotherapy.
- B. Colposcopy.
- C. Serial cytology.
- D. Polypectomy.
- E. Punch biopsy.

Answer: D (LEAVE A REPLY)

Endocervical polyps are common and often benign. An ulcerated polyp may bleed but is not itself suspicious unless it shows atypical features. The appropriate management is to remove the polyp (polypectomy) and send it for histopathology to exclude malignancy.

Toronto Notes 2023 - Gynecology, Cervical Pathology:

"Endocervical polyps are removed by polypectomy and sent for histological analysis. Most are benign.

Atypical or ulcerated appearance may raise concern, but biopsy is unnecessary if the entire lesion is excised." MCCQE1 Objectives - Gynecology > Abnormal Bleeding and Cervical Lesions:

"Candidates should recognize that cervical polyps causing intermenstrual bleeding should be removed and assessed histologically." Colposcopy (B) is reserved for abnormal cytology or high-risk lesions. Cryotherapy (A) is for cervical dysplasia. Punch biopsy (E) is used for lesions that are not amenable to polypectomy.

NEW QUESTION: 55

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

Answer: (SHOW ANSWER)

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.

-

NEW QUESTION: 56

A 43-year-old man comes to your office for the first time. He has not seen a doctor in over 5 years and has no known past medical history. On examination, his blood pressure is 120/70 mm Hg, and the remainder of his examination is normal. As part of the initial visit, you order some screening blood work that reveals a fasting blood glucose of 6.3 mmol/L (3.3-5.8) and a hemoglobin A1c of 6.1% (4-6). Which one of the following is the best next step?

- A. Order thyrotroph (thyroid-stimulating hormone) level.
- B. Test capillary blood glucose 4 times a day.
- C. Order a urine albumin:creatinine ratio.
- D. Perform a 75 g oral glucose tolerance test.
- E. Order an exercise stress test.

Answer: D (LEAVE A REPLY)

This patient's lab results suggest impaired fasting glucose and an elevated A1c just below the threshold for diabetes. The gold standard to confirm diabetes in such intermediate cases is the 75 g oral glucose tolerance test (OGTT).

Toronto Notes 2023 - Endocrinology, "Diabetes Mellitus" Section:

"If A1c is in the 6.0-6.4% range or fasting glucose 6.1-6.9 mmol/L, a 75 g OGTT is recommended to establish the diagnosis of diabetes or confirm impaired glucose tolerance." MCCQE1 Objectives (Internal Medicine > 76-4: Diabetes):

"Candidates must correctly apply diabetes screening and diagnostic criteria and follow up abnormal results with appropriate confirmatory testing." Urine ACR (C) is useful in diagnosed diabetes, not for initial screening. TSH (A), capillary glucose testing (B), and exercise testing (E) are not indicated at this stage.

NEW QUESTION: 57

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

Answer: A (LEAVE A REPLY)

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: 58

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

Answer: (SHOW ANSWER)

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: 59

A 52-year-old man presents to the Emergency Department with a history of back, neck, and shoulder pain sustained from a workplace incident 4 years ago. He is under observation by a multidisciplinary pain clinic, and his next appointment is not for another 4 weeks. He does not report any recent change in his symptoms.

His medications are as follows:

Acetaminophen

1000 mg orally 4 times daily

Naproxen

500 mg orally twice daily

Amitriptyline

25 mg orally at bedtime

* Acetaminophen 1000 mg orally four times daily

* Naproxen 500 mg orally twice daily

* Amitriptyline 25 mg orally at bedtime

The patient has not taken his medications for several weeks because he thinks they are not working. He requests a prescription for oxycodone because he tried some that a friend sold him, and it worked very well.

After completing an assessment and providing counseling, which one of the following is the best next step?

- A. Provide a naloxone kit.
- B. Offer to prescribe cannabis.
- C. Obtain a urine toxicology screen.
- D. Prescribe a short course of tramadol.

Answer: C (LEAVE A REPLY)

Given the request for opioids and history of non-prescribed opioid use (oxycodone obtained from a friend), the next appropriate step is to conduct a urine drug screen. This helps assess current substance use and guides safe prescribing decisions.

Toronto Notes 2023 - Pain Management and Addiction Medicine:

"Urine drug screening is recommended before initiating opioid therapy or when there is suspicion of substance misuse. A history of using non-prescribed opioids mandates assessment for opioid use disorder and further risk stratification." MCCQE1 Objectives - Internal Medicine > Chronic Pain:

"Candidates must assess for opioid misuse and dependence before initiating opioid therapy. Urine drug testing is a standard tool in this assessment." Providing naloxone (A) may be appropriate later if opioids are prescribed, but the priority is evaluation.

Cannabis (B) is not first-line and lacks controlled evidence in chronic pain. Tramadol (D) is an opioid-like agent and not appropriate until misuse risk is evaluated.

NEW QUESTION: 60

A 60-year-old man presents to the office with concerns regarding a pruritic rash, which he has had for several years. He reports a "crawling" sensation on his skin. He is concerned that this rash may be caused by a parasite he may have picked up while serving in the military overseas. On examination, you note multiple crusted lesions on his forearms, neck, chest, scalp, and thighs. There is a complete sparing of the skin on his back. He brought a bottle with fibrous material of different colours that he picked from his wounds. He is otherwise healthy and reports no other symptoms except some chronic fatigue and insomnia related to the itching. Which one of the following treatments is the most appropriate?

- A. Ivermectin
- B. Permethrin

- C. Doxycycline
- D. Fluconazole
- E. Butenafine

Answer: (SHOW ANSWER)

This case describes classic signs of delusional parasitosis (also known as Morgellons syndrome). However, the presence of widespread crusted lesions raises suspicion for crusted scabies, particularly in older adults.

Crusted scabies may be misinterpreted as chronic dermatitis or psychocutaneous disorder. The most effective treatment is oral ivermectin.

Toronto Notes 2023 - Dermatology:

"Crusted scabies presents as widespread hyperkeratotic plaques with crusting. First-line treatment is oral ivermectin, often with topical permethrin." MCCQE1 Objectives (Medicine > Dermatology > 23-1):

"Candidates must recognize presentations of ectoparasitic infections, including scabies, and provide appropriate treatment." Permethrin (B) is for typical scabies, but crusted scabies often requires systemic ivermectin due to severity and spread.

NEW QUESTION: 61

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. Prader-Willi syndrome.
- B. Fetal alcohol syndrome.
- C. Turner syndrome.
- D. Congenital hypothyroidism.
- E. Trisomy 21.

Answer: E (LEAVE A REPLY)

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: 62

A 62-year-old woman is referred to your clinic for evaluation of hypercalcemia. She has a history of hypertension and vitamin D deficiency. Her medications include hydrochlorothiazide and vitamin D supplements. Laboratory investigations are as follows:

- * Calcium: 2.72 mmol/L (#)
- * Phosphate: 0.9 mmol/L (#)
- * Parathyroid hormone (PTH): 0.9 pmol/L (#)
- * 25-hydroxy vitamin D: 80 nmol/L (normal)

Which one of the following is the best next step?

- A. Order 24-hour urine calcium
- B. Start calcitriol
- C. Refer for consideration of parathyroidectomy
- D. Switch to a different antihypertensive medication
- E. Order serum protein electrophoresis and urine for light chains

Answer: E (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

This patient has hypercalcemia with suppressed PTH, ruling out primary hyperparathyroidism. The differential includes malignancy-associated hypercalcemia, vitamin D intoxication, and medications. Given the low PTH and normal vitamin D level, malignancy (e.g., multiple myeloma) is a leading concern. Serum protein electrophoresis and urine for Bence-Jones proteins (light chains) are appropriate next steps.

Toronto Notes 2023 - Endocrinology, "Hypercalcemia":

"PTH-independent hypercalcemia should prompt investigation for malignancy. Multiple myeloma is a common cause in older adults-order SPEP and UPEP." MCCQE1 Objectives (Endocrinology > 37-1: Calcium Disorders):

"Candidates must investigate non-PTH mediated hypercalcemia, including consideration of multiple myeloma." A (urine calcium) helps in familial hypocalciuric hypercalcemia, but this is unlikely given low PTH. B (calcitriol) would worsen hypercalcemia. C is inappropriate because PTH is suppressed. D (changing HCTZ) may help, but malignancy must be ruled out first.

NEW QUESTION: 63

The parents of a 12-year-old boy present to your clinic to discuss their son's submersion injury. The patient was seen in hospital for 6 months after being pulled unresponsive from a lake at his friend's house; he had been submerged for an estimated 20 minutes. After extended resuscitation and a 2-month stay in the intensive care unit, he remains in a persistent vegetative state but needs no respiratory or cardiac support. When evaluating the discharge from hospital, which one of the following is most appropriate?

- A. Advocate for home care support so that the parents can care for their son safely at home
- B. Recommend placement in a palliative care facility
- C. Plan for a progressive return to school with a home caregiver
- D. Organize scheduled readmissions to hospital to provide the family with respite care
- E. Continue intensive rehabilitation in the acute care hospital for the best chance of recovery

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

The patient is in a persistent vegetative state and medically stable, meaning he does not need continued hospitalization. The goal is to provide appropriate long-term care in the least restrictive setting, typically at home with robust home care support services. This approach aligns with ethical care, family-centered goals, and medical appropriateness.

Toronto Notes 2023 - Pediatrics / Neurodevelopment & Chronic Care:

"Home care with appropriate medical and caregiver support is often the best setting for children with severe neurological impairments who are medically stable." MCCQE1

Objectives (Pediatrics > 77-5: Chronic Neurological Disorders):

"Candidates must assess discharge planning and coordinate home care support for children with long-term care needs." Palliative facility (B) is not appropriate unless end-of-life is imminent. School (C) is not feasible in this state.

Hospital readmission for respite (D) is not standard. Rehabilitation (E) has little utility in persistent vegetative state.

-

NEW QUESTION: 64

You are counselling the wife of a 75-year-old man admitted under your care after a fall. The patient is confused, disoriented, barely sleeps at night and has complex visual hallucinations of animals running through his room. Given his state, which one of the following is the best advice for the wife?

- A. She should visit him as little as possible since this can lead to heightened agitation
- B. She should avoid giving him information since he is unable to understand
- C. She should confront him with the fact that what he sees and feels is not real
- D. She should not take it personally if he says hurtful things
- E. She should tell him that she will not come back to visit him if he remains aggressive

Answer: D (LEAVE A REPLY)

This scenario describes acute delirium, common in hospitalized elderly patients. Patients may say things they don't mean. Reassuring family members not to take hurtful comments personally is an important part of family counseling.

Toronto Notes 2023 - Geriatrics, "Delirium":

"Patients may become agitated, hallucinate, or be aggressive. Families should be counseled not to take the behavior personally and continue to support orientation."

MCCQE1 Objectives (Geriatrics > 41-1: Cognitive Disorders):

"Candidates must support caregivers of delirious patients, providing guidance on managing emotional and behavioral symptoms." Avoiding visits (A), confronting the patient (C), or emotional withdrawal (E) are counterproductive.

Providing gentle information is appropriate (contradicts B).

NEW QUESTION: 65

An 80-year-old woman presents to your office with weight loss and generalized weakness. Her husband calls you after the appointment and asks that his wife not be told if she is diagnosed with cancer as hearing this will likely "kill her." Investigations subsequently show that she has metastatic lung cancer. Which one of the following is the best next step?

- A. Telephone her to inform her she has a bad pneumonia and prescribe antibiotics.
- B. Tell her husband she has metastatic lung cancer.
- C. Book an immediate appointment with your patient.
- D. Tell the patient she requires a computed tomography scan of the chest.
- E. Arrange an urgent consultation with her children to confirm her wishes.

Answer: C (LEAVE A REPLY)

According to Canadian medical ethics and legal standards, physicians must communicate diagnosis and treatment options directly to the patient, unless the patient has explicitly waived their right to know or delegated decision-making authority. The patient's autonomy is paramount.

Toronto Notes 2023 - Ethical, Legal, and Organizational Medicine, "Truth-Telling" Section:

"Physicians are obligated to disclose relevant health information to patients unless the patient has clearly indicated a desire not to be informed. Family members do not have the authority to request that information be withheld from a competent adult." MCCQE1

Objectives (ELOM > Ethical Issues > Medical Ethics):

"The candidate must be able to apply the principles of patient autonomy... This includes full disclosure of diagnosis, prognosis, and treatment options unless waived by the patient."

Booking an immediate appointment (C) allows you to assess her decision-making capacity and proceed with informed discussion. The other options either bypass the patient (A, B, E) or provide misleading/incomplete information (A, D), which violates ethical and legal obligations.

NEW QUESTION: 66

A 15-year-old boy is brought to your office because of concerns about his breast development. He has no other symptoms. His physical examination does not reveal any other abnormality. Which one of the following is the best next step?



- A. Order cranial magnetic resonance imaging
- B. Perform serum estrogen level
- C. Perform serum prolactin level
- D. Reassure the patient
- E. Order adrenal ultrasound

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

The image and clinical history are consistent with physiologic pubertal gynecomastia, which is common in adolescent boys. It usually resolves spontaneously within 6 months to 2 years and does not require investigation unless other signs of endocrine pathology are present.

Toronto Notes 2023 - Pediatrics / Endocrinology:

"Pubertal gynecomastia is benign, self-limited, and common in adolescent males. No further investigation is needed in the absence of systemic signs." MCCQE1 Objectives (Pediatrics > 77-2: Endocrine Disorders):

"Candidates must differentiate physiologic gynecomastia from pathologic causes based on history and physical exam." Other tests (A-C, E) are unnecessary unless there are red flags (e.g., testicular mass, rapid progression, neurological symptoms).

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NEW QUESTION: 67

A 3-year-old boy is brought to the office because he is not using his right arm after a fall from a swing.

Radiographs reveal a new fracture and old healing fractures. The parents deny any previous injuries. In addition to providing care for the fracture, which one of the following is the best next step?

- A. Notify child protection services.
- B. Advise the parents to better supervise the patient.
- C. Investigate the patient to rule out metabolic or endocrine disorders.
- D. Monitor the patient for future injuries.
- E. Refer the family to the social work department.

Answer: A (LEAVE A REPLY)

The clinical presentation of multiple fractures at different stages of healing in a young child raises strong suspicion of physical abuse (non-accidental trauma). In such situations, mandatory reporting to child protection services is legally and ethically required, even in the absence of parental admission or clear history.

Toronto Notes 2023 - Pediatrics, Child Maltreatment Section:

"Red flags include inconsistent history, delay in seeking care, multiple injuries in various stages of healing, and injuries not consistent with developmental level. Health care professionals are legally obligated to report suspected child abuse or neglect to child protection authorities without delay." MCCQE1 Objectives (Medical Expert > Pediatrics > 77-2):

"The candidate must be able to recognize when the findings are consistent with child abuse... When child abuse is suspected, the physician has a legal obligation to report to the appropriate child protection agency immediately." Options B, C, D, and E do not address the immediate child safety risk and legal duty. Social work involvement (E) is supportive but must follow or accompany notification to child protection, not replace it.

NEW QUESTION: 68

A 66-year-old woman suffering from a progressive neurological disease is admitted to a long-term care centre. Her husband does not wish to participate in discussions about the seriousness of his wife's disease and is convinced that she will soon come back home. During his 2nd visit to the centre, he gives you a cheque for a substantial sum made out to you, the treating physician, for your own research. Which one of the following is the best response to your patient's husband?

- A. Suggest he donate to your medical group
- B. Accept the money as a contribution to the long-term care centre's fundraising campaign
- C. Decline to accept the cheque
- D. Refer the husband to the centre's social worker
- E. Inform him you would only be able to accept a smaller amount of money

Answer: C (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

Physicians must avoid conflicts of interest and maintain professional boundaries with patients and their families. Accepting a personal financial gift, regardless of intent, is inappropriate and unethical.

Toronto Notes 2023 - Ethics and Professionalism:

"Personal gifts of significant value from patients or families should be declined to avoid real or perceived conflicts of interest." MCCQE1 Objectives (ELOM > 90-3: Professionalism and Boundaries):

"Candidates must maintain ethical boundaries and refuse financial incentives that could compromise or appear to compromise clinical judgment." Other options (A, B, E) still involve a conflict. D is helpful, but the ethical obligation is to decline the cheque directly.

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NEW QUESTION: 69

A 30-year-old woman presents to your office for a follow-up assessment of a sports-related musculoskeletal injury to her right leg. She requests a letter for her employer regarding her return to work. You feel she should be able to manage some aspects of her factory work. Which one of the following is most appropriate to include in your medical note to this patient's employer?

- A. Treatment options
- B. Diagnosis
- C. Physiotherapist's evaluation
- D. Required workplace accommodations
- E. Medical imaging results

Answer: D (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

In a workplace medical note, physicians are responsible for commenting on the patient's functional capacity and any required accommodations-not providing detailed medical diagnoses or test results unless consented to. The goal is to support a safe return to work with appropriate modifications.

Toronto Notes 2023 - ELOM, "Documentation and Work Notes":

"Physicians should focus on functional abilities and restrictions, rather than detailed diagnoses or treatments, in employer communications." MCCQE1 Objectives (ELOM > 90-2: Confidentiality and Occupational Fitness):

"Candidates must maintain patient confidentiality and document work-related limitations and accommodations in employer letters." Diagnosis (B), imaging (E), and treatment plans (A) are confidential medical details. C (physiotherapist's evaluation) is not the physician's documentation.

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NEW QUESTION: 70

A 55-year-old man presents with vague abdominal pain and general weakness. His mother had colon cancer and died at age 60 years. His physical examination findings and complete blood count results are normal.

Which one of the following tests should be ordered first?

- A. Fecal immunochemical test (FIT)

- B. Magnetic resonance imaging of the abdomen
- C. Colonoscopy
- D. Air-contrast barium enema
- E. Computed tomography colonography

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

Given his age and a first-degree relative with colon cancer diagnosed before age 60, this patient meets criteria for early colon cancer screening. Colonoscopy is the gold standard for both screening and diagnosis in this context.

Toronto Notes 2023 - Gastroenterology, "Colorectal Cancer Screening":

"Patients with a first-degree relative diagnosed with colorectal cancer before age 60 should begin screening at age 40, or 10 years before the relative's diagnosis. Colonoscopy is the preferred method." MCCQE1 Objectives (Population Health > Preventive Screening > 63-1):

"Candidates must apply colorectal cancer screening guidelines and select appropriate tests based on risk level." FIT (A) is for average-risk screening. MRI (B) and CT colonography (E) are secondary. Barium enema (D) is outdated.

NEW QUESTION: 71

A 26-year-old man presents with pain, numbness, and weakness in his right upper extremity. He works as a computer programmer, and his BMI is 32. Symptoms have worsened since he started spending more time on the keyboard. He reports that his right hand feels clumsier while he is typing. Physical examination reveals mild weakness in the intrinsic muscles of that hand, with a positive Tinel sign at the ulnar nerve. Which one of the following is the best next step?

- A. Wrist splint to test for carpal tunnel.
- B. Physiotherapy.
- C. Elbow extension brace for use during sleep.
- D. Magnetic resonance imaging of the cervical spine.
- E. Nerve conduction studies to localize the level of the lesion.

Answer: E (LEAVE A REPLY)

This patient presents with symptoms and signs of ulnar neuropathy-most likely at the elbow (cubital tunnel).

Weakness in the intrinsic hand muscles and positive Tinel sign at the ulnar nerve are suggestive. Nerve conduction studies are the gold standard to confirm and localize the lesion.

Toronto Notes 2023 - Neurology, "Peripheral Nerve Disorders":

"In cases of suspected mononeuropathy such as ulnar nerve compression, nerve conduction studies confirm the diagnosis and localize the lesion." MCCQE1 Objectives (Medicine > Neurology > 35-2):

"Candidates should identify and investigate focal mononeuropathies using nerve conduction studies to confirm the diagnosis and location." Splinting (A, C) may help after diagnosis. Physiotherapy (B) is adjunctive. MRI (D) is not the first-line investigation.

NEW QUESTION: 72

A 9-year-old girl is brought to the Emergency Department because she has generalized urticaria, abdominal cramping, and postural dizziness 30 minutes after eating at a friend's birthday party. Which one of the following is the most appropriate route of administration for epinephrine?

- A. Intravenous
- B. Intramuscular
- C. Subcutaneous
- D. Intranasal
- E. Inhaled

Answer: (SHOW ANSWER)

Anaphylaxis requires immediate administration of epinephrine via the intramuscular (IM) route, typically in the lateral thigh. This route provides the fastest and most reliable absorption for emergency treatment.

Toronto Notes 2023 - Pediatrics, Anaphylaxis:

"Epinephrine 0.01 mg/kg IM is the first-line treatment for anaphylaxis. The intramuscular route provides the most rapid and safe absorption in emergencies." MCCQE1 Objectives - Pediatrics > Allergy and Immunology:

"Candidates must know the emergency management of anaphylaxis, including proper dosage and intramuscular administration of epinephrine." IV administration (A) is reserved for critical care settings. Subcutaneous (C) and intranasal/inhaled routes (D, E) are ineffective in anaphylaxis.

NEW QUESTION: 73

A 72-year-old man presents to your clinic accompanied by his 70-year-old husband. The patient reports that, over the last several months, his libido has been very low. Which one of the following would be the best next step?

- A. Interview the couple together
- B. Refer for couple's counselling
- C. Prescribe testosterone
- D. Order serum testosterone levels
- E. Assess for depression

Answer: E (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

Decreased libido in elderly patients can be multifactorial, but depression is a common and important cause that must be ruled out before hormone therapy or other steps. A proper mental health screen should precede further interventions.

Toronto Notes 2023 - Psychiatry / Geriatrics:

"In elderly men, reduced libido may be linked to depression, medical illness, or medications. Depression screening is essential." MCCQE1 Objectives (Psychiatry > 71-1: Mood Disorders / Sexual Health):

"Candidates must consider depression as a common cause of decreased libido and assess accordingly before initiating hormone therapy." Testosterone testing (D) may follow. Prescribing (C) is premature. Couples counselling (B) may help if interpersonal issues are identified. Interviewing together (A) may inhibit disclosure.

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NEW QUESTION: 74

A 36-year-old woman presents to the office with a 2-month history of multiple asymptomatic bumps on her vulva. She is not currently sexually active but has had 2 male sexual partners in the past, with the most recent relationship ending 1 year ago. On examination, she appears to have genital warts. She has not received the human papillomavirus (HPV) vaccine and is not interested in any treatment that is not absolutely necessary.

Which of the following is the best next step?

- A. Excisional biopsy.
- B. Papanicolaou test.
- C. HPV vaccine.
- D. Cryotherapy.
- E. Contact tracing.

Answer: C (LEAVE A REPLY)

The patient has clinical evidence of genital warts (condyloma acuminata), which are caused by low-risk HPV types. Even though she is not currently sexually active and has visible warts, HPV vaccination is still beneficial for protection against other oncogenic strains (especially types 16 and 18). Vaccination is safe and recommended up to age 45. Toronto Notes 2023 - Gynecology, "STIs and HPV":

"Vaccination is recommended up to age 45, regardless of prior exposure or visible warts. It may prevent reinfection with or acquisition of high-risk HPV strains." MCCQE1 Objectives (Gynecology > 83-3: STIs and HPV):

"Candidates must counsel patients appropriately on prevention, including the role of HPV vaccination, even after exposure or infection." Pap testing (B) is routine screening, not management of visible warts. Cryotherapy (D) is optional if the patient desires removal, but she declined treatment. Biopsy (A) is reserved for atypical lesions. Contact tracing (E) is not typically required for HPV warts.

NEW QUESTION: 75

A 10-year-old girl is brought to the Emergency Department by her mother because her daughter is crying and says she "can't pee." Her daughter fell on the monkey bars at

school earlier that day. On examination, there is a large vulvar bruise anteriorly. Which one of the following is the best next step?

- A. Consult gynecology if bladder catheterization is difficult.
- B. Discharge the patient home to do sitz baths.
- C. Order complete blood count and coagulation studies.
- D. Arrange a retrograde outpatient arthrography.
- E. Ask the mother to leave the room and ask the patient if someone abused her.

Answer: A (LEAVE A REPLY)

In pediatric trauma, inability to void with perineal bruising raises concern for urethral injury or urinary retention due to soft tissue swelling. The most immediate step is to attempt bladder catheterization. If unsuccessful, consult gynecology or urology urgently to avoid bladder overdistension.

Toronto Notes 2023 - Pediatrics, Genitourinary Trauma:

"In females, perineal trauma can lead to urinary retention due to labial hematomas or urethral injury. If catheterization is difficult, consult gynecology or urology for assistance."

MCCQE1 Objectives - Pediatrics > Trauma and Emergency Care:

"Candidates must recognize when specialist consultation is required in pediatric genitourinary trauma, especially in cases of failed catheterization." Options B and D delay necessary care. Coagulation studies (C) may be considered if bleeding is unexplained. Abuse assessment (E) may be necessary later but does not address immediate retention.

NEW QUESTION: 76

A 27-year-old woman presents with an enlarged thyroid. She had not noticed it herself until her mother brought it to her attention. She is asymptomatic from an endocrine perspective, and her serum thyroid-stimulating hormone (TSH) is normal.

Which one of the following is the most appropriate next step?

- A. Serum T3 and T4
- B. Ultrasound of the thyroid
- C. Computed tomography of the neck
- D. Fine-needle aspiration of the thyroid
- E. Serum calcium

Answer: B (LEAVE A REPLY)

In a euthyroid patient with an asymptomatic goiter or thyroid enlargement, the next step is a thyroid ultrasound to evaluate nodule size, composition, and features suggestive of malignancy.

Toronto Notes 2023 - Endocrinology, Thyroid Nodules and Goiter:

"TSH should be obtained first. If normal and there is a palpable mass or enlargement, ultrasound is indicated to evaluate for nodules and guide further testing (e.g., FNA)."

MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates must use thyroid ultrasound as the initial imaging study in the evaluation of thyroid enlargement or palpable nodules." T3/T4 (A) are not needed with normal TSH. FNA

(D) is done if nodules are identified. CT (C) is used for retrosternal goiters or compressive symptoms. Calcium (E) is irrelevant here.

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NEW QUESTION: 77

A 47-year-old man presents to the office with a 1-month history of passing blood in his stool 2 to 3 times per week. He is otherwise healthy and denies any systemic symptoms. Other than a small lateral skin tag on digital rectal examination, the physical examination findings are unremarkable. Which one of the following is the best next step?

- A. Fecal immunochemical test (FIT)
- B. Colonoscopy
- C. Computed tomographic colonography
- D. Carcinoembryonic antigen
- E. Rigid sigmoidoscopy

Answer: B (LEAVE A REPLY)

Visible rectal bleeding, even in the absence of systemic symptoms, warrants diagnostic colonoscopy to rule out colorectal cancer, polyps, or IBD-especially in adults over 40. FIT is for asymptomatic screening only.

Toronto Notes 2023 - Gastroenterology, "Approach to Lower GI Bleeding":

"In patients with overt rectal bleeding, colonoscopy is the investigation of choice regardless of age or FIT status." MCCQE1 Objectives (Internal Medicine > Gastroenterology > 47-1):

"Candidates must evaluate rectal bleeding with colonoscopy, even in the presence of minor findings on physical exam (e.g., skin tag)." FIT (A) is not appropriate for symptomatic patients. CEA (D) is a tumor marker for surveillance, not diagnosis. CT colonography (C) is less sensitive for lesions than colonoscopy.

NEW QUESTION: 78

A 42-year-old woman presents to your clinic requesting an increase in her stimulant dosage for the treatment of her adult attention-deficit/hyperactivity disorder. Her medical history includes hypertension and type 1 diabetes with associated nephropathy. She has been taking methylphenidate daily for 15 years. Which one of the following would need to be addressed before the dosage can be increased?

- A. Estimated glomerular filtration rate of less than 30 mL/min/1.73 m² (#60).

B. Random glucose level that is often higher than 18.0 mmol/L (4.0-11.0).

C. Average home blood pressure reading of 150/80 mm Hg.

Answer: C (LEAVE A REPLY)

Stimulants like methylphenidate can increase heart rate and blood pressure. In patients with cardiovascular risk (e.g., hypertension, nephropathy), stimulants should not be increased without first addressing elevated blood pressure.

Toronto Notes 2023 - Psychiatry, "ADHD in Adults":

"Stimulants can exacerbate hypertension and must be used cautiously. Evaluate cardiovascular risk factors and control blood pressure before dose increases." MCCQE1 Objectives (Psychiatry > 71-1: ADHD):

"Candidates must consider the cardiovascular risks of stimulant therapy and monitor for hypertension prior to adjusting doses." While poor glycemic control (B) and renal disease (A) are important, BP control is most critical for immediate stimulant safety.

NEW QUESTION: 79

You are examining a full-term baby girl in the nursery. You notice that her left forefoot is adducted and supinated relative to the contralateral foot, which makes her left foot appear C-shaped. Which one of the following findings is most instrumental in deciding on the management of this issue?

A. Flexibility of the deformity

B. Syndactyly of 2nd and 3rd toes

C. Cephalohematoma

D. Significant hallux valgus

E. Internal tibial torsion

Answer: (SHOW ANSWER)

The description is classic for metatarsus adductus. The most important clinical factor guiding management is whether the foot is flexible or rigid. Flexible deformities typically resolve spontaneously and do not require intervention.

Toronto Notes 2023 - Pediatrics, "Musculoskeletal Conditions":

"Metatarsus adductus: inward deviation of the forefoot. Management depends on flexibility. Flexible cases are benign and resolve spontaneously; rigid forms may need casting."

MCCQE1 Objectives (Pediatrics > 78-2: Musculoskeletal Disorders):

"Candidates must assess and differentiate between flexible and rigid deformities to guide treatment in foot abnormalities." Other findings (B-E) are either unrelated or not determinant in metatarsus adductus management.

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NEW QUESTION: 80

A 56-year-old woman with a 4-year history of fibromyalgia presents for follow-up. She reports that she is struggling with her health and daily life. She is unhappy with her lack of progress and says she feels tired all the time and stays in bed all day. When asked why,

she states she is confused about why she is not getting better. Physical exam and investigations are unchanged from baseline. Which one of the following is the best next step?

- A. Prescribe cannabinoid therapy
- B. Initiate iron and vitamin B12 supplementation
- C. Educate the patient about her illness
- D. Start a selective serotonin reuptake inhibitor

Answer: C (LEAVE A REPLY)

Patient education is foundational in managing fibromyalgia. Understanding the chronic but non-progressive nature of the disease, reassurance, and emphasis on self-management are crucial. It helps set realistic expectations and enhances engagement in therapy.

Toronto Notes 2023 - Rheumatology, Fibromyalgia:

"Patient education is essential. Explain the nature of fibromyalgia, emphasizing that although it is chronic, it is non-deforming and can be managed through exercise, sleep hygiene, and cognitive strategies." MCCQE1 Objectives - Psychiatry & Rheumatology >

Chronic Pain Syndromes:

"Candidates must recognize the value of education and behavioral interventions in managing functional syndromes." SSRIs (D) may be used if depression is present. Iron/B12 (B) are not indicated without evidence of deficiency. Cannabinoids (A) lack strong evidence in fibromyalgia.

NEW QUESTION: 81

A 30-year-old woman presents to the office with her partner and reports that they are planning for her to conceive soon. They visited Mexico recently and are concerned about exposure to the Zika virus. Which one of the following is the best next step?

- A. Refer the couple to an infectious disease specialist
- B. Request serologic testing
- C. Recommend ceasing conception until 3 months after the couple's return to Canada
- D. Explain that condoms are ineffective in preventing sexual transmission of Zika virus
- E. Prescribe a prophylactic antiviral medication

Answer: C (LEAVE A REPLY)

Comprehensive and Detailed Explanation:

The Zika virus can be sexually transmitted and poses a serious risk of congenital Zika syndrome if infection occurs during pregnancy. The CDC and WHO recommend that couples delay conception for at least 3 months after potential male exposure due to the virus's persistence in semen.

Toronto Notes 2023 - Infectious Diseases / Travel Medicine:

"Zika virus may persist in semen for weeks. Couples should delay conception for 3 months after male exposure, even if asymptomatic." MCCQE1 Objectives (Public Health > 65-3: Travel Medicine and Reproductive Health):

"Candidates must counsel appropriately regarding risks of Zika in conception and apply current public health recommendations." Testing (B) is not reliable for asymptomatic individuals. Antivirals (E) are ineffective. Condoms (D) do reduce risk. Specialist referral (A) is not needed in most cases with no complications.

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NEW QUESTION: 82

A 55-year-old man with alcohol use disorder presents with a 2-day history of confusion. On examination, you note a sixth nerve palsy and a horizontal nystagmus. Which one of the following is the most likely diagnosis?

- A. Cerebellar degeneration
- B. Subdural hematoma
- C. Wernicke encephalopathy
- D. Hepatic encephalopathy
- E. Cerebellar hemorrhage

Answer: (SHOW ANSWER)

Wernicke encephalopathy is a medical emergency caused by thiamine (vitamin B1) deficiency, most often seen in chronic alcohol use. The classic triad is:

- * Confusion
- * Oculomotor dysfunction (e.g., nystagmus, cranial nerve palsies)
- * Ataxia

Toronto Notes 2023 - Neurology and Psychiatry, "Wernicke Encephalopathy" Section:

"Wernicke encephalopathy is diagnosed clinically. Symptoms include ophthalmoplegia (e.g., CN VI palsy), horizontal nystagmus, ataxia, and confusion. Immediate parenteral thiamine is indicated before glucose administration." MCCQE1 Objectives (Neurology > 75-1: Neurologic Emergencies):

"Candidates must recognize Wernicke encephalopathy in at-risk individuals and initiate urgent thiamine replacement." Other choices like cerebellar degeneration (A) and hepatic encephalopathy (D) are more chronic and lack the characteristic eye findings. Subdural hematoma (B) and hemorrhage (E) may mimic confusion but are less likely with these neurologic signs and history.

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