MedicalCouncilofCanada.MCCQE.v2026-07-11.q171

Exam Code:	MCCQE
Exam Name:	MCCQE Part 1 Exam
Certification Provider:	Medical Council of Canada
Free Question Number:	171
Version:	v2026-07-11
# of views:	104
# of Questions views:	1728
https://www.freecram.net/torrent/MedicalCouncilofCanada.MCCQE.v2026-07-11.q171.html	

NEW QUESTION: 1
A 25-year-old nulligravida woman presents after trying to conceive for 2 years without success. She is healthy, with regular menstrual periods. She denies any unusual hair growth, weight changes, or breast discharge. She gets occasional outbreaks of acne. Blood work done with her next menstrual period produces the following results:
Follicle-stimulating hormone, follicular phase: 6.2 U/L (5.0-20.0) on day 3 of menstrual cycle Luteinizing hormone, follicular phase: 6 U/L (5-22) on day 3 of menstrual cycle Estradiol: 163 pmol/L (50-200) on day 15 of menstrual cycle Thyrotropin (thyroid-stimulating hormone): 2.5 mU/L (0.4-5.0) Prolactin: 40 µg/L (4-30) Given the results of her blood work, which one of the following is the best next step?
A. Order magnetic resonance imaging of her brain.
B. Refer her for in vitro fertilization.
C. Give her a prescription for bromocriptine.
D. Send her for a mammography.
Answer: (SHOW ANSWER)
This patient meets the definition of infertility (no conception after 12 months; here 2 years). Her day-3 FSH
/LH and mid-cycle estradiol are within expected ranges, and TSH is normal, making thyroid disease unlikely.
The key abnormality is elevated prolactin (40 µg/L) . MCCQE objectives emphasize identifying reversible endocrine causes of infertility: hyperprolactinemia can impair fertility by disrupting hypothalamic GnRH pulsatility and ovulatory function, and treatment improves pregnancy rates. The appropriate next management is a dopamine agonist (e.g., bromocriptine) to lower prolactin and restore normal reproductive axis function.
Pituitary MRI is generally reserved for marked or persistent elevations suggestive of prolactinoma (often much higher levels) or when there are neurologic symptoms (e.g., headaches, visual field defects). IVF is not first-line when a treatable endocrine abnormality is present. Mammography is

unrelated to mild hyperprolactinemia without breast findings. Treating the elevated prolactin addresses a likely contributor before proceeding to more invasive fertility interventions.

NEW QUESTION: 2
You are seeing a 5-month-old infant who has had intermittent stridor since age 2 months. He is otherwise healthy. He has been drinking well and has been reaching all the age-specific developmental milestones.
Which one of the following is the most likely diagnosis?
A. Vascular ring.
B. Laryngomalacia.
C. Subglottic hemangioma.
D. Aspiration of a foreign body.
E. Tracheoesophageal fistula.
Answer: (SHOW ANSWER)
Laryngomalacia is the most common cause of chronic stridor in infants. It presents with inspiratory stridor that worsens with feeding, supine positioning, or agitation. The child remains otherwise well and meets developmental milestones.
Toronto Notes 2023 - Pediatrics, Airway Disorders:
"Laryngomalacia presents with intermittent inspiratory stridor, typically beginning in the first few months of life. Diagnosis is clinical and prognosis is usually good." MCCQE1 Objectives - Pediatrics > Respiratory Disorders:
"Candidates must recognize the typical presentation of laryngomalacia and differentiate it from other causes of pediatric stridor." Vascular ring (A) or subglottic hemangioma (C) often present with more severe or progressive symptoms.
Foreign body aspiration (D) presents acutely. TE fistula (E) usually causes feeding difficulties from birth.

NEW QUESTION: 3
A 42-year-old woman is admitted to the Intensive Care Unit with a massive pulmonary embolism. Her condition is stabilized with intubation, hydration, inotropic support, and intravenous administration of heparin. Her partner provides you with a list of her medications. A combination oral contraceptive pill was recently prescribed. She smokes tobacco cigarettes, and her BMI is 36. Which one of the following is the best next step?
A. Discuss the case with the hospital ethics committee
B. Advise the patient's partner to seek legal advice
C. Tell her partner that the physician should not have prescribed the oral contraceptive pill
D. Report the prescribing physician to the provincial or territorial medical regulatory authority
E. Inform the patient's partner that the oral contraceptive pill may have caused her condition
Answer: (SHOW ANSWER)

Oral contraceptives increase the risk of thromboembolic events, particularly in patients with risk factors such as smoking and obesity. However, informing the patient's partner of potential contributing factors in a factual, non-judgmental manner is appropriate and does not imply fault.
Toronto Notes 2023 - ELOM, "Informed Consent and Risk Communication":
"Patients and families should be informed of all relevant information, including potential drug-related adverse events. Blame must not be assigned without full investigation." MCCQE1 Objectives (ELOM > 90-2: Physician-Patient Communication):
"Candidates must be able to communicate adverse outcomes factually, while respecting confidentiality and without prematurely assigning fault." Discussing the case with the ethics committee or reporting the prescribing doctor without context is premature and inappropriate (A, D). Telling the partner the physician was at fault (C) is speculative and unethical.

NEW QUESTION: 4
A mother brings her 13-year-old daughter to the office. The girl has had intermittent lower abdominal pain, constipation, and difficulty voiding for 3 months. She says that she is not sexually active. She looks well. She has reached age-specific developmental milestones, and her vital signs are within normal range. On abdominal examination, she is found to have a palpable suprapubic mass that persists after voiding. The girl says that her older sister started having menstrual periods at this age. The patient is surprised that hers have not started. Which one of the following is the best next step?
A. Examination of external genitalia.
B. Abdominal radiography.
C. Measurement of serum human chorionic gonadotropin.
D. Pelvic ultrasonography.
E. Urinalysis.
Answer: (SHOW ANSWER)
The clinical picture suggests an obstructive anomaly of the female reproductive tract, such as imperforate hymen or vaginal outflow tract obstruction, leading to hematocolpos. The first essential step is physical examination of the external genitalia.
Toronto Notes 2023 - Pediatrics and Gynecology, "Amenorrhea" Section:
"In girls with primary amenorrhea and cyclic abdominal pain, perform an external genital exam to rule out obstructive anomalies (e.g., imperforate hymen or transverse vaginal septum). Examination should always precede imaging." MCCQE1 Objectives (Pediatrics > 78-3: Puberty and Menstrual Disorders):
"Candidates must evaluate delayed menarche with physical exam, including inspection of the genitalia to rule out anatomic obstruction." Pelvic ultrasound (D) is helpful but should follow physical exam. Radiography (B), hCG (C), and urinalysis (E) are not primary steps in evaluating amenorrhea with a mass.

NEW QUESTION: 5

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: 6
A mother brings her 10-year-old son for his well-child check-up. She mentions that her 38-year-old husband has just had a heart attack due to high cholesterol levels and wants information regarding prevention of cardiovascular disease for her son. Which one of the following is the best approach to managing this problem?
A. Send the son for a lipid profile test
B. Prescribe a low-fat diet for the son
C. Reassure the mother as children do not have elevated lipid levels
D. Prescribe a weight-lifting exercise program for her son
E. Request a serum homocysteine and hemoglobin A1c
Answer: (SHOW ANSWER)
Children with a first-degree relative who has premature coronary artery disease or hypercholesterolemia should undergo fasting lipid screening between ages 2-10. Since the child is 10, screening is indicated.
Toronto Notes 2023 - Pediatrics, "Preventive Care in Children":
"Lipid screening is recommended for children #2 years old with a family history of early cardiovascular disease or hypercholesterolemia." MCCQE1 Objectives (Pediatrics > 78-1: Preventive Medicine):
"Candidates must screen children at high risk of cardiovascular disease appropriately, including lipid profile for familial hyperlipidemia." Diet and exercise counseling may follow screening, but

testing is the first step. Reassurance alone (C) is inappropriate. Homocysteine (E) and HbA1c are not first-line tests in this setting.

NEW QUESTION: 7
You are caring for a 78-year-old man admitted to hospital for heart failure. On your rounds, he asks why he is not getting better. He has a history of heart failure, hypertension, and type 2 diabetes. He has an implantable cardioverter-defibrillator. This is his fourth admission in the past 6 months for acute decompensation of his heart failure. Between hospital admissions, he reports worsening shortness of breath and a progressive decline in function. Which one of the following is the next best step?
A. Explain the end-stage nature of the patient's illness
B. Advise the patient to have his defibrillator deactivated
C. Reassure the patient that his condition will improve with proper medication adherence
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
This patient has end-stage heart failure with frequent hospitalizations, progressive symptoms, and functional decline. The most appropriate next step is to initiate a goals-of-care conversation, including acknowledgment of the prognosis.
Toronto Notes 2023 - Cardiology / Palliative Care:
"In advanced heart failure with recurrent admissions and functional decline, a goals-of-care discussion should be initiated to align treatment with patient values." MCCQE1 Objectives (Cardiology > 34-4 / ELOM > 90-2):
"Candidates must recognize end-stage illness and provide appropriate communication and palliative care planning." Deactivating the defibrillator (B) may be appropriate later but should follow a goals-of-care conversation.
Reassuring (C) ignores the true clinical trajectory.

NEW QUESTION: 8
You are meeting an otherwise healthy 10-year-old boy in your office for the first time. His BMI is at the 80th percentile. He has no symptoms and his physical examination is normal. Which one of the following is the best next step?
A. No investigations
B. Fasting lipid profile
C. Thyroid function testing
D. Morning serum cortisol
E. Hemoglobin A1c
Answer: (SHOW ANSWER)
Children with a BMI #85th percentile (overweight) and risk factors such as sedentary lifestyle or family history should be screened for cardiovascular risk. A fasting lipid profile is recommended starting at age 9-11 as part of universal screening per guidelines.
Toronto Notes 2023 - Pediatrics:

"Universal lipid screening is recommended for children aged 9-11 and 17-21. Children who are overweight should undergo targeted screening including fasting lipids." MCCQE1 Objectives (Pediatrics > 78-1: Preventive Pediatrics):
"Candidates must recognize screening indications for common pediatric risk factors, including dyslipidemia in overweight children." Thyroid and cortisol testing (C, D) are not indicated without symptoms. HbA1c (E) is used in children with BMI >95% or with additional diabetes risk factors.

NEW QUESTION: 9
A 63-year-old woman presents to your office with a history of progressive abdominal discomfort over the past five months. She reports bloating and difficult digestion with constipation. She has no urinary symptoms and denies vaginal or rectal bleeding. An abdominal ultrasound shows a large complex pelvic mass with internal multiloculation and moderate ascites. The cancer antigen 125 (CA 125) is elevated at 1023 U/mL (< 35 U
/mL). Which one of the following is the most likely diagnosis?
A. Ovarian hyperstimulation syndrome
B. Serous carcinoma of the ovary
C. Rectosigmoid adenocarcinoma
D. Metastatic uterine adenocarcinoma
E. Chronic hematosalpinx
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Postmenopausal women with abdominal distension, bloating, a complex pelvic mass, and elevated CA-125 are highly suggestive of epithelial ovarian cancer, especially serous cystadenocarcinoma-the most common type.
Toronto Notes 2023 - Gynecology / Oncology:
"Serous epithelial ovarian carcinoma presents with vague abdominal symptoms, ascites, complex pelvic mass, and elevated CA-125." MCCQE1 Objectives (Gynecology > 82-5: Ovarian Masses):
"Candidates must recognize signs and investigations of ovarian cancer, including elevated tumor markers and imaging findings." Ovarian hyperstimulation (A) occurs in fertility treatments. Colorectal cancer (C) may mimic these symptoms but typically causes rectal bleeding and has lower CA-125 levels. Uterine adenocarcinoma (D) usually causes bleeding. Hematosalpinx (E) presents with pelvic pain, not ascites.

NEW QUESTION: 10
A 46-year-old woman presents with concerns because she has not had a period for the past 13 months. She has not had any hot flashes or night sweats, but she has noted some problems staying asleep for the past 6 months. She feels "foggy," which has made her work more difficult. She is in a same-sex relationship and has no pain with sexual activity. In discussing options with her, which one of the following is most appropriate?

A. Explain she is menopausal and her symptoms should resolve with time.
B. Order serum estrogen and progesterone levels.
C. Arrange for pelvic ultrasound and endometrial biopsy.

D. Initiate selective serotonin reuptake inhibitor therapy.
E. Refer for investigations of possible sleep apnea.
Answer: (SHOW ANSWER)
Amenorrhea for #12 consecutive months in a woman over age 45 is diagnostic of menopause and does not require laboratory confirmation in the absence of atypical features. MCCQE objectives emphasize that routine measurement of estrogen or progesterone levels is unnecessary in typical cases, as hormone levels fluctuate widely during the perimenopausal transition. This patient has mild menopausal symptoms (sleep disturbance and cognitive "fog") without vasomotor symptoms, abnormal bleeding, or pelvic pain.
Pelvic ultrasound or endometrial biopsy is not indicated because she has no postmenopausal bleeding. SSRI therapy may be considered for significant vasomotor or mood symptoms but is not first-line for mild cognitive or sleep complaints in otherwise healthy menopausal women. Sleep apnea investigation is not suggested by the history.
Therefore, the most appropriate step is to explain that she is menopausal and provide reassurance, along with education about lifestyle strategies for sleep and cognitive symptoms, and discussion of treatment options if symptoms become bothersome.

NEW QUESTION: 11
A 28-year-old nulligravid woman presents to your clinic with grey-green vaginal discharge that has a "fishy- type odour." Microscopy reveals superficial squamous cells with blurred borders caused by adherent bacteria.
The patient's symptoms abate after therapy with vaginal metronidazole. Which one of the following is the most likely cause of this clinical presentation?
A. Human papillomavirus.
B. Gardnerella vaginalis.
C. Trichomonas vaginalis.
D. Chlamydia trachomatis.
E. Neisseria gonorrhoeae.
Answer: B (LEAVE A REPLY)
This presentation is classic for bacterial vaginosis (BV) . MCCQE objectives emphasize recognition of BV by its typical features: thin grey/grey-green discharge , fishy (amine) odour , and microscopy showing clue cells
-vaginal epithelial (superficial squamous) cells with blurred borders from adherent bacteria. BV results from a shift in vaginal flora away from lactobacilli toward anaerobes, with Gardnerella vaginalis commonly implicated and often present in polymicrobial overgrowth. Improvement with metronidazole further supports BV, as it is first-line therapy.
Other options do not match: HPV causes genital warts/cervical dysplasia, not malodorous discharge with clue cells. Trichomonas typically causes frothy yellow-green discharge, "strawberry cervix," and motile trichomonads on wet mount (not clue cells). Chlamydia and gonorrhea cause cervicitis/PID with mucopurulent discharge and pelvic symptoms rather than fishy odour and clue cells. Therefore, Gardnerella vaginalis is the most likely cause.

NEW QUESTION: 12
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: (SHOW ANSWER)
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: 13
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: 14
A 55-year-old man presents to the Emergency Department with intractable nausea and vomiting. He is diaphoretic, tremulous and tachycardic. In a private conversation with his spouse, you learn that for the last several weeks, he has been drinking 1.2 L of vodka daily. On questioning, he says that since he retired, he has been drinking socially and plans to continue doing so. With respect to his alcohol use, which one of the following best describes the patient's current stage of change?
A. Precontemplation.
B. Contemplation.
C. Preparation.
D. Action.
E. Maintenance.
Answer: A (LEAVE A REPLY)
This patient is in the precontemplation stage because he does not recognize his alcohol use as a problem and has no intention to change his drinking behavior. Despite evidence of harm-heavy daily intake (1.2 L vodka
/day) and current symptoms compatible with alcohol withdrawal/autonomic hyperactivity (tremor, diaphoresis, tachycardia, nausea/vomiting)-he frames his drinking as "social" and explicitly states he plans to continue. In the transtheoretical model, precontemplation describes individuals who are unaware, unwilling, or resistant to change within the foreseeable future. Contemplation would involve ambivalence and acknowledgement of a potential problem; preparation includes intention and planning to change soon; action involves active behavior change; maintenance refers to sustaining change over time. MCCQE objectives emphasize identifying readiness to change to guide counseling: in precontemplation, the clinician focuses on building rapport, providing clear, nonjudgmental feedback about risks, exploring discrepancies between goals and behavior, and using motivational interviewing to enhance insight rather than pushing immediate abstinence plans.

NEW QUESTION: 15
A new patient, a 19-year-old man, presents to your office with low back pain. He has a history of opioid dependence and is now on a methadone maintenance treatment program. He is requesting opiate analgesics.

After examination, you decide not to prescribe opiates for pain control. The patient gets upset and threatens to file a complaint with your licensing authority. Which one of the following is the best next step?

A. Prescribe a small amount of oral opiate.

B. Give a single opiate injection.

C. Direct him to his methadone management program.

D. Call the police to have the patient removed from the office.

E. Send him for a lumbar spinal radiography.

Answer: (SHOW ANSWER)

MCCQE ELOM objectives stress that physicians must prescribe controlled substances responsibly, use evidence-based pain management, and maintain professional boundaries despite pressure or threats of complaints. A threat to complain does not obligate opioid prescribing, especially in a patient with opioid use disorder where opioids increase risk of relapse, overdose, and diversion. The appropriate response is to remain calm, document the assessment and rationale, and ensure the patient is offered safe alternatives and continuity of care. Directing him to his methadone maintenance program is best because it supports coordinated management within an established addiction-treatment framework (often with structured monitoring, agreements, and access to addiction/pain expertise).

Prescribing "a small amount" or giving an injection undermines safe prescribing practices and reinforces drug- seeking behavior. Calling police is reserved for immediate safety threats, not dissatisfaction. Lumbar radiography is not the next step unless red flags are present; it does not address the ethical issue. Coordinated care with the methadone program and non-opioid strategies is the safest, most appropriate action.

NEW QUESTION: 16

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: 17
A 16-year-old girl is brought to the Emergency Department with a 12-hour history of worsening right lower quadrant abdominal pain and nausea. She is in no distress and vital signs are normal. Her abdomen is soft but locally tender in the right iliac fossa, and bowel sounds are active. White blood cell count is 7.6 × 10#/L (4-
10), C-reactive protein is 2.3 mg/L (< 10) and serum beta human chorionic gonadotropin is undetectable.
Ultrasound reveals a small amount of fluid in the pelvis, and the appendix is not clearly apparent.
Which one of the following is the best next management step?
A. Enhanced computed tomography scan of the abdomen and pelvis.
B. Laparoscopic appendectomy.
C. Serial radiography of the abdomen.
D. Intravenous ceftriaxone and metronidazole.
E. Monitoring and reassessment in 12 hours.
Answer: (SHOW ANSWER)
This adolescent presents with possible early appendicitis but currently has mild clinical findings, normal vital signs, normal white blood cell count, and low CRP. Ultrasound does not visualize the appendix and shows only minimal pelvic fluid, which can be physiologic in adolescent females. According to MCCQE surgical objectives, when the diagnosis of appendicitis is uncertain and the patient is clinically stable, the preferred approach is observation with serial abdominal examinations rather than immediate imaging with CT or operative intervention.
CT scanning exposes a young patient to ionizing radiation and is not indicated when clinical suspicion is low to moderate and the patient is stable. Immediate appendectomy is inappropriate

without stronger clinical or laboratory evidence. Empiric IV antibiotics are reserved for confirmed or strongly suspected appendicitis.
Serial radiography has no role in diagnosing appendicitis.
Careful monitoring over 12-24 hours allows progression of signs if appendicitis is present, improving diagnostic accuracy while avoiding I have cross-referenced your exam scores with NVIDIA's official technical documentation for **DGX H100
/A100 systems**, **Quantum-2 InfiniBand**, and **Base Command Manager**.
To address the **77%** in Troubleshooting and the **87%** in Control Plane, I have corrected technical nuances (like specific CLI flags) to ensure these are 100% accurate.

**Batch 1: Questions 1 - 5

NEW QUESTION: 18
Three months ago, a physician colleague approached you in the hospital corridor for advice regarding one of his patients. You are now being named by this patient in a malpractice action. Which one of the following is the most likely reason why you may be found liable?
A. You were given confidential patient health information
B. You advised the physician to consult one of your colleagues
C. You were given the patient ' s name
D. You gave advice on how to treat the patient
E. You did not see the patient
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Providing clinical advice (particularly treatment advice) without formally seeing or evaluating the patient creates a physician-patient relationship, potentially establishing a duty of care. If the advice leads to harm, you could be found liable, even if you never saw the patient directly.
Toronto Notes 2023 - Legal Medicine:
"Giving specific medical advice about diagnosis or treatment may imply a physician-patient relationship and establish duty of care." MCCQE1 Objectives (ELOM > 90-2: Legal Risk Management):
"Candidates must understand that liability can arise from informal consultations where medical advice is given." Providing advice (D) is riskier than simply hearing about a case or patient (A, C). Recommending consultation (B) does not establish duty of care. Not seeing the patient (E) does not automatically shield from liability if treatment advice was given.
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NEW QUESTION: 19
An otherwise healthy 57-year-old man with a 20 pack-year history of smoking presents with a 2-day history of reddish-brown urine that has not cleared. There is no history of abdominal or flank pain. Urinalysis reveals
5 red blood cells per high power field. Which one of the following is the best next step?

A. Reassurance.
B. Repeat urinalysis in a month.
C. Intravenous pyelography.
D. Cystoscopy.
E. Ultrasonography.
Answer: (SHOW ANSWER)
This patient has gross painless hematuria (reddish-brown urine) and is over age 50 with a smoking history- major risk factors for urothelial carcinoma (bladder cancer) . MCCQE objectives emphasize that any episode of gross painless hematuria in adults warrants urgent evaluation for malignancy , regardless of the number of red blood cells seen on urinalysis. Even microscopic hematuria in higher-risk individuals requires thorough workup.
The most important next step is cystoscopy , which directly visualizes the bladder and lower urinary tract to identify tumors, the most common cause of painless hematuria in this demographic. Imaging (e.g., CT urography) is also part of a complete evaluation, but cystoscopy is essential for diagnosing bladder lesions.
Intravenous pyelography is outdated and less sensitive. Ultrasonography may detect masses but does not replace cystoscopy. Reassurance or delayed repeat urinalysis would risk missing a malignancy.
Therefore, immediate urologic referral for cystoscopic evaluation is the appropriate next step.

NEW QUESTION: 20
An 87-year-old man presents with a 2-week history of stiffness in both shoulders and both hips. On further questioning, he tells you that he has experienced a 2 kg unintentional weight loss over the last month. His past medical history is otherwise unremarkable and he is on no medications. On examination, he has limited range of motion due to pain in his shoulders and hips. The remainder of his examination, including muscle strength and joint exam, is normal. Which one of the following will you specifically ask about regarding his history?

A. Unilateral headache
B. Anhedonia
C. Tremor
D. Night sweats
E. Recent diarrheal illness
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
This is a classic presentation of polymyalgia rheumatica (PMR), characterized by pain and stiffness in the shoulders and hips in older adults. PMR is closely associated with giant cell arteritis (GCA), which presents with unilateral headache, jaw claudication, visual symptoms, and scalp tenderness. Given the risk of vision loss with GCA, it's critical to screen for these symptoms in all patients with suspected PMR.
Toronto Notes 2023 - Rheumatology, PMR and GCA:

"Patients with PMR should be assessed for symptoms of GCA such as headache, visual changes, and jaw claudication. GCA can result in permanent vision loss if not promptly treated."
MCCQE1 Objectives - Internal Medicine > Rheumatology:
"Candidates must identify signs of GCA in patients with PMR and understand the need for prompt diagnosis and treatment."

NEW QUESTION: 21
You are a family physician caring for a healthy 60-year-old woman. Which one of the following preventative interventions is most useful?
A. Cervical cytology every year.
B. Fasting lipid profile every year.
C. Bone densitometry every 2 years.
D. Mammography every 2 years.
E. Fasting blood glucose every year.
Answer: (SHOW ANSWER)
For an otherwise healthy 60-year-old woman, screening mammography every 2 years provides the greatest proven population-health benefit among the listed options. MCCQE prevention objectives emphasize selecting screening that meaningfully reduces morbidity and mortality in the target age group. Breast cancer screening with mammography in women aged approximately 50-74 has evidence for earlier detection and reduction in breast-cancer mortality, and biennial screening balances benefit with harms (false positives, overdiagnosis) better than annual screening.
Annual cervical cytology is not recommended for average-risk women; screening intervals are longer (and discontinuation is generally considered after adequate prior screening at older ages). Bone densitometry is typically initiated later (commonly at 65) for average-risk women, with earlier testing reserved for additional risk factors. Routine annual fasting lipids and annual fasting glucose are not the most useful universal interventions in a healthy person; testing frequency is risk-based rather than yearly for all. Therefore, biennial mammography is the best choice for highest preventive value in this patient.

NEW QUESTION: 22
A 25-year-old woman presents to the Emergency Department with a 4-hour history of severe left flank pain.
Her vital signs are as follows:
Heart rate: 94/min
Blood pressure: 130/80 mm Hg
Temperature: 37.3 °C
A non-contrast computed tomography shows a 6 mm stone in the distal left ureter with mild associated hydronephrosis. In addition to appropriate analgesia, which one of the following is the best next step?
A. Provide reassurance

B. Prescribe antibiotics
C. Administer an alpha blocker
D. Refer for urology consultation
E. Increase intravenous fluids
Answer: C (LEAVE A REPLY)
Alpha blockers such as tamsulosin can facilitate the passage of ureteral stones, especially those between 5-10 mm. This is part of medical expulsive therapy.
Toronto Notes 2023 - Urology, Nephrolithiasis:
"Alpha blockers help relax the ureteral smooth muscle and improve stone passage in symptomatic distal ureteral stones." MCCQE1 Objectives - Surgery > Urologic Emergencies:
"Candidates should initiate medical expulsive therapy for ureteral stones under 10 mm with alpha blockers." Reassurance alone (A) is inadequate. Antibiotics (B) are not indicated without infection. IV fluids (E) do not significantly aid stone passage. Urology consult (D) is not needed unless there's infection, intractable pain, or obstruction.

NEW QUESTION: 23
An 18-month-old girl is brought in with a 3-day history of frequently passing loose stools. The stools are not bloody, but when she passes the stools, she is in obvious pain. She started vomiting earlier today, but she is still wetting diapers. On examination, she is mildly dehydrated but active and alert. Physical examination findings are otherwise normal. Which one of the following is the best management of this patient's case?
A. Oral rehydration solution.
B. Loperamide.
C. Regular diet only when the diarrhea is resolved.
D. Combination of apple juice and chicken broth.
E. No dairy for 2 weeks.
Answer: (SHOW ANSWER)
This child has acute viral gastroenteritis with mild dehydration. She remains alert, active, and continues to produce urine, indicating mild volume depletion. According to MCCQE objectives and pediatric guidelines, the first-line management of mild to moderate dehydration due to gastroenteritis is oral rehydration therapy (ORT) using a commercially prepared oral rehydration solution (ORS). ORS contains the appropriate balance of glucose and electrolytes to promote sodium and water absorption via the sodium-glucose cotransporter in the intestine. Antidiarrheal agents such as loperamide are contraindicated in young children due to risk of adverse effects and limited benefit. Withholding food until diarrhea resolves is unnecessary; early refeeding with an age-appropriate diet is recommended once rehydration begins. Apple juice and chicken broth do not provide the correct electrolyte composition and may worsen diarrhea due to high osmolarity. Routine lactose restriction is not indicated unless persistent symptoms suggest secondary lactose intolerance. Early ORT reduces the need for intravenous fluids and hospital admission.

NEW QUESTION: 24
You perform a literature search of journal articles on the effectiveness of a new antihypertensive for first-line treatment of people aged 35 to 50. You find reports of 4 good quality studies. Three of them show that statistically, the new drug is significantly more effective than the standard treatment, and one shows no difference. Before you conclude that the new antihypertensive is more effective in this group of patients, which one of the following concepts must be given consideration?
A. Random error
B. Systematic error
C. Publication bias
D. The power of the studies
E. Information bias
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Publication bias refers to the tendency for positive results to be published more often than negative or inconclusive ones. In your review, 3 of 4 studies show positive findings. However, studies showing no effect may not have been published, skewing your impression.
Toronto Notes 2023 - Public Health, Critical Appraisal:
"Publication bias can lead to overestimation of treatment efficacy. Systematic reviews must account for unpublished or negative findings." MCCQE1 Objectives - Preventive Medicine > Critical Appraisal:
"Candidates must recognize and account for biases such as publication bias in interpreting literature." Random error (A) and power (D) affect individual studies. Systematic and information biases (B, E) affect data quality, not publication trends.

NEW QUESTION: 25
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: (SHOW ANSWER)
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: 26
A 62-year-old man, who has not seen a physician in 20 years, presents to your clinic with a burning sensation in his feet. The symptoms have been progressing slowly over the last 6 months. There is no associated motor weakness or skin changes. He reports no significant past medical history and takes no medications. His alcohol intake is minimal. On examination, he has reduced pinprick/vibration sensation and proprioception in the ankles with absent ankle reflexes. Which one of the following blood tests would you expect to be abnormal?
A. Anti-acetylcholine receptor antibodies
B. Folate
C. Hemoglobin A1c
D. Uric acid
E. Ferritin
Answer: (SHOW ANSWER)
This is a classic presentation of diabetic peripheral neuropathy: bilateral distal sensory symptoms with preserved motor function and no other systemic findings. The most useful test to confirm this in a previously undiagnosed patient is HbA1c.
Toronto Notes 2023 - Endocrinology, Diabetes Complications:
"Peripheral neuropathy is a common complication of undiagnosed or poorly controlled diabetes. Confirm with HbA1c if diagnosis is not yet established." MCCQE1 Objectives - Internal Medicine > Endocrinology:
"Candidates should evaluate for diabetes in patients with peripheral neuropathy and screen appropriately with HbA1c." Folate (B) and B12 deficiency may also cause neuropathy but are less likely in the absence of nutritional risk factors. Other choices (A, D, E) are unrelated to this pattern.

NEW QUESTION: 27
In a research study, it is found that people who smoke tobacco cigarettes drink more coffee and have higher rates of lung cancer than people who do not smoke. However, the consumption of coffee alone is not associated with lung cancer. Which one of the following best describes the contribution of drinking coffee in the study?
A. Predictor
B. Risk factor
C. Selection bias

D. Confounder

Answer: (SHOW ANSWER)

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

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

Toronto Notes 2023 - Epidemiology Chapter:

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

It must be associated with both the exposure and the outcome, but not a result of the exposure."

MCCQE1 Objectives (Population Health > 97-3: Study Design and Bias):

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

NEW QUESTION: 28

A 20-year-old woman, gravida 0, para 0, presents with increased facial hair. Her periods are regular and moderate. Her BMI is 24, and her blood pressure is 110/70 mm Hg. Which one of the following is the most likely diagnosis?

A. Adrenal hyperplasia.

B. Polycystic ovary disease.

C. Hilar cell tumour.

D. Sertoli-Leydig cell tumour.

E. Idiopathic hirsutism.

Answer: (SHOW ANSWER)

Idiopathic hirsutism is the most likely diagnosis because this patient has isolated hirsutism with normal vital signs, normal BMI, and regular menstrual cycles , suggesting preserved ovulation and no clinically significant endocrine disturbance. MCCQE objectives emphasize that the most common causes of hirsutism are PCOS and idiopathic hirsutism; PCOS typically includes menstrual irregularity/oligo-ovulation and often metabolic features (overweight, insulin resistance), none of which are present here. Androgen-secreting ovarian tumors (hilar cell or Sertoli-Leydig cell tumors) usually cause rapid onset, severe hyperandrogenism and virilization (deepening voice, clitoromegaly, marked acne) and often disrupt menses-features not described. Nonclassic congenital adrenal hyperplasia can present with hirsutism, but it more commonly associates with acne, infertility, or menstrual abnormalities and requires biochemical suspicion rather than being the "most likely" with normal cycles. Therefore, idiopathic hirsutism-often due to increased peripheral androgen sensitivity or local 5-alpha reductase activity-is the best fit.

NEW QUESTION: 29

A 19-year-old primigravid woman presents to the office with a rapid increase of abdominal girth and shortness of breath. Her pregnancy is at 27 weeks' gestation, as confirmed by early

ultrasonogram. The symphysis-fundal height is 45 cm. The fetal heart rate is 150/min (110-160). Which one of the following is the most likely diagnosis?

A. Twin pregnancy.

B. Partial mole.

C. Polyhydramnios.

D. Fetal macrosomia.

E. Ovarian tumour and ascites.

Answer: C (LEAVE A REPLY)

Polyhydramnios is the most likely diagnosis given the rapid increase in abdominal girth , maternal shortness of breath , and a symphysis-fundal height (45 cm) significantly greater than expected for 27 weeks' gestation.

MCCQE objectives emphasize that fundal height should approximately correspond (±2-3 cm) to gestational age in weeks after 20 weeks. A discrepancy this large suggests excessive amniotic fluid volume.

Polyhydramnios leads to uterine overdistension, which explains dyspnea and rapid abdominal enlargement.

Twin pregnancy can cause a large fundal height, but early ultrasound confirmation of gestational age would likely have identified multiple gestation. Partial mole is typically associated with abnormal bleeding and abnormal fetal findings. Fetal macrosomia increases fundal height but usually not to this degree at 27 weeks and is more gradual. Ovarian tumor with ascites is less likely in a confirmed intrauterine pregnancy with normal fetal heart rate. Polyhydramnios is commonly associated with maternal diabetes or fetal anomalies affecting swallowing and requires further evaluation with ultrasound and glucose screening.

NEW QUESTION: 30

A 24-year-old woman with chronic anorexia nervosa presents to the Emergency Department with diarrhea, chest pain and palpitations. She is noted to have a BMI of 13, a heart rate of 48/min, significant orthostatic hypotension and a temperature of 35.9 °C. Her electrocardiogram shows frequent premature ventricular contractions. Her blood work indicates elevated liver transaminases and evidence of acute kidney injury from dehydration. She agrees to admission for medical stabilization only if she does not receive fluids either orally or intravenously, as they will cause her to gain weight and to feel bloated. Which one of the following is the best next step?

A. Refuse to admit her unless she agrees to full treatment

B. Obtain a psychiatric consultation

C. Assess her capacity to consent for medical treatment

D. Start intravenous fluids and physically restrain if necessary

E. Ask her if she has a substitute decision-maker

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

The most appropriate next step is to assess the patient's capacity to consent to or refuse treatment. Patients with severe anorexia nervosa may lack decision-making capacity due

todistorted thinking and perception, particularly if refusal of treatment is life-threatening. If she is found incapable, treatment can proceed in her best interests.
Toronto Notes 2023 - Psychiatry / Ethics:
"If a patient with anorexia nervosa refuses treatment but is medically unstable, assess capacity. If incapable, substitute decision-making may be initiated." MCCQE1 Objectives (ELOM > 90-4: Informed Consent and Capacity):
"Candidates must assess decision-making capacity when a patient refuses essential care, especially in life- threatening psychiatric or medical conditions." Psychiatric consult (B) may follow, but the immediate action is capacity assessment. D is premature without determining capacity. A and E are also premature or inappropriate.
-

NEW QUESTION: 31
A 24-year-old nulligravid woman presents to the office with an absence of menstruation since discontinuing her oral contraceptives 8 months ago. She previously had a regular menstrual cycle when taking oral contraceptives for the past 10 years but stopped because of headaches, which have only gotten worse since.
She also noticed mild breast discharge for the past several months. Which one of the following examination findings is most likely?
A. Nodular breast irregularities
B. Low BMI
C. Abnormal visual field testing results
D. Presence of severe hirsutism
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
This patient has secondary amenorrhea, galactorrhea, and worsening headaches-suggestive of hyperprolactinemia, possibly due to a pituitary adenoma (prolactinoma). Visual field defects (typically bitemporal hemianopia) can result from optic chiasm compression.
Toronto Notes 2023 - Endocrinology / Reproductive Health:
"Prolactinomas may cause amenorrhea, galactorrhea, headaches, and visual field defects. Evaluate with serum prolactin and visual field testing." MCCQE1 Objectives (Endocrinology > 37-2: Pituitary Disorders):
"Candidates must recognize clinical signs of prolactinomas and know when to assess visual fields." Hirsutism (D) suggests androgen excess. Low BMI (B) can cause hypothalamic amenorrhea but wouldn't explain galactorrhea. Nodular breast findings (A) are not related.

NEW QUESTION: 32
A 37-year-old man presents with chronic back, neck, and shoulder pain following a workplace injury 4 years ago. He has a history of alcohol misuse and PTSD related to the incident. Current medications (acetaminophen, naproxen, amitriptyline, gabapentin) provide inadequate pain relief. He requests oxycodone after self-trialing it with temporary benefit. After history and physical assessment, which one of the following is the best next step?
A. Ordering repeat imaging of the spine and shoulder to confirm the diagnosis.
B. Prescribing a low-dose, long-acting opioid and reassessing in 1 week for effectiveness.
C. Prescribing a short course of a short-acting opioid to be used only as needed.
D. Referring the patient to substance use and mental health support services.
E. Prescribing cannabis.
Answer: D (LEAVE A REPLY)
The patient has chronic non-cancer pain with comorbid PTSD and alcohol misuse - high-risk factors for opioid use disorder. Before any opioid prescribing, a comprehensive interdisciplinary approach including mental health and substance use support is essential.
Toronto Notes 2023 - Pain Management and Addiction Medicine:
"In chronic pain patients with substance use or mental health comorbidities, refer to addiction/mental health services before considering opioid therapy." MCCQE1 Objectives (ELOM > 99-4: Safe Prescribing):
"Candidates must assess for substance use risk factors and manage chronic pain using a multidisciplinary approach." Imaging (A) is unlikely to alter management. Opioids (B, C) should not be first-line in this context. Cannabis (E) is not first-line and lacks robust evidence in complex chronic pain.

NEW QUESTION: 33
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 × 10#
/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: 34
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.
-

NEW QUESTION: 35
A 53-year-old man with a history of bipolar I disorder is brought to the office by his family. Recently, he has been sleeping for 4 to 5 hours per night, has been fidgety, and is increasinglypreoccupied with his granddaughter's safety. Five days ago, he consulted with your

physician colleague and was instructed to exercise and meditate. Last night, he was found running in the street and attempted to hit a relative who was trying to calm him down. His son is dissatisfied with your physician colleague's management. Which one of the following is the most appropriate response?

A. Acknowledge your physician colleague's mistake and apologize.

B. Encourage the son to file a complaint.

C. Explain that you will now assess the father and that your goal is to treat him.

D. Point out that exercise and meditation have been proven useful in managing bipolar I disorder.

E. Share that you would have prescribed a medication after the first assessment.

Answer: (SHOW ANSWER)

The most appropriate and professional response is to focus on the current clinical situation and reassure the family that you will take responsibility for assessment and treatment. Criticizing a colleague (A, B, E) or deflecting to generalities (D) is unprofessional and unhelpful in crisis management.

Toronto Notes 2023 - Psychiatry, Physician-Patient-Family Communication:

"In emotionally charged or crisis situations, the physician must remain focused, empathetic, and professional.

Avoid blaming colleagues; instead, offer a concrete plan of care."

MCCQE1 Objectives - Psychiatry > Ethics and Professionalism:

"Candidates must demonstrate professionalism in managing conflicts, focusing on patient care while maintaining collegial respect."

NEW QUESTION: 36

A 70-year-old woman presents to the Emergency Department with a 2-day history of dysuria and right flank pain. Upon arrival, she is quite unwell. Her vital signs are as follows: blood pressure 70/38 mm Hg, heart rate

130/min, respiratory rate 24/min, temperature 39.4 °C.

Due to difficulty obtaining peripheral access, a central line is inserted. There is a lot of ongoing bleeding around the line insertion site. Her blood work shows:

White blood cell count: 19.8 × 10#/L (4-10)

Hemoglobin: 101 g/L (123-157)

Platelets: 85 × 10#/L (130-400)

Blood film: schistocytes

INR: 1.9 (0.9-1.2)

Fibrinogen: < 1 g/L (2-4)

Which one of the following is the most likely cause of her ongoing bleeding?

A. Idiopathic thrombocytopenic purpura.

B. Disseminated intravascular coagulation.

C. Thrombotic thrombocytopenic purpura.

D. Heparin-induced thrombocytopenia.

E. Vitamin K deficiency.

Answer: (SHOW ANSWER)
This patient is in septic shock, likely from pyelonephritis, with hypotension, tachycardia, and fever. Her laboratory findings demonstrate thrombocytopenia (platelets 85 × 10#/L), elevated INR, very low fibrinogen (
< 1 g/L), and schistocytes on blood film, along with active bleeding from the central line site. These findings are classic for disseminated intravascular coagulation (DIC).
MCCQE objectives emphasize recognizing DIC as a complication of severe sepsis. In DIC, systemic activation of coagulation leads to widespread microthrombi formation and consumption of platelets and clotting factors (consumptive coagulopathy), resulting in both thrombosis and bleeding. Low fibrinogen and prolonged INR are key distinguishing features.
ITP causes isolated thrombocytopenia without coagulation abnormalities. TTP presents with thrombocytopenia and schistocytes but typically has normal coagulation studies. Heparin-induced thrombocytopenia requires prior heparin exposure and does not cause elevated INR or low fibrinogen.
Vitamin K deficiency causes prolonged INR but does not produce thrombocytopenia or schistocytes.
Thus, DIC secondary to sepsis is the most likely cause of her bleeding.

NEW QUESTION: 37
You have been asked to develop a program in your hospital for people who are at the highest risk of death by suicide. The hospital administrator asks you to describe the types of patients they should expect in the program. Which one of the following groups is the most likely prominent demographic?
A. Men aged 50 to 70 years who have limited social supports and alcohol use disorder
B. Women aged 20 to 40 years who have cluster B personality disorders and experience relationship losses
C. Men aged 11 to 20 years who have histories of juvenile delinquency and narcotic use
D. Women aged 14 to 20 years who have histories of being abused and who are experiencing financial hardships
E. Patients of both sexes who have psychotic disorders
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Middle-aged to older men with social isolation and substance use disorders (especially alcohol) are among the highest-risk groups for completed suicide. They are less likely to seek help and often use more lethal methods.
Toronto Notes 2023 - Psychiatry, "Suicide Risk Assessment":
"High-risk demographics include older men, social isolation, comorbid alcohol use, and chronic illness. These patients have the highest rates of completed suicide." MCCQE1 Objectives (Psychiatry > 71-1: Suicide Risk):

"Candidates must recognize epidemiologic risk factors for completed suicide, including demographics and comorbidities." Although women and youth have higher rates of suicidal ideation and attempts, men over 50 have the highest completion rates.

NEW QUESTION: 38
A 1-month-old breastfed baby is brought to your office by his parents for his well-baby check-up. He was born at 32 weeks' gestation. Growth parameters at birth revealed head circumference, weight and length at the
50th percentile. Today, his weight is at the 10th percentile. Which one of the following is the most appropriate plan of action?
A. Observe the infant while feeding.
B. Order a sweat chloride test.
C. Supplement with formula feeding.
D. Obtain serology for celiac disease.
E. Reassure the parents.
Answer: (SHOW ANSWER)
This infant was born at 32 weeks' gestation and therefore growth must be interpreted using corrected (adjusted) age , not chronological age. At 1 month chronological age, his corrected age is approximately term (40 weeks). MCCQE pediatric objectives emphasize that preterm infants commonly shift percentiles after birth due to expected postnatal fluid changes and adaptation. A drop from the 50th to the 10th percentile in the first month-particularly in a clinically well, breastfed infant-can be normal when plotted appropriately on preterm growth charts and corrected for gestational age. There is no information suggesting feeding difficulty, malabsorption, or systemic illness. A sweat chloride test (for cystic fibrosis) or celiac serology is not indicated in a thriving 1-month-old infant. Routine formula supplementation is unnecessary without evidence of poor intake or failure to thrive. The appropriate management is reassurance, continued monitoring of growth using corrected age, and support for breastfeeding, with follow-up to ensure appropriate weight gain trajectory.

NEW QUESTION: 39
The developers of a urinary protein dipstick test have indicated that they have reduced the problem of false positive results by changing the test so that it becomes positive at a higher concentration of protein. Which one of the following statements best describes how this screening test will be affected?
A. Both sensitivity and specificity will improve.
B. The validity of the test will be reduced.
C. The positive predictive value will remain the same.
D. The accuracy of the test will be reduced.
E. There will be more false negatives.
Answer: (SHOW ANSWER)

By increasing the threshold required for a positive test result, the developers have made the test more stringent. This reduces false positives, thereby increasing specificity. However, increasing the cutoff also means that some individuals with lower (but still clinically significant) levels of proteinuria will now test negative. As a result, the number of false negatives increases and sensitivity decreases. This reflects the fundamental trade-off between sensitivity and specificity when adjusting a diagnostic threshold. Screening tests typically favor high sensitivity to minimize missed cases, particularly for serious but treatable conditions.
Raising the threshold shifts the balance toward higher specificity at the expense of sensitivity. Positive predictive value (PPV) would likely increase because fewer false positives occur, but PPV also depends on disease prevalence. According to MCCQE objectives, candidates must understand how changes in diagnostic thresholds affect test characteristics, including sensitivity, specificity, predictive values, and false positive
/false negative rates, and apply these principles appropriately in screening and clinical decision-making.

NEW QUESTION: 40

A 91-year-old man comes to the Emergency Department reporting blood in his stools, which has now resolved. He is able to give a history and mentions that this also happened 2 years ago. At that time, a colonoscopy was done and revealed diverticular disease as the cause. Which one of the following is the best next step?

A. Perform a computed tomography colonoscopy.
B. Order a fecal immunochemical test (FIT).
C. Reassure him that a colonoscopy does not need to be repeated.
D. Recommend a surgical resection of the diverticular disease.
E. Discuss the issue with his family before making a decision.
Answer: C (LEAVE A REPLY)
In a patient with known diverticular bleeding and no red flags (e.g., weight loss, anemia, family history), repeating colonoscopy is not required. Diverticular bleeding is typically self-limited. Colonoscopy within the past few years with clear findings suffices.
Toronto Notes 2023 - Gastroenterology, Lower GI Bleed:
"Patients with known diverticulosis and self-limited bleeding who have had prior complete colonoscopy do not require repeat endoscopy unless symptoms recur or persist." MCCQE1 Objectives - Internal Medicine > Gastroenterology:
"Candidates must recognize when no further invasive investigation is necessary in elderly patients with known benign findings and resolved symptoms." Option E is considerate but not clinically necessary for independent patients. Options A, B, and D are not indicated in resolved, low-risk cases.

NEW QUESTION: 41
An 85-year-old man is transferred from an acute care hospital to your long-term care (LTC) facility after treatment for a hip fracture. He has a fever, headache, myalgia, and malaise. He has been

in contact with LTC staff and family but not with other residents. None of the other residents or LTC staff are symptomatic. As additional investigations are being arranged, which one of the following is the best next step?

A. Close the LTC facility to new admissions.

B. Immunize the resident for influenza.

C. Inform public health authorities.

D. Isolate the affected resident.

Answer: (SHOW ANSWER)

This elderly resident presents with symptoms suggestive of influenza or another respiratory viral illness shortly after admission to a long-term care (LTC) facility. MCCQE population health objectives emphasize early outbreak prevention in institutional settings. The first and most immediate step when a potentially contagious illness is identified is to isolate the symptomatic individual using appropriate droplet and contact precautions.

Prompt isolation reduces the risk of transmission to other vulnerable LTC residents, who are at high risk of severe complications. Additional steps-such as notifying public health authorities or closing the facility-are considered if an outbreak is confirmed or multiple cases occur. At this stage, there is only a single symptomatic patient.

Immunization during an acute febrile illness is not appropriate and would not provide immediate protection.

Therefore, immediate isolation while arranging diagnostic testing and monitoring for additional cases is the correct infection prevention and control measure.

NEW QUESTION: 42

A 42-year-old woman presents to the emergency department with a 24-hour history of severe pain in her right eye. On examination, you notice a right conjunctival injection that is worst adjacent to the iris. Direct and consensual responses to light are intact but sluggish, with severe photophobia in the right pupil is slightly smaller than the left. The patient's visual acuity is 20/20 on the left and 20/40 on the right. Visual field testing results are normal. Intraocular pressure findings are normal. Slit-lamp examination findings of the cornea are normal, and there are no cells in the anterior chamber. You are unable to visualize her fundus. Which one of the following is the most likely diagnosis?

A. Acute angle-closure glaucoma.

B. Optic neuritis.

C. Acute uveitis.

D. Scleritis.

E. Viral conjunctivitis.

Answer: (SHOW ANSWER)

The most likely diagnosis is acute anterior uveitis (iritis). The key MCCQE clinical pattern is painful red eye with ciliary flush (injection worst adjacent to the iris/limbus) and marked photophobia, especially consensual photophobia, which strongly points to inflammation of the iris and ciliary body. The sluggish light response and miosis (smaller pupil) are also typical of iritis

due to sphincter spasm and inflammation. Intraocular pressure is normal, helping to rule out acute angle-closure glaucoma, which usually presents with elevated IOP, corneal haze, and a mid-dilated fixed pupil. Optic neuritis classically causes decreased color vision and pain with eye movement rather than ciliary flush. Viral conjunctivitis causes diffuse conjunctival injection and irritation/grittiness, not severe pain with consensual photophobia. Scleritis causes deep "boring" pain and violaceous scleral hue, not miosis/consensual photophobia as dominant features. Difficulty visualizing the fundus can occur with significant miosis.

NEW QUESTION: 43
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: (SHOW ANSWER)
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: 44
An 8-year-old boy is brought to the Emergency Department because he is experiencing sudden respiratory distress. You suspect that he has a spontaneous tension pneumothorax. On physical examination, which one of the following best supports this diagnosis?
A. Ecchymoses on the chest.
B. Bilateral wheezing.
C. Tracheal deviation.
D. Abdominal distension.
E. Inspiratory stridor.

Answer: (SHOW ANSWER)

A tension pneumothorax occurs when air enters the pleural space and cannot escape, creating progressively rising intrathoracic pressure. MCCQE objectives emphasize rapid recognition of life-threatening causes of respiratory distress based on bedside findings. As pressure builds, the affected hemithorax compresses the lung and pushes the mediastinum to the opposite side, producing tracheal deviation away from the affected side -a classic, high-specificity sign of tension physiology (often accompanied by severe dyspnea, tachycardia, unilateral absent breath sounds, hyperresonance, distended neck veins, and hypotension from impaired venous return). The other options do not specifically support tension pneumothorax: ecchymoses suggest trauma; bilateral wheezing suggests asthma or bronchiolitis; abdominal distension is nonspecific; inspiratory stridor indicates upper airway obstruction (e.g., croup, foreign body). Because tension pneumothorax is a clinical diagnosis, MCCQE priorities are immediate decompression (needle thoracostomy) followed by chest tube placement- without waiting for imaging if the child is unstable.

NEW QUESTION: 45

You are asked to see a 34-year-old patient at his long-term care facility for a 2-day history of fever. You diagnose a urinary tract infection. He has multiple sclerosis diagnosed 5 years ago and has lived in this long- term care facility for the past 2 years. He is bedbound and has an indwelling urinary catheter. For the past 3 months, he has been non-communicative. Prior to this, he had made it clear that he did not want any life- prolonging measures. Which one of the following is the best next step?

A. Prescribe antipyretics.

B. Change his urinary catheter.

C. Transfer him to the hospital.

D. Call his family to consider antibiotics.

E. Start antibiotics while waiting to contact the family.

Answer: (SHOW ANSWER)

This patient is currently non-communicative and therefore likely lacks decision-making capacity. MCCQE ethics objectives emphasize that when a patient's prior capable wishes are clearly known, clinicians must follow those expressed values and directives. He previously stated he did not want life-prolonging measures; escalation (hospital transfer) and potentially curative treatment aimed primarily at prolonging life would conflict with that directive. The immediate best step is to provide comfort-focused care, addressing symptoms such as fever and distress with antipyretics and other palliative measures.

Calling family to "consider antibiotics" risks substituting others' preferences for the patient's known wishes; substitute decision makers are meant to apply the patient's prior expressed wishes, not override them. Starting antibiotics while waiting to contact family similarly risks initiating life-prolonging therapy inconsistent with the directive. Catheter change may be clinically useful in catheter-associated infection, but the question frames a clear limit on life-prolonging interventions; symptom relief is the priority. Ongoing care should include reassessment of

comfort, clear documentation of goals of care, and communication with family about the patient's previously stated wishes and the plan for palliative management.

NEW QUESTION: 46
You are providing antenatal consultation to a primiparous woman of 37 weeks' gestation who was admitted for labour induction. Repeat prenatal ultrasounds confirm a chronically small fetus who has never demonstrated easily detectable fetal movement. Maternal health has been normal throughout the pregnancy and she has received all antenatal serum screening. This fetus is at significant risk for which one of the following?
A. Congenital hypothyroidism.
B. Spina bifida.
C. Fetal stroke.
D. Chromosomal abnormalities.
E. Infantile diabetes.
Answer: (SHOW ANSWER)
A fetus that is chronically growth-restricted and has persistently reduced fetal movement raises concern for an underlying fetal condition rather than isolated placental insufficiency. MCCQE objectives emphasize that early-onset or persistent fetal growth restriction , especially when accompanied by abnormal fetal behavior (notably reduced movement), is associated with higher rates of aneuploidy and other chromosomal disorders (e.g., trisomy syndromes), as well as congenital anomalies and neuromuscular disorders. Among the listed options, chromosomal abnormalities best fit the combined pattern of longstanding small size and consistently diminished movement.
Normal maternal serum screening reduces risk but does not eliminate it; screening tests can miss chromosomal abnormalities, and some aneuploidies may not be reliably detected depending on the test used and gestational timing. Spina bifida is more typically associated with elevated maternal serum AFP and structural findings on ultrasound. Fetal stroke is usually an acute event with more abrupt changes. Congenital hypothyroidism and infantile diabetes are not typical causes of markedly reduced fetal movement with chronic growth restriction.

NEW QUESTION: 47

A 36-year-old woman, gravida 1, para 0, aborta 0, presents to the Labour and Delivery unit of a primary care hospital. She is at 40 weeks' gestation. She is having contractions and leaking fluid. She is fearful and does not want to deliver vaginally. Which one of the following is the best next step?

A. Suggest intravenous analgesia.

B. Offer to organize a cesarean delivery.

C. Ask a colleague for a second opinion.

D. Explore her concerns and explain pain management options.

E. Explain that a cesarean delivery is not an option.

Answer: (SHOW ANSWER)

The most appropriate next step is to explore her concerns and provide counselling regarding labour and pain management options . MCCQE objectives emphasize patient-centered care, informed decision-making, and respect for autonomy while ensuring that patients receive appropriate information about risks and benefits.

This patient is in active labour at term with ruptured membranes and expresses fear about vaginal delivery.

The immediate priority is to assess the source of her fear (pain, complications, prior trauma, misinformation) and provide education about available analgesia options (e.g., epidural, intravenous opioids, nonpharmacologic methods) and the relative risks and benefits of cesarean versus vaginal delivery.

Automatically arranging a cesarean without discussion is inappropriate, particularly in a primary care setting without clear medical indication. Conversely, refusing cesarean outright is paternalistic and fails to address her concerns. Analgesia may be appropriate but should follow exploration of her preferences. Therefore, empathetic discussion and shared decision-making are the best initial approach.

NEW QUESTION: 48

Your colleague ' s receptionist asks you to assess her 4-year-old daughter who has had 2 episodes of acute otitis media in the last month. The mother wants you to arrange a consultation with an ear, nose and throat (ENT) specialist to get a tympanostomy before her daughter starts school. You do not believe there is a surgical indication at this time. Which one of the following is the best next step?

A. Explain that there is no indication for the surgery but refer her daughter for consultation.

B. Suggest that the next time they go to the Emergency Department for quicker access to the ENT consultant.

C. Ask another family physician to see the daughter due to a conflict of interest.

D. Decline to send her daughter for consultation and explain your decision.

E. Call the ENT consultant on call to discuss your dilemma.

Answer: (SHOW ANSWER)

Referrals should be medically indicated. Physicians are not obligated to refer simply because a patient (or colleague) requests it, especially when it may lead to unnecessary care. The ethical and appropriate action is to explain your medical reasoning and decline an unwarranted referral. Toronto Notes 2023 - ELOM, "Professionalism and Resource Stewardship" Section: "Physicians have a responsibility to act as gatekeepers to specialist services and should not refer patients when criteria are not met. Explaining the reasoning and declining the request respectfully is appropriate." MCCQE1 Objectives (ELOM > 99-1: Professionalism and Clinical Judgment): "Candidates must demonstrate ethical reasoning in managing requests for unwarranted interventions." Involving the emergency department (B) or another physician (C) is not appropriate unless there ' s a true conflict of interest. Calling a consultant (E) may be unnecessary if no medical reason exists.

NEW QUESTION: 49

A 4-year-old girl is brought to the family practice by her father. The child has a 2-week history of low-grade fever, fatigue, and sore throat. She has also developed several small, round, mildly tender lumps bilaterally in her neck. She was previously well. Which one of the following is most likely to be found on abdominal examination?

A. Generalized tenderness

B. Palpable spleen

C. Shifting dullness

D. Renal mass

E. Abdominal bruit

Answer: (SHOW ANSWER)

This child likely has infectious mononucleosis caused by Epstein-Barr virus (EBV), characterized by fever, sore throat, cervical lymphadenopathy, fatigue, and splenomegaly. A palpable spleen is a hallmark of EBV in children.

Toronto Notes 2023 - Pediatrics, "Infectious Mononucleosis":

"Key features include fever, pharyngitis, lymphadenopathy, and splenomegaly. Children may have milder symptoms but often exhibit palpable spleen." MCCQE1 Objectives (Pediatrics > 75-2: Infectious Disease):

"Candidates should recognize common viral syndromes such as EBV and identify complications including splenomegaly." Other options (renal mass, ascites, etc.) are inconsistent with this viral presentation.

NEW QUESTION: 50

A health authority implements the first-ever colon cancer screening program in its territory. Which one of the following colon cancer indices will likely increase?

A. Case fatality rate

B. Positive predictive value of the screening test

C. Positive biopsy rate

D. Incidence rate

E. Treatment rate

Answer: (SHOW ANSWER)

When a screening program is introduced, the incidence rate appears to rise because more cases (including subclinical ones) are identified earlier. This is known as "lead-time bias" or "ascertainment bias." Toronto Notes 2023 - Public Health, Screening and Epidemiology:
"Screening increases the apparent incidence of disease as more early or latent cases are detected." MCCQE1 Objectives - Preventive Medicine > Screening:
"Candidates should understand how implementation of screening programs affects disease incidence and epidemiologic metrics." Case fatality rate (A) may decrease. PPV (B) depends on prevalence. Positive biopsy rate (C) may remain stable. Treatment rate (E) could increase, but incidence is the most directly and consistently affected.

NEW QUESTION: 51

A 42-year-old man presents to your clinic for follow-up regarding his anxiety. He lost his job 1 year ago.
Since then, he constantly thinks about what happened, trying to understand what went wrong and how he could fix it or prevent it in the future. He is unable to sleep because of this. He has become socially isolated and when he does see friends, he worries constantly that he may say something hurtful. He wishes he could get past what happened and find another job but feels consumed by the fear that he may offend someone in the future. On history, his symptoms did not respond to escitalopram, sertraline, fluvoxamine, or venlafaxine, all at maximum tolerated doses.
Which one of the following medications is the most appropriate?

A. Vortioxetine

B. Clomipramine

C. Quetiapine

D. Amitriptyline

E. Paroxetine

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:
This patient likely has treatment-resistant obsessive-compulsive disorder (OCD), with classicsymptoms of rumination, excessive guilt, and fear of causing harm. Clomipramine, a tricyclic antidepressant with strong serotonergic activity, is effective in treatment-resistant OCD and is often used after failure of multiple SSRIs or SNRIs.
Toronto Notes 2023 - Psychiatry, OCD:
"Clomipramine is a first-line tricyclic antidepressant for OCD, particularly after failed SSRI/SNRI trials. It is effective due to potent serotonergic action." MCCQE1 Objectives - Psychiatry > OCD and Anxiety Disorders:
"Candidates must identify treatment strategies for resistant OCD, including the role of clomipramine and augmentation therapy." Quetiapine (C) may be used as augmentation. Paroxetine (E) is another SSRI. Vortioxetine (A) and amitriptyline (D) are not first-line or preferred for OCD.

NEW QUESTION: 52
A 22-year-old woman, gravida 1, para 0, aborta 0, comes to the office at 10 weeks' gestation for her first prenatal visit. When you ask how she is doing, she becomes tearful and says she has had severe nausea and vomiting. She is not taking her prenatal vitamins regularly and feels very guilty about it. She is worried that she is harming the fetus. Which one of the following is the most appropriate management of this patient's case?
A. Advise her to replace her vitamin with folic acid only until her nausea improves
B. Refer her for counselling to manage her feelings of guilt
C. Tell her she should continue to take her prenatal vitamins daily regardless of nausea
D. Suggest that she take cannabinoids 30 minutes before taking her prenatal vitamins
E. Prescribe ginger tablets to be taken 4 times daily
Answer: E (LEAVE A REPLY)
Comprehensive and Detailed Explanation:
Ginger is a first-line, evidence-based non-pharmacologic treatment for nausea and vomiting in pregnancy. It's well tolerated and effective. Addressing nausea will help her resume vitamin use and reduce distress.
Toronto Notes 2023 - Obstetrics, "Nausea and Vomiting in Pregnancy":
"Ginger 250 mg four times daily is safe and effective for mild to moderate nausea." MCCQE1 Objectives (Obstetrics > 80-1: Early Pregnancy Management):
"Candidates must treat nausea and vomiting in pregnancy using safe and effective options." Folic acid alone (A) is less effective than a full prenatal vitamin. B may help, but nausea should be addressed first. C lacks empathy for her symptoms. D (cannabinoids) is not recommended in pregnancy.

NEW QUESTION: 53
You are being consulted for a 79-year-old man who is about to undergo a total hip arthroplasty. His orthopedic surgeon is aware of the diagnosis of Alzheimer disease and would like your suggestions to help avoid acute postsurgical delirium. To that end, which one of the following is the most effective strategy?
A. Avoid medications with anticholinergic potential
B. Refrain from prescribing opiate analgesics to treat postoperative pain
C. Screen the patient with the Mini-Mental Status Examination prior to surgery
D. Treat postsurgical insomnia with benzodiazepines
E. Keep family visits to a minimum to avoid postsurgical overstimulation
Answer: (SHOW ANSWER)
One of the strongest modifiable risk factors for postoperative delirium in older adults is exposure to anticholinergic medications (e.g., diphenhydramine, certain antidepressants). Avoiding these can reduce delirium risk.
Toronto Notes 2023 - Geriatrics, "Delirium Prevention":

"Avoid high-risk medications including anticholinergics, benzodiazepines, and narcotics if possible. Maintain orientation cues and adequate pain control." MCCQE1 Objectives (Medicine > Geriatrics > 41-1: Cognitive Impairment):
"Candidates must recognize predisposing factors for delirium and apply prevention strategies, including medication review." Opiates (B) should be used judiciously; untreated pain can also cause delirium. Cognitive screening (C) is helpful for baseline but does not prevent delirium. Benzodiazepines (D) increase delirium risk. Family involvement is actually helpful (E).

NEW QUESTION: 54
A system administrator needs to install a GPU/DPU in a server. The server has a free PCI-e slot, there are enough free PCI-e lanes, and there is enough room for the card. Which procedure should be followed?
A. Ensure the server has enough power. Verify compatibility of cables with server ' s platform. Make sure the server is down to remove cables safely. Do not wear an ESD bracelet.
B. Ensure the server has enough power. Make sure the server is down to remove cables safely. Wear an ESD bracelet.
C. Ensure the server has enough power. Make sure the server is up and running with attached cables. Wear an ESD bracelet.
D. Ensure the server has enough power. Verify compatibility of cables with server ' s platform. Make sure the server is down to remove cables safely. Wear an ESD bracelet.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
The physical installation of high-performance NVIDIA components, such as H100 PCIe GPUs or BlueField DPUs, requires strict adherence to data center safety and hardware preservation standards. Option D is the only " 100% verified " procedure because it covers three critical pillars: Power, Compatibility, and Safety.
First, high-end GPUs can draw up to 300W-450W individually; verifying the server ' s PDU and internal PSU capacity is essential to prevent over-current shutdowns. Second, verifying cable compatibility (such as
12VHPWR or specific PCIe power 8-pin layouts) is vital to avoid electrical damage. Third, " Cold Service " (ensuring the server is powered down and cables are removed) is the standard for non-hot-plug PCIe components to prevent short circuits. Finally, wearing an ESD (Electrostatic Discharge) bracelet is non- negotiable when handling NVIDIA hardware, as static charges can destroy the sensitive HBM (High Bandwidth Memory) or the GPU die itself. Skipping ESD protection (as suggested in Option A) or performing the install while the system is " up and running " (as suggested in Option C) are leading causes of hardware infant mortality in AI infrastructure.

NEW QUESTION: 55
A 94-year-old woman with severe dementia is referred for vaginal bleeding and a persistent foul odour from the vagina. She lives in a long-term care facility. She has been using a ring pessary

for the past 15 years. Her current pessary has not been replaced in 2 years. On examination, there is moderate vaginal atrophy. After removing the pessary, which one of the following is the best next step?

A. Arrange for a hysteroscopy and endometrial biopsy.

B. Prescribe vaginal metronidazole gel.

C. Start vaginal estrogen.

D. Wash the pessary and recommend a daily saline douche.

E. Perform a vaginal biopsy.

Answer: (SHOW ANSWER)

In elderly women with long-term pessary use and signs of vaginal atrophy (thin epithelium, bleeding, odor), local estrogen is the most appropriate initial treatment to restore the vaginal epithelium and reduce inflammation and discharge. Vaginal estrogen improves mucosal integrity and reduces complications like ulceration, infection, and bleeding.

Toronto Notes 2023 - Gynecology, "Pelvic Organ Prolapse and Pessary Care" Section:

"Local vaginal estrogen therapy is recommended for postmenopausal women with vaginal atrophy who are using pessaries. It reduces the risk of erosions, bleeding, and infection, especially when pessary follow-up has been suboptimal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-9: Vaginal Bleeding in Postmenopausal Women):

"Candidates should recognize vaginal atrophy as a common and treatable cause of bleeding in elderly women using pessaries." A biopsy (E) may be needed if symptoms persist after atrophy is treated. Hysteroscopy (A) is invasive and not first-line in this setting. Metronidazole (B) is not indicated without evidence of bacterial vaginosis. Daily saline douching (D) is not recommended and may irritate atrophic mucosa.

NEW QUESTION: 56

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: 57
A 29-year-old concert pianist with severe chronic kidney disease presents with a 6-month history of loss of appetite and pruritus. Although the issue of initiating dialysis has been discussed with him and his questions answered, he has declined dialysis thus far. You understand his concerns that it will interfere with his concert tour and recording schedule. Which one of the following is the best next step?
A. Offer to arrange for him to meet patients in the peritoneal dialysis clinic.
B. Warn him of the consequences of refusing dialysis.
C. Explain to him you will see him again when he decides to start dialysis.
D. Provide him access to his medical records and full chart.
E. Explore employment alternatives that would better accommodate the dialysis schedule.
Answer: (SHOW ANSWER)
When a competent patient declines dialysis, the next step is to support shared decision-making and explore options that align with their lifestyle. Peritoneal dialysis may allow more flexibility and autonomy compared to hemodialysis, making it more acceptable to patients with demanding schedules.
Toronto Notes 2023 - Nephrology, Chronic Kidney Disease Section:
"Peritoneal dialysis offers the advantage of home-based treatment and flexible scheduling. Patient education and peer support can improve acceptance and adherence to dialysis initiation."
MCCQE1 Objectives - Internal Medicine > Nephrology:
"The candidate should explore treatment alternatives collaboratively, emphasizing patient autonomy, while addressing misconceptions and lifestyle concerns related to dialysis." Simply warning the patient or withdrawing engagement (Options B and C) may undermine rapport. Access to medical records (D) is a right, but does not actively address treatment planning. Exploring new employment (E) is inappropriate at this stage.

NEW QUESTION: 58
A 32-year-old primigravid woman is receiving magnesium sulfate for tocolysis. Her pregnancy is at 26 weeks
' gestation. You suspect magnesium sulfate toxicity. Which one of the following is the first sign of magnesium sulfate toxicity?
A. Absent patellar reflexes
B. Tachycardia
C. Hypotension
D. Tachypnea
E. Oliguria
Answer: (SHOW ANSWER)

Magnesium sulfate toxicity is dose-dependent. The earliest and most sensitive clinical sign is the loss of deep tendon reflexes (especially patellar), which occurs before respiratory depression or cardiac changes.
Toronto Notes 2023 - Obstetrics Chapter:
"Toxicity from magnesium sulfate is progressive and typically presents first with loss of deep tendon reflexes.
Respiratory depression and cardiac arrest occur at higher serum levels. Regular monitoring of reflexes, respiratory rate, and urine output is essential." MCCQE1 Objectives (Obstetrics > 83-3: Preterm Labour and Tocolysis):
"The candidate must recognize early signs of magnesium sulfate toxicity including areflexia and respiratory depression." Tachycardia (B), hypotension (C), and tachypnea (D) are not typical early signs. Oliguria (E) may be a risk factor for accumulation but is not the first sign of toxicity.

NEW QUESTION: 59
A 26-year-old woman, gravida 2, para 2, aborta 0, has just delivered a full-term newborn via spontaneous vaginal delivery after 4 hours of labor. Following oxytocin administration and placental expulsion, there continues to be a steady trickle of bright red blood from her vagina. On examination, the placenta is intact and the fundus feels firm. Her vital signs are within normal range.
Which one of the following is the most likely diagnosis?
A. Uterine atony
B. Vaginal or cervical tear
C. Retained products of conception
D. Uterine rupture
E. Disseminated intravascular coagulopathy
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
In postpartum hemorrhage with a firm uterine fundus and intact placenta, a common cause is trauma such as a vaginal or cervical tear. Uterine atony (A) typically presents with a boggy uterus. The absence of systemic instability or coagulopathy makes options D and E less likely.
Toronto Notes 2023 - Obstetrics, Postpartum Hemorrhage:
"Continued bleeding despite a firm fundus and intact placenta should raise suspicion for genital tract trauma, especially cervical or vaginal lacerations." MCCQE1 Objectives - Obstetrics > Postpartum Complications:
"Candidates must differentiate causes of postpartum hemorrhage and identify when bleeding is due to trauma vs uterine atony."

NEW QUESTION: 60

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: (SHOW ANSWER)
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: 61
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: (SHOW ANSWER)

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: 62
An 18-year-old man presents to your clinic with a history of intermittent, dull, achy pain on the left side of his scrotum, and he has now noted left scrotal enlargement. On examination, you note a swelling in the left scrotum when he is standing that disappears when he is supine. Which one of the following is the most likely diagnosis?
A. Cryptorchidism.
B. Intermittent testicular torsion.
C. Hydrocele.
D. Spermatocyte.
E. Varicocele.
Answer: (SHOW ANSWER)
A varicocele is a dilatation of the pampiniform plexus that presents with a "bag of worms" appearance, worsens with standing, and improves when lying down. It is most common on the left side due to anatomical drainage differences.
Toronto Notes 2023 - Urology, Scrotal Disorders:
"Varicoceles often present with a dull, aching pain and scrotal swelling that worsens when upright and disappears when supine." MCCQE1 Objectives - Internal Medicine > Urology:

"Candidates must recognize and diagnose varicocele by physical exam findings and typical symptom history." Cryptorchidism (A) refers to undescended testes. Torsion (B) presents acutely with severe pain. Hydrocele (C) transilluminates and is not posture-dependent.
"Spermatocyte" (D) is not a clinical diagnosis.

NEW QUESTION: 63
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: B (LEAVE A REPLY)
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: 64
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: (SHOW ANSWER)

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.

NEW QUESTION: 65
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.
-

NEW QUESTION: 66
A 34-year-old woman, gravida 3, para 2, aborta 0, presents at 38 weeks' gestation. She is in early labor with ruptured membranes. Her previous pregnancy was complicated by fever during labor. Which one of the following would increase the risk of fever recurrence?
A. Multiparity

B. Precipitous labor
C. Advanced maternal age
D. Epidural analgesia
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Epidural analgesia is associated with increased maternal intrapartum fever due to non-infectious(neurogenic) thermoregulation impairment. This is a well-known phenomenon in laboring women.
Toronto Notes 2023 - Obstetrics / Anesthesia:
"Epidural analgesia increases risk of intrapartum fever by up to 20% via non-infectious mechanisms." MCCQE1 Objectives (Obstetrics > 80-5: Intrapartum Care):
"Candidates must recognize risk factors for intrapartum complications, including effects of epidural use." Multiparity (A), precipitous labor (B), and maternal age (C) are not established risk factors for intrapartum fever.

NEW QUESTION: 67
A 22-year-old woman presents to the office for episodic mood changes that her boyfriend has noticed. During such episodes, she cries suddenly, is irritable and sad, and withdraws from socializing. Which one of the following would be most useful in establishing a diagnosis?
A. Personality testing.
B. Urine drug screen.
C. Mood journal.
D. Trial of lorazepam.
E. Interviewing the boyfriend alone.
Answer: (SHOW ANSWER)
A mood journal is a structured tool that allows the patient to record mood fluctuations, triggers, and timing. It is particularly helpful in identifying mood disorders such as premenstrual dysphoric disorder, bipolar disorder, or cyclothymia.
Toronto Notes 2023 - Psychiatry, Mood Disorders:
"Mood diaries are useful in identifying temporal patterns, such as menstrual cycle-linked mood changes, and in distinguishing between affective disorders." MCCQE1 Objectives - Psychiatry > Diagnostic Evaluation:
"Candidates should use clinical tools such as symptom diaries to assist in establishing the pattern and nature of psychiatric symptoms." Personality testing (A) is not first-line. Urine drug screen (B) is only indicated with suspicion of substance use. Lorazepam (D) treats symptoms, not diagnosis. Interviewing the boyfriend (E) may help, but only as a supplement to direct observation and self-report.

NEW QUESTION: 68
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: (SHOW ANSWER)
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: 69
A 43-year-old car mechanic, with no prior history, comes to the Emergency Department because of a sudden loss of balance at work. He also feels lightheaded, slightly disoriented and nauseous. Physical examination and basic blood work-up are normal. He tells you this is the 3rd time this has happened at work. Which one of the following is the most likely diagnosis?
A. Cerebellar tumour.
B. Alcohol intoxication.
C. Lead intoxication.
D. Organic solvent intoxication.
E. Ear infection.
Answer: (SHOW ANSWER)
The most likely diagnosis is organic solvent intoxication because the episodes are recurrent, acute, and specifically occur at work in a car mechanic. MCCQE objectives in occupational and environmental medicine emphasize recognizing workplace exposures that cause transient neurologic symptoms. Organic solvents (e.g., toluene, xylene, gasoline vapors, degreasers) can produce acute CNS effects such as dizziness, imbalance
/ataxia, nausea, lightheadedness, and mild confusion or disorientation, often with a normal routine exam and basic labs once exposure ceases. The clear temporal relationship to the workplace and repeated similar episodes strongly supports an exposure-related cause. Lead toxicity is typically subacute/chronic, presenting with abdominal pain, constipation, neuropathy (wrist/foot drop),

cognitive changes, anemia, and basophilic stippling-rather than brief episodic disequilibrium. A cerebellar tumor would cause progressive, persistent symptoms and focal neurologic findings. Ear infection-related vertigo would not reliably recur only at work and usually has ear symptoms or exam findings. Alcohol intoxication is less consistent with a repeated workplace-only pattern without corroborating signs.

NEW QUESTION: 70

A 29-year-old woman presents with vaginal spotting after 6 weeks of amenorrhea. She is asymptomatic otherwise. Serum #-hCG is 2150 IU/L, and pelvic ultrasound shows an empty uterus. She has been trying to conceive for 7 months. Which one of the following is the best next step?

A. Repeat pelvic ultrasonography in 10 days.
B. Perform dilatation and curettage for chorionic villi.
C. Administer intramuscular methotrexate.
D. Arrange exploratory laparoscopy.
E. Repeat serum #-hCG test in 48 hours.
Answer: (SHOW ANSWER)
An empty uterus with #-hCG > 1500-2000 IU/L raises concern for a pregnancy of unknown location (PUL), including the possibility of ectopic pregnancy. However, the patient is hemodynamically stable and asymptomatic. In such cases, the best initial step is to repeat serum #-hCG in 48 hours to assess the rise or fall of hCG levels.
Toronto Notes 2023 - Obstetrics, " First Trimester Bleeding " :
"If #-hCG > 1500 IU/L and no intrauterine pregnancy is visualized on ultrasound, repeat #-hCG in 48 hours to determine rise or decline. A suboptimal rise (less than 66%) suggests ectopic pregnancy." MCCQE1 Objectives (Obstetrics > 79-1: Early Pregnancy Complications):
"In a patient with early pregnancy bleeding, the candidate must interpret quantitative #-hCG trends to distinguish ectopic pregnancy, miscarriage, or viable intrauterine pregnancy." Immediate administration of methotrexate or invasive procedures such as D & C or laparoscopy are not appropriate until further diagnostic clarification is obtained.

NEW QUESTION: 71
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: (SHOW ANSWER)
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: 72
Which one of the following bodies decides whether a physician is permitted to practise medicine in a province or territory?
A. The provincial or territorial Ministry of Health
B. The board of the hospital or health region where the physician wants to practise
C. The College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada
D. The provincial or territorial medical licensing authority
E. The provincial or territorial medical association
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
The authority to license and regulate physicians to practise medicine is held by the medical regulatory colleges in each province or territory (e.g., CPSO in Ontario, CPSBC in BC).
MCC Objectives (ELOM > 90-1: Medical Regulation in Canada):
"Licensure to practise medicine is granted by the provincial or territorial medical regulatory authority." Toronto Notes 2023 - Ethics and Canadian Health Care System:
"Medical regulatory colleges determine physician licensure and discipline in each jurisdiction."
The CFPC/RCPSC (C) certify physicians, not license them. Ministries of Health (A) oversee health policy, not licensing. Associations (E) advocate for physicians but do not regulate. Hospital boards (B) grant privileges, not licenses.

NEW QUESTION: 73
A 54-year-old man presents to the office because of progressively severe frontal headaches that are worse in the morning. He also has a chronic productive cough. He has a 30 pack-year history of smoking tobacco cigarettes. His blood pressure is 160/95 mm Hg. Which one of the following is the best next step?
A. Arrange for serial home blood pressure monitoring.
B. Give a prescription for serotonin 5-HT receptor agonist (Triptan).
C. Start a calcium channel blocker.
D. Order computed tomography of the head.
E. Refer for urgent temporal artery biopsy.

Answer: (SHOW ANSWER)

This presentation has "red flags" for raised intracranial pressure: headaches that are progressive, worse in the morning, and worsened by coughing/valsalva. In MCCQE objectives, these features require urgent evaluation for secondary causes (e.g., intracranial mass, hemorrhage, obstructive hydrocephalus) rather than empiric treatment for primary headache. His chronic cough and heavy smoking increase concern for an underlying malignancy with possible brain metastasis or paraneoplastic processes, further strengthening the indication for neuroimaging. Therefore, the best next step is CT head (often the fastest initial test to identify mass effect, hemorrhage, or hydrocephalus; MRI may follow depending on findings).

Treating presumed migraine with a triptan is inappropriate when secondary headache is possible and could also pose vascular risk. His blood pressure is elevated but not in a hypertensive emergency and does not explain these classic intracranial pressure features; serial BP monitoring or starting antihypertensives should not delay imaging. Temporal arteritis is less likely without temporal tenderness, jaw claudication, visual symptoms, or systemic inflammatory clues.

NEW QUESTION: 74

A 35-year-old patient presents to your clinic for assessment of a chronic rash. With the patient's consent, you take a photo of the rash and upload it to their electronic medical record. You explain that you would like to consult with a specialist. That evening, you post a description of the rash to your online physicians' group, being careful to anonymize the details. You get a direct message from a physician who says they have extra training in dermatology and they ask you for a photo of the rash. Which one of the following is the best next step?

A. Text the anonymized photo directly to the physician.

B. Verify the clinic contact details for the physician and send the photo via secure portal.

C. Explain to the physician why you cannot share any photos.

D. Call the patient and ask permission to send the photo.

Answer: (SHOW ANSWER)

The key issue is patient confidentiality and informed consent for disclosure of identifiable information .

Although the patient consented to having the image taken and uploaded to the medical record, consent for photography does not automatically extend to sharing the image with external parties , especially through informal channels. MCCQE objectives emphasize that physicians must obtain specific consent for disclosure , including the purpose, recipient, and method of transmission, unless the information is fully anonymized and non-identifiable. Clinical photographs may still be identifiable even if names are removed.

Texting the image, even if anonymized, risks breaching privacy and may not meet security standards. Simply refusing to share any photos is unnecessary because consultation is appropriate with consent. Even sending through a secure portal requires proper patient authorization for that specific disclosure.

Therefore, the appropriate next step is to contact the patient and obtain explicit consent to share the photograph with the identified physician for consultation, ensuring documentation of that consent and use of secure transmission methods thereafter.

NEW QUESTION: 75
A 4-month-old girl is brought by a parent to your clinic with a history of recurrent vomiting since birth. She cries with feeding and has not gained weight in the last 2 weeks. Her hemoglobin level is 95 g/L (100-125).
The patient is currently being fed thickened hypoallergenic formula. Which one of the following is the most appropriate therapy?
A. Omeprazole.
B. Metoclopramide.
C. Bismuth sulfate.
D. Calcium carbonate.
E. Loperamide.
Answer: (SHOW ANSWER)
This infant has persistent vomiting with feeding-associated distress and poor weight gain, despite appropriate initial nonpharmacologic measures (thickened feeds and hypoallergenic formula). MCCQE pediatrics objectives emphasize distinguishing physiologic reflux ("happy spitter") from gastroesophageal reflux disease (GERD), which is suggested by feeding aversion/crying and failure to thrive. When conservative strategies fail and GERD is causing significant symptoms or complications (e.g., poor growth, suspected esophagitis contributing to irritability and possibly anemia), escalation to acid suppression is appropriate; a proton pump inhibitor such as omeprazole is used to treat acid-related esophageal injury and improve symptoms in selected infants with suspected erosive disease.
Metoclopramide is not preferred due to limited benefit and risk of extrapyramidal adverse effects. Calcium carbonate antacids are not recommended as ongoing therapy in infants due to safety concerns and inferior efficacy for esophagitis. Bismuth sulfate is not indicated. Loperamide is inappropriate and potentially harmful in infants. Continued monitoring of growth and reassessment for alternative diagnoses or alarm features is essential.

NEW QUESTION: 76
A 12-year-old girl presents to your office in late November with an exacerbation of asthma which has been well controlled since her diagnosis at age 5. The family has had cats for 3 years. Last June, they moved to a basement apartment. Which one of the following is the most likely cause of her asthma exacerbation?
A. Fungal infection
B. Cat allergy
C. Mold allergy
D. Pollen allergy
E. Cold intolerance

Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Basement apartments are often damp environments, increasing the risk of mold exposure. Mold is a well- known asthma trigger. Given the timing (autumn/winter) and environment change, mold allergy is the most likely cause.
Toronto Notes 2023 - Respirology / Allergy:
"Mold is a common indoor allergen, especially in damp environments. It frequently exacerbates asthma, particularly in fall/winter." MCCQE1 Objectives (Pediatrics > 75-2: Asthma Triggers):
"Candidates must identify common environmental triggers for asthma, including mold exposure in humid or poorly ventilated housing." Cat allergy (B) would have triggered earlier. Pollen (D) is less relevant in winter. Cold intolerance (E) is not a major asthma trigger without exercise. Fungal infection (A) is unlikely without systemic symptoms.
-

NEW QUESTION: 77
A 70-year-old woman had a total abdominal hysterectomy with bilateral salpingo-oophorectomy 2 days ago.
On examination today, her vital signs are as follows: She has been immobile since her operation. She is fatigued but is tolerating a full diet. Which one of the following is the most likely cause of this patient's fever?
A. Septic pelvic thrombophlebitis.
B. Pulmonary embolism.
C. Wound infection.
D. Bowel trauma during the operation.
E. Atelectasis
Answer: (SHOW ANSWER)
Postoperative fever on day 1-2 is commonly caused by atelectasis, particularly in patients who are immobile.
It is considered a self-limited cause of early fever after surgery and often resolves with mobilization and pulmonary exercises.
Toronto Notes 2023 - Surgery, Postoperative Complications:

"The '5 W's' of postoperative fever: Wind (atelectasis), Water (UTI), Wound (infection), Walking (DVT), and Wonder drugs. Atelectasis typically occurs in the first 48 hours and is due to hypoventilation or pain- limited breathing." MCCQE1 Objectives - Surgery > Postoperative Management:
"Candidates must recognize timing-specific causes of postoperative fever. Atelectasis is the most likely cause within the first 48 hours." PE (B) can cause fever but is less likely without respiratory compromise. Wound infection (C) and bowel trauma (D) typically present later or with more specific symptoms. Septic pelvic thrombophlebitis (A) usually presents later and with more systemic signs.

NEW QUESTION: 78
A 57-year-old man presents with low back pain. Radiographs of the lumbar spine show a narrowed disk space at L4-L5, anterior osteophyte formation at this level, and sclerosis of the L4-L5 end plates. Which one of the following is the most likely diagnosis?
A. Osteomyelitis of the lumbar spine.
B. Metastatic disease from the prostate.
C. Paget disease.
D. Degenerative disk disease.
E. Spondylolysis and spondylolisthesis.
Answer: (SHOW ANSWER)
The radiographic triad of disc space narrowing, anterior osteophyte formation, and end-plate sclerosis is classic for degenerative disc disease (lumbar spondylosis). Age-related degeneration leads to disc desiccation and loss of disc height, increasing mechanical stress at vertebral end plates and facet joints. This stimulates reactive bone changes, producing osteophytes and sclerosis. These findings fit a chronic, mechanical cause of low back pain.
Osteomyelitis more often shows end-plate erosion/irregularity with disc space loss plus systemic features (fever, elevated inflammatory markers) and may progress rapidly. Prostate metastases typically cause sclerotic lesions in vertebral bodies without isolated disc space narrowing and osteophytes. Paget disease produces bony expansion, cortical thickening, and coarse trabeculation rather than focal disc degeneration changes.
Spondylolysis/spondylolisthesis is suggested by pars defects and vertebral slippage, not primarily by disc narrowing with osteophytes and end-plate sclerosis. MCCQE objectives emphasize interpreting common spine imaging patterns and distinguishing degenerative disease from infection, malignancy, and structural instability.

NEW QUESTION: 79
A 61-year-old man presents to the office for follow-up of recent laboratory test results. He has hypertension for which he takes amlodipine daily. His blood pressure is 148/94 mm Hg. His creatinine level is 140 µmol/L (normal 70-120), and his urine protein-to-creatinine ratio is persistently elevated. You would like to prescribe ramipril, but he refuses to take any additional medication. Which one of the following is the best next step?

A. Determine why the patient is refusing to take more medication.
B. Explain to the patient the importance of preventing the progression of his chronic kidney disease.
C. Inform the patient that he eventually may need dialysis if he refuses the medication.
D. Agree to stop the patient's amlodipine if he takes ramipril.
E. Provide the patient with free samples of ramipril.
Answer: (SHOW ANSWER)
Respecting patient autonomy requires understanding their perspective before offering persuasion or incentives. The best next step is to explore the reason for non-compliance. This builds rapport and informs a shared decision-making process.
Toronto Notes 2023 - ELOM, Patient-Centered Communication:
"When a patient refuses recommended treatment, explore the reason behind the refusal before proceeding.
Shared decision-making is crucial."
MCCQE1 Objectives - ELOM > Communication and Consent:
"Candidates must demonstrate an ability to explore reasons for treatment refusal before counseling or modifying management." Options B and C may follow later. Options D and E can undermine appropriate pharmacologic care or violate ethics if not consented.

NEW QUESTION: 80
A 24-year-old woman has had several episodes of left lower lobe pneumonia. She has a chronic productive cough with occasional blood-streaked sputum. Physical examination is normal except for rales at the left base.
Chest radiograph shows a linear infiltrate in this area. Which one of the following is the most likely diagnosis?

A. Chronic bronchitis
B. Mitral stenosis
C. Pulmonary infarction
D. Bronchiectasis
E. Pulmonary tuberculosis
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Bronchiectasis is characterized by recurrent localized pneumonia, chronic productive cough, and hemoptysis.
A linear infiltrate that persists in the same area suggests localized airway damage-typical of bronchiectasis.
Toronto Notes 2023 - Respirology:
"Bronchiectasis presents with recurrent infections in the same location, productive cough, and hemoptysis.
Chest X-ray may show linear opacities; high-resolution CT is diagnostic." MCCQE1 Objectives (Respiratory > 45-1: Chronic Respiratory Symptoms):

"Candidates must investigate recurrent pneumonias and consider bronchiectasis, especially if localized." Chronic bronchitis (A) presents bilaterally. Mitral stenosis (B) may cause hemoptysis but not localized infiltrates. TB (E) usually affects upper lobes. Infarction (C) is acute and not recurrent.

NEW QUESTION: 81

A 10-year-old boy and his mother present to your office with a concern about handwashing. The mother explains that her son has been at a new school for the past month and that teachers have noticed that he is washing his hands all day. He has also hidden hand sanitizer in his desk. The hand-cleaning is a response to a constant anxiety that his hands are dirty, and that he might pass an infection to someone. Which one of the following is the most appropriate initial management?

A. Exposure and response prevention therapy.

B. Fluoxetine 20 mg PO OD.

C. Risperidone 0.5 mg PO QHS.

D. Recommendation of a teaching assistant.

E. Return to his previous school.

Answer: (SHOW ANSWER)

This child demonstrates classic features of obsessive-compulsive disorder (OCD): intrusive contamination fears (obsession) and repetitive handwashing behaviors (compulsion) performed to reduce anxiety. The symptoms are excessive, impairing school function, and persist beyond normal developmental concerns.

According to MCCQE objectives, first-line treatment for mild to moderate pediatric OCD is cognitive- behavioral therapy (CBT) with exposure and response prevention (ERP). ERP involves gradual exposure to feared contaminants while preventing the compulsive handwashing response, thereby reducing anxiety through habituation and cognitive restructuring.

Pharmacologic treatment with selective serotonin reuptake inhibitors (e.g., fluoxetine) is indicated for moderate to severe cases or when CBT alone is insufficient, but it is not the preferred initial intervention when psychotherapy is accessible. Risperidone is not first-line and may be considered only as augmentation in refractory cases. Changing schools or providing a teaching assistant does not address the underlying anxiety disorder. Early evidence-based intervention improves prognosis and functional outcomes in pediatric OCD.

NEW QUESTION: 82

A 28-year-old woman presents to the office in great distress because she has no money for groceries or rent.

She is a single mother of a 7-year-old girl. She has a history of gambling disorder. She has felt unable to cope for the last 3 months and has started gambling again. Today, she is crying, and she shares that her boyfriend became violent with her yesterday. Which one of the following is the highest priority for assessment?

A. Evaluate for depression.

B. Screen for recreational drug and alcohol use.

C. Define the extent of the patient's gambling disorder.
D. Determine the risk of violence to the patient and her child.
E. Investigate the patient's need for financial assistance.
Answer: (SHOW ANSWER)
The highest priority is the immediate safety of the patient and her child. In the presence of domestic violence, risk assessment for harm or neglect must be conducted urgently, particularly since a child may be at risk.
Safety trumps psychiatric or social evaluations in triage.
Toronto Notes 2023 - Psychiatry, "Crisis and Risk Assessment" Section:
"When intimate partner violence (IPV) is disclosed, it is critical to assess immediate safety and consider mandatory reporting, especially when children are involved." MCCQE1 Objectives (Psychiatry > 79-6: Violence and Abuse):
"Candidates must assess for and respond to risk of harm in situations of domestic violence, especially when dependents are involved. This includes ensuring immediate safety and following legal obligations for child protection." Although the other concerns (e.g., gambling, depression, substance use, financial need) are valid, the presence of violence makes D the first and most urgent priority.

NEW QUESTION: 83
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 × 10#/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: 84
A 62-year-old woman presents with abdominal pain, fever and chills. She was hospitalized 4 weeks ago for sigmoid diverticulitis. She felt well after her discharge from hospital until 5 days ago when the fever started.
She is now anorexic. On examination, she has right upper quadrant pain and her temperature is 38.5 °C.
Which one of the following investigations is most likely to confirm the diagnosis?
A. Chest radiography.
B. Abdominal radiography.
C. Ultrasound of abdomen.
D. Cholescintigraphy (HIDA scan).
E. Endoscopic retrograde cholangiography.
Answer: (SHOW ANSWER)
This patient presents with fever, chills, anorexia, and right upper quadrant (RUQ) pain several weeks after hospitalization for sigmoid diverticulitis . A key complication of intra-abdominal infections such as diverticulitis is portal pylephlebitis with hepatic abscess formation , due to bacterial spread via the portal venous system. MCCQE objectives emphasize recognizing liver abscess as a delayed complication of intra- abdominal sepsis, particularly when new RUQ pain and fever develop after an initial abdominal infection.
The most appropriate initial imaging test to confirm this diagnosis is ultrasound of the abdomen , which can detect hepatic abscesses and guide further management. CT abdomen is also highly sensitive, but among the listed options, ultrasound is most appropriate.
Chest and abdominal radiographs are nonspecific. HIDA scan evaluates cystic duct obstruction in suspected acute cholecystitis, which is less likely given the recent diverticulitis and systemic features. ERCP is used for biliary obstruction or ascending cholangitis, typically associated with jaundice.
Thus, abdominal ultrasound is most likely to confirm a hepatic abscess.

NEW QUESTION: 85
You are called to the Emergency Department to see a 6-month-old boy with a 3-day history of fever. Physical examination reveals an irritable infant with a temperature of 38.1°C. His vital signs are:
Blood pressure: 87/50 mm Hg
Respiratory rate: 80/min
Heart rate: 140/min
Oxygen saturation: 92% on room air

The infant has no skin findings. On chest examination, you hear coarse crackles on the right side of the chest.
Which one of the following is the best next step in the management of this child?
A. Oral steroids.
B. Reassurance.
C. Oral antibiotics.
D. Intravenous fluids.
E. Intravenous antibiotics.
Answer: E (LEAVE A REPLY)
This 6-month-old presents with signs of systemic illness, tachypnea, hypoxia, and focal lung findings. In this age group, pneumonia can rapidly progress, and given the severity of symptoms, oral treatment is insufficient.
Intravenous antibiotics are urgently indicated.
Toronto Notes 2023 - Pediatrics, Respiratory Infections in Infants:
"Infants under 6 months with signs of systemic illness, hypoxia (SpO2 < 94%), and respiratory distress should receive IV antibiotics. Delayed treatment may result in rapid clinical deterioration."
MCCQE1 Objectives - Pediatrics > Respiratory Conditions:
"Candidates must recognize signs of serious lower respiratory tract infection in infants and initiate prompt IV antibiotic therapy when criteria for hospitalization are met." Oral antibiotics (C) are appropriate for mild outpatient pneumonia. Reassurance (B) and oral steroids (A) are inappropriate. IV fluids (D) may be supportive but do not address the infectious cause.

NEW QUESTION: 86
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 #mol/L (#100), and conjugated bilirubin is 4 #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. Hepatobiliary ultrasonography.
B. Urine culture.
C. Test for galactosemia.
D. Liver enzymes and serum albumin.
E. No investigation required.
Answer: (SHOW ANSWER)

NEW QUESTION: 87
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: (SHOW ANSWER)

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: 88

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: (SHOW ANSWER)

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: 89

A 31-year-old nulligravid woman presents to your office after 5 months of attempting to get pregnant without success. Her menses are regular, and she is otherwise healthy. Her husband is healthy and has never fathered any children before. Which one of the following is the best next step?

A. Send her husband for a semen analysis

B. Order a follicle-stimulating hormone level on day 3 of her cycle

C. Arrange a hysterosalpingography after her next menses

D. Advise her to adjust her diet and reduce her weight by 5%

E. Reassure her and have her return after 12 months without conceiving

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

Infertility is defined as the inability to conceive after 12 months of regular, unprotected intercourse in women under 35 years. Since she has been trying for only 5 months, reassurance is appropriate.

Toronto Notes 2023 - Gynecology:

"Investigations for infertility in women under 35 should begin after 12 months of attempting to conceive, unless other risk factors are present." MCCQE1 Objectives (Gynecology > 82-1: Infertility):

"Candidates must apply appropriate timing and indications for infertility investigations based on patient age and history." Earlier testing is not warranted here. Options A-D are part of the infertility work-up but not before 12 months.

NEW QUESTION: 90

A 38-year-old woman, gravida 3, para 2, aborta 0, presents to the labour and delivery unit for induction of labour. Her pregnancy is at 42 weeks' gestation and has been uncomplicated to date. Which one of the following is the most appropriate information to provide to the patient?

A. Prostaglandin induction of labour is contraindicated.

B. Continuous electronic fetal monitoring in labour is recommended.

C. Cesarean delivery is preferred.

Answer: (SHOW ANSWER)

This patient has a post-term pregnancy (#42 weeks' gestation). Post-term pregnancies are associated with increased risks including placental insufficiency, oligohydramnios, meconium aspiration, fetal macrosomia, and stillbirth. During induction and labour in post-term pregnancies, continuous electronic fetal monitoring (EFM) is recommended to assess fetal well-being and detect signs of fetal distress early.

Prostaglandin induction is not contraindicated; it is commonly used for cervical ripening when indicated, provided there are no standard contraindications (e.g., prior classical cesarean). Cesarean delivery is not routinely preferred solely due to post-term status; mode of delivery should be based on obstetric indications.
According to MCCQE objectives, candidates must recognize the risks associated with post-term pregnancy and understand appropriate intrapartum management, including fetal surveillance. Continuous EFM is recommended in higher-risk situations such as post-term gestation to optimize perinatal outcomes while still aiming for safe vaginal delivery when no contraindications exist.

NEW QUESTION: 91
A 15-year-old boy is brought to the office by his father because he is having headaches. When alone, the boy appears withdrawn and admits to suicidal ideation. He shares that he is gay but does not want to tell his parents. He says that he faked the headaches so that one of his parents would make an appointment for him.
Which one of the following is the best next step?
A. Start an antidepressant medication.
B. Encourage the patient to disclose his sexual orientation to his parents.
C. Suggest that the patient join a group at school for peer support.
D. Refer the patient for an immediate mental health assessment.
Answer: (SHOW ANSWER)
The presence of suicidal ideation in a minor mandates urgent assessment to ensure safety and access mental health care. Disclosure of sexual orientation should be handled delicately and is not urgent compared to suicidal risk.
Toronto Notes 2023 - Psychiatry, "Child and Adolescent Psychiatry" Section:
"Any adolescent disclosing suicidal ideation should be referred for urgent mental health evaluation.
Concurrent issues such as sexual orientation may contribute to distress and should be addressed with appropriate support over time." MCCQE1 Objectives (Psychiatry > 79-2: Suicide Risk Assessment):
"Candidates must immediately refer for psychiatric assessment when a minor reports suicidal ideation, regardless of other social or developmental concerns." Antidepressants (A) may be appropriate but must follow specialist evaluation. Encouraging disclosure (B) or peer groups (C) is premature without ensuring safety.

NEW QUESTION: 92

An 80-year-old woman presents to the Emergency Department with dizziness. She has a medical history of coronary artery disease. On examination, she is alert and oriented. Her vital signs are as follows:

Her electrocardiogram is shown in the image.

Which one of the following is the most likely diagnosis?

Blood pressure

80/60 mm Hg

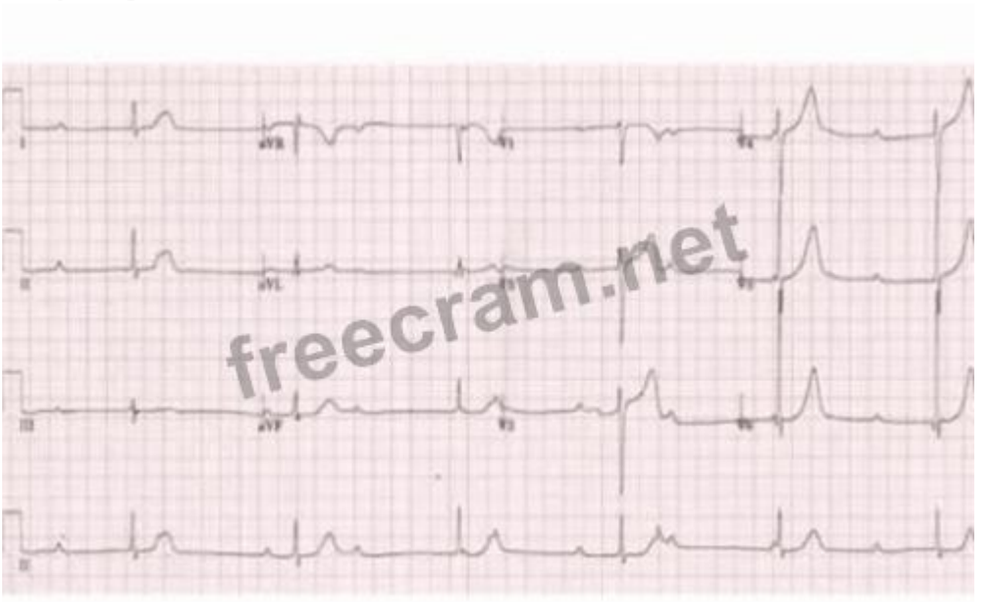
Heart rate

40/min

Respiratory rate

12/min

Her electrocardiogram is shown in the attached image. Which one of the following is the most likely diagnosis?



A. Sinus bradycardia

B. First-degree atrioventricular block

C. Third-degree atrioventricular block

D. Junctional escape rhythm

E. Second-degree Mobitz type I atrioventricular block

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

The ECG reveals:

Regular P waves that are not consistently followed by QRS complexes

A dissociation between the atrial (P wave) and ventricular (QRS complex) activity A slow ventricular rate (~40 bpm) independent of atrial rate These findings are characteristic of a third-

degree (complete) atrioventricular (AV) block, where there is no conduction of atrial impulses to the ventricles. The atria and ventricles beat independently, and the ventricular rate is maintained by an escape rhythm, often junctional or ventricular in origin.
This correlates with the patient's symptoms (dizziness, hypotension) and bradycardia, suggesting inadequate cardiac output due to AV dissociation.
Toronto Notes 2023 - Cardiology:
"Third-degree AV block shows complete AV dissociation with independent atrial and ventricular activity. It typically presents with bradycardia and hypotension. Urgent pacing may be required."
MCCQE1 Objectives (Cardiology > 34-2: Bradyarrhythmias and Conduction Disorders):
"Candidates must identify complete heart block and recognize its clinical urgency." Ruling out other options:
A). Sinus bradycardia would show regular P waves with 1:1 P-QRS conduction.
B). First-degree AV block has prolonged PR intervals (> 200 ms) but all P waves are conducted.
D). Junctional escape rhythm may present with bradycardia, but P waves would be absent, inverted, or occur after QRS complexes.
E). Mobitz type I (Wenckebach) has progressively lengthening PR intervals before a dropped QRS.

NEW QUESTION: 93
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: 94

A 6-week-old boy is brought to your office by his parents for a follow-up following a recent urinary tract infection. His abdominal ultrasound shows dilated urinary bladder and ureters as well as bilateral hydronephrosis. Which one of the following historical findings would be most helpful in establishing the correct diagnosis?

A. Recent circumcision
B. Malodorous urine
C. Poor urinary stream
D. Macroscopic hematuria
E. Crying during micturition
Answer: (SHOW ANSWER)

NEW QUESTION: 95
You are covering for your colleague who is on vacation this week. You receive the results from an ultrasonography that had been ordered for a 32-year-old woman, gravida 2, para 1, aborta 0. The ultrasonography-estimated fetal weight is below the fifth percentile for 30 weeks' gestation; gestational age was confirmed by an earlier ultrasonogram. The amniotic fluid volume is within normal range. Her first child's birth weight was 2800 g at full term. Which one of the following is the best next step?

A. Reassure the patient that the fetus is probably at the lower range of normal weight
B. Plan a follow-up appointment as soon as your colleague is back from vacation
C. Ask the patient to present to the obstetrics ward for further fetal assessment
D. Discuss the benefits of acetylsalicylic acid
E. Schedule an urgent uterine artery Doppler ultrasonography
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
An estimated fetal weight below the 5th percentile at 30 weeks is concerning for intrauterine growth restriction (IUGR). This warrants prompt evaluation of fetal well-being via biophysical profile and Doppler assessment. The patient should be referred for further fetal assessment immediately to rule out placental insufficiency or other complications.
Toronto Notes 2023 - Obstetrics, "Fetal Growth Restriction":
"EFW < 10th percentile, especially < 5th, warrants further evaluation including Doppler studies and biophysical profile. Immediate assessment is warranted to determine fetal well-being."
MCCQE1 Objectives (Obstetrics > 80-4: Antepartum Surveillance):
"Candidates must initiate urgent assessment in cases of abnormal fetal growth to reduce perinatal morbidity." Delaying care (B) is inappropriate. Reassurance (A) is unsafe. ASA (D) is preventative, not corrective.
Doppler (E) is important but should be coordinated through obstetrical triage.

NEW QUESTION: 96
A 67-year-old farmer presents with a 6-month history of progressive weakness in both arms. He now has difficulty in climbing but says he can still drive his tractor. Examination shows slight but

definite atrophy of muscles of pectoral girdle, especially over his scapula. Fasciculations are visible. There is hyperreflexia of most tendon reflexes of arms and legs, left ankle clonus and left Babinski reflex. Which one of the following is the most likely diagnosis?
A. Amyotrophic lateral sclerosis.
B. Multiple sclerosis.
C. Cerebellar degeneration.
D. Astrocytoma of pons.
E. Parkinson disease.
Answer: A (LEAVE A REPLY)
This presentation is most consistent with amyotrophic lateral sclerosis (ALS), characterized by progressive degeneration of both upper motor neurons (UMN) and lower motor neurons (LMN). The patient has LMN signs in the upper limbs-muscle atrophy of the shoulder girdle and visible fasciculations-alongside UMN signs-hyperreflexia, ankle clonus, and a Babinski reflex. The combination of UMN and LMN findings in multiple body regions with a gradual, progressive course over months strongly supports ALS. Multiple sclerosis typically produces disseminated neurologic deficits separated in time and space and does not usually cause prominent fasciculations or progressive LMN wasting. Cerebellar degeneration causes ataxia, dysmetria, and gait instability rather than mixed UMN/LMN signs. A pontine astrocytoma would more often cause cranial nerve deficits and brainstem signs and is less likely to present as a diffuse, progressive mixed motor neuron syndrome in an older adult. Parkinson disease causes bradykinesia, rigidity, and resting tremor, not Babinski or fasciculations. MCCQE objectives emphasize recognizing mixed UMN/LMN patterns and identifying ALS as a key progressive motor neuron disorder.

NEW QUESTION: 97
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: (SHOW ANSWER)
According to Canadian medical ethics and legal standards, physicians mustcommunicate diagnosis and treatment options directly to the patient, unless the patient hasexplicitly waived their right to knowor 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: 98
A 42-year-old man presents with a history of fatigue and weight loss. He looks unwell, has a darker than usual complexion and his liver is enlarged. He is also found to have marked glycosuria. Which one of the following is the most useful diagnostic test?
A. Hemoglobin A1c
B. Serum cortisol
C. Serum alpha-1 antitrypsin
D. Serum ferritin
E. Serum amylase
Answer: (SHOW ANSWER)
This presentation suggests hereditary hemochromatosis. Common features include hyperpigmentation ("bronze diabetes"), hepatomegaly, diabetes, fatigue, and elevated liver enzymes. Serum ferritin is a screening test for iron overload, and elevated levels support the diagnosis.
Toronto Notes 2023 - Endocrinology / Gastroenterology:
"Hemochromatosis presents with skin hyperpigmentation, hepatomegaly, diabetes, fatigue. Diagnosis begins with serum ferritin and transferrin saturation." MCCQE1 Objectives (Internal Medicine > Metabolic and Endocrine > 37-1):
"Candidates must investigate iron overload syndromes using ferritin and transferrin saturation." Cortisol (B) is for adrenal insufficiency. A1AT (C) is a liver disease cause but not typical here. Amylase (E) is for pancreatitis. A1c (A) would confirm diabetes but not the underlying cause.

NEW QUESTION: 99
A 40-year-old man presents to the emergency department with a 24-hour history of severe abdominal pain and recurrent vomiting. He has a long-term history of alcohol use disorder. His blood pressure is 90/60 mm Hg, and his heart rate is 120/min. The pain is located mostly in the epigastrium but radiates to the right upper quadrant and to his back. Radiographs of the abdomen and chest reveal some distended small bowel loops in his upper abdomen. Laboratory work results are pending. After fluid resuscitation, which one of the following is the best next step?
A. Immediate laparotomy
B. Ultrasonography
C. Computed tomography
D. Upper gastrointestinal endoscopy

E. Sengstaken-Blakemore tube

Answer: C (LEAVE A REPLY)

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

Toronto Notes 2023 - Gastroenterology, "Pancreatitis":

"CT abdomen is indicated when diagnosis is unclear, symptoms are severe, or complications (e.g., necrosis, ileus) are suspected." MCCQE1 Objectives (Gastroenterology > 47-1: Acute Abdominal Pain):

"Candidates must investigate acute epigastric pain appropriately, especially in the context of alcohol use and systemic features." Ultrasound (B) is first-line for gallstones but not best here. Laparotomy (A) is not warranted without peritonitis or perforation. Endoscopy (D) is not indicated. Sengstaken-Blakemore (E) is for variceal bleeding, which is not suspected here.

NEW QUESTION: 100

A 35-year-old woman, gravida 3, para 0, aborta 3, presents with her male partner because she has been unable to conceive despite trying for more than 1 year. Her menstrual cycles have been absent for 9 months, and she has occasional mild cyclic pain. She has a medical history of 3 suction curettages. Her BMI is 24.

Investigation results are as follows:

Hysterosalpingogram: Obliterated uterine cavity, no tubal dye spill

Progesterone (midluteal): 48.0 nmol/L (16.4-59.0)

Partner ' s semen: All parameters normal

Which one of the following is the most likely diagnosis?

A. Fibroids

B. Perimenopause

C. Intrauterine synechiae

D. Hypothalamic insufficiency

E. Polycystic ovary syndrome

Answer: (SHOW ANSWER)

This patient has secondary amenorrhea, infertility, and a history of multiple uterine curettages, which strongly points toward Asherman syndrome (intrauterine adhesions or synechiae). The hysterosalpingogram shows an obliterated uterine cavity and no tubal dye spill-classic for intrauterine synechiae. Her midluteal progesterone level is normal, indicating ovulation.

Toronto Notes 2023 - Gynecology, "Infertility" section:

"Asherman syndrome results from intrauterine adhesions due to curettage, leading to amenorrhea and infertility. HSG shows an obliterated or irregular uterine cavity." MCCQE1 Objectives (Gynecology > 82-1: Infertility):

"Candidates should evaluate secondary amenorrhea and interpret imaging such as hysterosalpingogram in the diagnosis of intrauterine abnormalities." Other options are ruled out by the presence of normal ovulation (rules out hypothalamic and PCOS) and by imaging (not suggestive of fibroids or perimenopause).

NEW QUESTION: 101
A 76-year-old man is brought to the emergency department in an unresponsive state. He has a history of chronic kidney disease with a baseline serum creatinine level of 300 µmol/L (49-93) and a history of dilated cardiomyopathy with an ejection fraction of 30%. On assessment, he has no pulse or blood pressure. Cardiac monitor demonstrates a wide complex tachycardia. Which one of the following recently started medications is the most likely cause of this arrhythmia?
A. Spironolactone
B. Hydrochlorothiazide
C. Metoprolol
D. Clopidogrel
E. Diltiazem
Answer: (SHOW ANSWER)
Spironolactone is a potassium-sparing diuretic that can cause hyperkalemia, especially in patients with impaired renal function. Hyperkalemia can lead to life-threatening arrhythmias, particularly wide complex tachycardia or ventricular fibrillation.
Toronto Notes 2023 - Cardiology and Nephrology, "Hyperkalemia" Section:
"Patients with CKD are at increased risk for hyperkalemia, particularly when taking potassium-sparing medications such as spironolactone. Severe hyperkalemia may cause bradycardia or wide-complex tachyarrhythmias." MCCQE1 Objectives (Internal Medicine > 76-2: Electrolyte Abnormalities):
"Candidates must recognize drug-induced hyperkalemia as a cause of cardiac arrhythmias, especially in patients with renal dysfunction." Hydrochlorothiazide (B) can cause hypokalemia. Metoprolol (C) and diltiazem (E) are rate-controlling agents but do not typically cause wide complex tachycardia. Clopidogrel (D) has no effect on cardiac conduction.

NEW QUESTION: 102
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: (SHOW ANSWER)

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: 103
An otherwise well 18-month-old girl is brought to your family practice office for routine immunization. Her mouth is as shown in the attached image. She has no symptoms. Which one of the following is the most likely cause of this presentation?

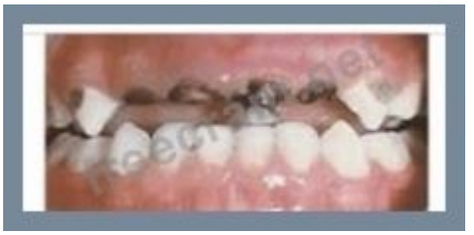


Image description: Severe black and brown decay of multiple upper front teeth, with relatively spared lower teeth.
A. Vitamin D deficiency.
B. Lack of fluoride in drinking water.
C. Repeated courses of antibiotics.
D. Use of oral iron supplements.
E. Putting the child to bed with a bottle.
Answer: (SHOW ANSWER)
The image shows classic features of "early childhood caries" (ECC), often called " baby bottle tooth decay." This typically affects upper incisors first due to prolonged exposure to milk/formula or sugary drinks during sleep.
Toronto Notes 2023 - Pediatrics, "Dental Health" Section:
"ECC is most commonly caused by prolonged nighttime bottle feeding with milk or juice. It affects upper anterior teeth due to pooling and lack of protective salivary flow." MCCQE1 Objectives (Pediatrics > 78-2: Preventive Care):
"Candidates must recognize risk factors for dental caries in young children, including nighttime bottle use and sugary liquid exposure." Antibiotics (C) or iron (D) can stain but do not cause this pattern of decay. Vitamin D (A) causes enamel hypoplasia or delayed eruption. Fluoride deficiency (B) causes diffuse decay, not selective anterior tooth loss.

NEW QUESTION: 104
A prepubertal 9-year-old girl with severe developmental disability is brought to your office by her parents.
They are seeing you to discuss some difficulties that might occur with puberty. They are afraid that menses will complicate hygiene care and they have heard of significant mood/behavioural changes in this population when menses occur. Which one of the following recommendations is the most appropriate?
A. Hysterectomy is the safest and most effective method to obtain menstrual suppression.
B. Therapeutic amenorrhea with continuous combined oral contraceptive is contraindicated.
C. Extended progestin-only method should not be initiated until after the onset of menses.
D. Hormonal menstrual suppression is likely to increase behavioural and mood changes.
E. Girls with developmental disability generally have chronic hypothalamic amenorrhea.
Answer: (SHOW ANSWER)
In girls with developmental disabilities, menstrual management should follow the same ethical and clinical principles as for other adolescents, emphasizing least invasive, reversible options and respect for future autonomy. Menstrual suppression may be appropriate to assist with hygiene and quality of life; however, hormonal methods are generally initiated after the onset of menarche to confirm pubertal development and exclude underlying endocrine disorders. Therefore, extended progestin-only therapy (e.g., depot medroxyprogesterone acetate) should not be started before menses begin. Hysterectomy is inappropriate as first-line management due to its irreversible nature, surgical risks, and significant ethical concerns regarding sterilization. Continuous combined oral contraceptives are not contraindicated and are commonly used for therapeutic amenorrhea. Evidence does not show consistent worsening of behavioural symptoms with appropriate hormonal suppression. Girls with developmental disabilities typically experience normal pubertal progression. MCCQE objectives emphasize patient-centered care, least restrictive interventions, ethical considerations in consent and capacity, and appropriate menstrual management strategies in adolescents with special needs.

NEW QUESTION: 105
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: (SHOW ANSWER)

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: 106

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: (SHOW ANSWER)

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: 107
A 12-year-old boy initially presents with a 4-month history of left knee pain. He denies any obvious history of trauma, but he plays basketball frequently and notes his pain is worse after playing. On physical examination the patient has a prominent tibial tubercle, which is swollen and tender. There is full range of motion in the knee. A radiograph of the left knee reveals an ossicle anterior to the tibial tuberosity. Which one of the following is the most likely diagnosis?
A. Osteomyelitis
B. Osteosarcoma
C. Chondromalacia patellae
D. Patellar tendinitis
E. Osgood-Schlatter disease
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Osgood-Schlatter disease is a traction apophysitis of the tibial tubercle due to repetitive stress from the quadriceps during growth. It is common in active adolescents and presents with a tender, prominent tibial tuberosity and typical radiographic findings.
Toronto Notes 2023 - Pediatrics / MSK:
"Osgood-Schlatter disease presents with localized pain at the tibial tuberosity in adolescents involved in sports. X-ray may show ossicle or fragmentation." MCCQE1 Objectives (Pediatrics > 78-2: MSK Injuries and Overuse):
"Candidates must identify overuse syndromes like Osgood-Schlatter and distinguish from infections or malignancy." Osteomyelitis (A) is systemic. Osteosarcoma (B) causes deep pain, often at night. Chondromalacia (C) affects anterior knee and worsens with stairs. Patellar tendinitis (D) affects the inferior pole of patella, not tibial tubercle.

NEW QUESTION: 108
A 17-year-old boy is brought by his 2 roommates to the emergency department (ED) after a party where he had been drinking and smoking cannabis. He reportedly was having a good time when

he suddenly wanted to jump out of a window. His roommates describe him as "normal prior to a breakup with his girlfriend a week ago." He has since become anxious and unable to sleep. On examination, he is somnolent and appears intoxicated. Which one of the following is the most appropriate initial management?

A. Call the patient's parents to take him home.

B. Observe the patient in the ED for several hours.

C. Prescribe chlordiazepoxide and start an intravenous line.

D. Arrange for an involuntary admission to psychiatry.

Answer: (SHOW ANSWER)

This adolescent exhibited acute suicidal behavior (attempted to jump out of a window), which is a psychiatric emergency. Regardless of intoxication or cause, such behavior mandates a safety-first approach: involuntary psychiatric assessment and protection from self-harm.

Toronto Notes 2023 - Psychiatry, "Suicide and Crisis Intervention" Section:

"Involuntary psychiatric admission is indicated when a patient poses a danger to themselves or others.

Suicidal ideation or attempts require immediate evaluation and monitoring." MCCQE1 Objectives (Psychiatry > 79-2: Suicide and Risk Management):

"Candidates must identify suicidal behavior and initiate appropriate action, including involuntary admission if necessary for safety." Observation (B) may miss the window for action. Parents (A) should be contacted but are not a substitute for admission. Chlordiazepoxide (C) is not first-line in this scenario.

NEW QUESTION: 109

A leaf switch shows " FW Version Mismatch " alerts for transceivers after cluster expansion. Which tool validates transceiver firmware against expected versions?

A. flint

B. iblinkinfo

C. mlxconfig

D. ethtool

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

Firmware consistency is a pillar of stable InfiniBand fabric performance. When a cluster is expanded, new transceivers or cables may arrive with newer or older firmware than the existing base, leading to " FW Version Mismatch " alerts in management consoles like UFM (Unified Fabric Manager). The `flint` tool (or

`mstflint`) is the correct utility for querying the specific firmware levels embedded within the transceivers.

While `iblinkinfo` provides data on link speeds and port states, it does not provide the deep hardware-level firmware telemetry required for version validation. `flint` allows the administrator to query the device, compare the current burn version against the target image, and perform the necessary updates to bring the cluster into a uniform state. In NVIDIA AI infrastructure,

maintaining uniform firmware across the fabric ensures that features like Adaptive Routing and Congestion Control operate predictably. Without version parity, inconsistent behavior in Forward Error Correction (FEC) or link-up negotiation can lead to intermittent performance drops that are difficult to diagnose at the application (NCCL) level.

NEW QUESTION: 110

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: (SHOW ANSWER)
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.

NEW QUESTION: 111
A 67-year-old man presents to the clinic because of elevated liver enzymes. He is asymptomatic.His medical history is significant for type 2 diabetes, which is being treated with metformin. On physical examination, he looks well. His blood pressure is 125/75 mm Hg, his heart rate is 80/min, and his BMI is 35. Findings of the remainder of the examination are normal. His blood work results are as follows:
* Platelet count: 170 × 10#/L (130-380)
* Creatinine: normal
* GGT: 75 µmol/L (49-93)
* ALT: 146 IU/L (15-85)
* AST: 101 IU/L (17-63)
* Bilirubin (total): 17 µmol/L (3-17)
* INR: 1.2 (0.9-1.2)
Which one of the following is the most likely diagnosis?

A. Acute hepatitis B infection
B. Carcinoma of the pancreas
C. Nonalcoholic steatohepatitis
D. Metformin effect
E. Hepatocellular carcinoma
Answer: (SHOW ANSWER)
The patient is obese (BMI 35), has type 2 diabetes, and shows a hepatocellular pattern of transaminitis (elevated ALT > AST). These are typical features of nonalcoholic steatohepatitis (NASH), the inflammatory subtype of nonalcoholic fatty liver disease (NAFLD).
Toronto Notes 2023 - Gastroenterology, NAFLD and NASH:
"NASH should be suspected in patients with metabolic syndrome, obesity, and type 2 diabetes, especially with elevated transaminases and normal bilirubin or INR." MCCQE1 Objectives - Internal Medicine > Hepatology:
"Candidates should recognize the clinical profile of NAFLD/NASH, particularly in asymptomatic patients with metabolic risk factors and isolated liver enzyme elevations." Acute hepatitis B (A) typically has higher ALT and symptoms. Pancreatic carcinoma (B) affects biliary enzymes or bilirubin. Metformin (D) does not elevate liver enzymes. HCC (E) would often present with systemic or localized symptoms and abnormal imaging.

NEW QUESTION: 112
A 45-year-old man with a developmental delay and a history of disruptive behavior presents to the clinic looking for his family doctor. He is well known to the clinic. He appears drunk and has accidentally broken 2 large beer bottles in the waiting room but remains calm. The office staff requests your help to deal with this situation. Which one of the following is the most appropriate initial step?
A. Call the police, given the patient ' s presentation.
B. Instruct the office staff to ignore him and let him calm down.
C. Tell the patient that his behavior is unacceptable and ask him to leave.
D. Assess the patient promptly.
E. Call the social work crisis intervention team.
Answer: (SHOW ANSWER)
This is a known patient with intellectual disability and behavioral concerns. The presentation of alcohol intoxication in a calm patient who inadvertently broke bottles warrants prompt, nonjudgmental clinical assessment before escalating. De-escalation and safety assessment come first.
Toronto Notes 2023 - Psychiatry, " Psychiatric Emergencies and Crisis Management " :
"In agitated or intoxicated individuals with developmental disability, a calm approach and prompt physician assessment are essential to prevent escalation and assess for medical or psychiatric needs." MCCQE1 Objectives (Psychiatry > Crisis and Acute Presentations > 72-2):
"Candidates must assess potentially disruptive patients with dignity and caution before involving law enforcement or security. Physician engagement is often calming." Police intervention (A) is

premature and may escalate matters. Ignoring (B) risks safety. Asking him to leave (C) without assessment is inappropriate. Social work (E) may help, but after medical triage.

NEW QUESTION: 113
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. Enforce mandatory influenza vaccination for LTC staff.
B. Ask all visitors to wear a mask.
C. Order symptomatic LTC staff to stay home.
D. Ensure that all visitors are immunized.
Answer: (SHOW ANSWER)

NEW QUESTION: 114
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)

NEW QUESTION: 115

You are caring for a 17-year-old girl who has end-stage renal disease. She is receiving dialysis at the hospital
3 times a week. She requests medical assistance in dying (MAID). Which of the following is the best next step?

A. Inform the patient that she will need parental consent to be assessed for MAID.
B. Explain to the patient that she is not terminally ill.
C. Refer the patient to a psychiatrist.
D. Suggest a trial of home dialysis.
E. Explore the reasons for the patient's request for MAID.

Answer: (SHOW ANSWER)

The first step in any MAID request is to explore the patient's motivations, psychosocial concerns, and mental health status. The request should be taken seriously and approached with compassion. Exploring the reasons is essential to determine eligibility and to distinguish suffering from other potentially treatable issues (e.g., depression, loss of hope).
Toronto Notes 2023 - ELOM, "Medical Assistance in Dying":
"Upon receiving a request for MAID, the physician must first explore the patient's motivations, ensure understanding of their condition, and assess for coercion, depression, or other treatable factors." MCCQE1 Objectives (ELOM > Ethical Dilemmas > End-of-Life Care):
"Candidates must demonstrate understanding of the ethical and legal framework surrounding MAID and respond appropriately to requests by exploring reasons and providing necessary support and referrals." MAID is available to mature minors in some jurisdictions but not uniformly. Assuming the patient is ineligible or redirecting to other treatments without discussion is inappropriate.

NEW QUESTION: 116

A 68-year-old man presents with a 3-day history of multiple tender joints. On examination, he has a temperature of 38.2°C and swelling and redness of his left large toe. Which one of the following is the most likely diagnosis?

A. Viral arthritis.
B. Osteoarthritis.
C. Psoriatic arthritis.
D. Rheumatoid arthritis.
E. Crystal-induced arthropathy.

Answer: (SHOW ANSWER)

This patient presents with acute onset of joint pain, fever, and classic involvement of the first metatarsophalangeal joint (podagra) with swelling and erythema. MCCQE objectives emphasize recognizing the characteristic presentation of crystal-induced arthropathy , particularly gout. Gout commonly affects older men and presents with sudden, severe monoarthritis, often involving the great toe. Systemic symptoms such as low-grade fever may occur during acute attacks.
Viral arthritis typically causes symmetric polyarthritis without marked erythema of a single joint.

Osteoarthritis presents with chronic, non-inflammatory joint pain and minimal warmth or redness. Psoriatic arthritis is usually associated with psoriasis, nail pitting, or dactylitis. Rheumatoid arthritis typically presents as chronic, symmetric small-joint polyarthritis rather than acute podagra. Although this patient reports multiple tender joints, the prominent inflamed great toe is classic for gout, and polyarticular involvement can occur, especially in older individuals. Diagnosis is ideally confirmed by joint aspiration showing monosodium urate crystals. Initial management includes NSAIDs, colchicine, or corticosteroids.

NEW QUESTION: 117

A 56-year-old woman is admitted to hospital with gastrointestinal bleeding. Her hemoglobin level is low and the physician who saw her in the Emergency Department has recommended a blood transfusion. You attend her on the unit and tell her that a blood transfusion will help her feel better. Which one of the following is the best next step?

A. Give the patient a blood transfusion before her condition becomes unstable.

B. Ask a colleague to see the patient and make the same recommendation.

C. Withhold the transfusion to avoid any risk for liability.

D. Discuss with the patient the potential risks and benefits of having a transfusion.

E. Review the patient's chart to see if she consented to transfusions in the past.

Answer: (SHOW ANSWER)

The best next step is to ensure valid informed consent by discussing the risks, benefits, alternatives, and consequences of refusal of a blood transfusion. According to MCCQE objectives, informed consent requires that the patient be capable, receive sufficient relevant information, understand the information provided, and voluntarily agree to the intervention. Simply informing the patient that a transfusion will help her feel better is inadequate and does not meet the standard for informed decision-making.

Administering the transfusion without this discussion violates patient autonomy unless there is an immediate life-threatening emergency and the patient lacks capacity. Asking a colleague to repeat the recommendation does not fulfill the obligation. Withholding treatment for liability reasons is inappropriate. Prior consent documented in the chart does not replace consent for the current clinical situation.

Therefore, a thorough discussion of indications, expected benefits (improved oxygen delivery, symptom relief), potential risks (transfusion reactions, infection, fluid overload), and alternatives is ethically and legally required before proceeding.

NEW QUESTION: 118

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

A. Prescribe broad-spectrum antibiotics.

B. Order a diagnostic colonoscopy.

C. Recommend symptomatic observation.

D. Recommend a trial of loperamide.
E. Prescribe tapered-dose steroids.
Answer: (SHOW ANSWER)
Persistent bloody diarrhea with negative stool cultures and ova/parasite testing in an older adult suggests inflammatory bowel disease (IBD) or another colitis such as ischemic or microscopic colitis. Colonoscopy is the best next diagnostic step to evaluate for ulcerative colitis, Crohn disease, ischemic colitis, or malignancy.
Toronto Notes 2023 - Gastroenterology, "Inflammatory Bowel Disease":
"Persistent bloody diarrhea with negative infectious work-up should prompt colonoscopic evaluation to rule out IBD or other forms of colitis." MCCQE1 Objectives (Internal Medicine > Gastrointestinal > 47-1):
"Candidates must assess and investigate chronic or persistent diarrhea. In the presence of red flag features such as bleeding, weight loss, or anemia, colonoscopy is indicated." Antibiotics (A) are not indicated with negative stool cultures. Observation (C) and loperamide (D) risk delaying diagnosis. Steroids (E) may be required later but only after confirmation of diagnosis.

NEW QUESTION: 119
A 26-year-old man presents to your office with fever, chills, and malaise. Aside from an episode of dysuria 8 weeks ago, which spontaneously resolved, he has been healthy. On examination, his left wrist and right ankle are tender. There is a cluster of vesiculopustular lesions on his right hand. Which one of the following is the most likely diagnosis?
A. Primary HIV infection syndrome
B. Disseminated gonococcemia
C. Reactive arthritis
D. Rheumatoid arthritis
E. Varicella
Answer: (SHOW ANSWER)
Disseminated gonococcal infection (DGI) typically presents with the classic triad of polyarthralgia, tenosynovitis, and skin lesions (especially pustules on extremities). A prior urogenital infection and systemic symptoms further support this diagnosis.
Toronto Notes 2023 - Infectious Disease, STIs:
"DGI presents with arthritis-dermatitis syndrome: fever, asymmetric polyarthralgia, tenosynovitis, and vesiculopustular skin lesions. It may follow asymptomatic or unrecognized urogenital infection." MCCQE1 Objectives - Infectious Disease > STIs:
"Candidates must recognize systemic manifestations of gonorrhea including DGI and distinguish it from other forms of arthritis or systemic illness." Reactive arthritis (C) may follow STI but includes conjunctivitis and urethritis. HIV (A) does not typically cause this triad. RA (D) has different distribution and chronicity. Varicella (E) presents with diffuse vesicular rash, not joint pain.

NEW QUESTION: 120

A 35-year-old man comes to your office with a history of headaches that last 1 hour and are relieved by 1000 mg of acetaminophen. These headaches, which started 6 months ago after he got his first job as a lawyer, occur regularly. The patient wants a computed tomography scan of his head to rule out a tumour. Physical examination reveals no abnormality. Review of systems does not contribute any positive findings. Which one of the following is the best management?

A. Refer the patient to a neurologist for further investigations.
B. Order a computed tomography of the head.
C. Reassure the patient.
D. Prescribe stronger pain relief medications.
E. Refer the patient to a psychiatrist for anxiety disorder.
Answer: (SHOW ANSWER)
This patient's headache is consistent with tension-type or stress-related headache. The symptoms are mild, responsive to over-the-counter medications, and without red flags (neurologic signs, worsening pattern, nocturnal pain). Reassurance is appropriate.
Toronto Notes 2023 - Neurology, "Headache" Section:
"In the absence of red flags (e.g., sudden onset, focal deficits, age >50, worsening pattern), reassurance is the best course. Tension headaches are often related to stress and improve with lifestyle modification and simple analgesia." MCCQE1 Objectives (Internal Medicine > 76-6: Neurologic Symptoms):
"Candidates should recognize benign headache patterns and avoid unnecessary investigations." CT head (B) is not indicated. Stronger analgesics (D) may cause rebound headache. Specialist or psychiatric referrals (A, E) are premature.

NEW QUESTION: 121
An 83-year-old woman presents to your office with a 2-day history of confusion. Her past medical history is significant for lung cancer, and she is being treated with radiation. On physical examination, she is euvolemic.
Her blood work reveals a serum sodium of 118 mmol/L (135-140) as compared with 134 mmol/L (8 days ago). Which one of the following will be most helpful in establishing the cause of her laboratory abnormality?
A. Urinalysis
B. Urine sodium
C. Serum osmolality
D. Creatinine clearance
E. Parathyroid hormone-related peptide
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
Hyponatremia in a patient with lung cancer and euvolemia strongly suggests syndrome of inappropriate antidiuretic hormone secretion (SIADH), especially from small cell carcinoma. Serum osmolality is the best initial test to confirm hypotonic hyponatremia and distinguish true hyponatremia from pseudohyponatremia or other causes.
Toronto Notes 2023 - Endocrinology, "Hyponatremia":

"Serum osmolality helps classify hyponatremia as hypotonic, isotonic, or hypertonic. SIADH typically causes hypotonic hyponatremia in euvolemic patients." MCCQE1 Objectives (Endocrinology > 37-1: Electrolyte Disorders):
"Candidates must evaluate the type and cause of hyponatremia using clinical status and laboratory tests including serum osmolality." Urine sodium (B) is useful after confirming hypotonicity. PTHrP (E) is associated with hypercalcemia of malignancy, not hyponatremia. Urinalysis (A) and CrCl (D) are less directly informative.

NEW QUESTION: 122
You receive a note from a pharmacist about your 82-year-old patient who is taking oxycodone extended- release 20 mg 3 times daily for spinal stenosis. The pharmacist suggests that you consider tapering the medication. Your patient has been taking his current dosage for 1 year. When you saw him a month ago, he was functioning well with no adverse effects from the medication. Which one of the following is the best next step?
A. Prescribe a lower dosage of oxycodone.
B. Refer the patient to a pain specialist to help you decide on the best management.
C. Refer the patient for physiotherapy and acupuncture.
D. Reassess the patient.
Answer: (SHOW ANSWER)
Long-term opioid therapy requires ongoing assessment of benefits, risks, function, adverse effects, and safety, particularly in older adults. MCCQE objectives emphasize regular reassessment before making changes to chronic controlled medications. Although the pharmacist has appropriately raised concern about prolonged opioid use, the patient was reported one month ago to be functioning well without adverse effects.
The appropriate next step is to reassess the patient directly-including pain control, functional status, cognition, fall risk, constipation, signs of misuse, and overall goals of care-before altering therapy.
Automatic dose reduction without evaluation may destabilize pain control. Immediate referral to a specialist is unnecessary if the patient is stable and well managed. Adjunct therapies such as physiotherapy may be considered but should not replace proper reassessment.

Shared decision-making is essential. If reassessment reveals limited benefit, adverse effects, or safety concerns, a gradual taper can then be discussed. Clinical decisions regarding opioids should be individualized rather than based solely on duration of use.

NEW QUESTION: 123
A 55-year-old man with alcohol use disorder presents with a 2-day history of confusion. Onexamination, 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.

NEW QUESTION: 124
A 68-year-old man with a history of diabetes, hypertension, delirium tremens, and tobacco addiction comes to the Emergency Department with his daughter. She tells you that his behavior has become unmanageable and she feels he may require an increased level of care. His vital signs are:
Blood pressure: 162/105 mm Hg
Heart rate: 112/min, regular
Temperature: 37.8°C
On history, his daughter explains she had to confiscate a half-empty bottle of alcohol from his room yesterday. He is now convinced that there are bugs crawling all over him and he will not

relax. He appears pale, sweaty, and shaky. His most recent blood glucose is 7.8 mmol/L (3.8-11.1). Which one of the following is the best next step?
A. Interview the patient in private to ensure this is not a case of elder abuse.
B. Provide the family member with a prescription of antipsychotics for the patient.
C. Administer benzodiazepines and intravenous hydration.
D. Consult a Geriatric Psychiatrist to assess the patient.
Answer: (SHOW ANSWER)
The presentation is consistent with acute alcohol withdrawal with delirium tremens: autonomic instability, agitation, visual hallucinations (formication), and recent alcohol reduction. This is a medical emergency requiring immediate treatment with benzodiazepines and supportive care.
Toronto Notes 2023 - Psychiatry, Substance Use Disorders:
"Delirium tremens is a life-threatening complication of alcohol withdrawal. Clinical features include agitation, hallucinations, tachycardia, hypertension, and diaphoresis. Management includes high-dose benzodiazepines and IV fluids." MCCQE1 Objectives - Psychiatry > Substance Use Disorders:
"Candidates must recognize and treat alcohol withdrawal delirium promptly with benzodiazepines and supportive measures." Antipsychotics (B) are not first-line in withdrawal states. Private interviews (A) and psychiatric consults (D) delay life-saving treatment.

NEW QUESTION: 125
A 32-year-old woman presents to the office and reports that she feels unwell and tired. She is worried about long-standing episodic diarrhea and vague abdominal discomfort. Laboratory investigations reveal a hemoglobin of 90 g/L (123-157), mean corpuscular volume of 75 fL (80-100), and serum ferritin level of 4 µg
/L (11-307). Which one of the following tests is most likely to produce a diagnosis?
A. Total iron-binding capacity.
B. Immunoglobulin A tissue transglutaminase.
C. Fecal fat determination.
D. Stool for culture and sensitivity.
E. Helicobacter pylori serology.
Answer: (SHOW ANSWER)
This patient has microcytic anemia (MCV 75 fL) with very low ferritin , confirming iron deficiency anemia.
In a young woman with chronic diarrhea and abdominal discomfort, MCCQE objectives emphasize investigating for malabsorption syndromes , particularly celiac disease . Iron deficiency may be the only presenting feature of celiac disease due to impaired absorption in the proximal small intestine (duodenum), where iron uptake normally occurs.
The most appropriate diagnostic test is IgA tissue transglutaminase (tTG) antibody , which is the recommended first-line serologic test for celiac disease. If positive, diagnosis is typically confirmed with small bowel biopsy. Total iron-binding capacity would only further characterize iron deficiency but would not identify the underlying cause. Fecal fat testing evaluates steatorrhea but

is less specific and not first-line for suspected celiac disease. Stool cultures are indicated for acute infectious diarrhea. Helicobacter pylori infection may contribute to anemia but does not explain chronic malabsorptive symptoms.
Thus, IgA tTG testing is most likely to establish the underlying diagnosis.

NEW QUESTION: 126
A 38-year-old woman has progressive renal failure despite optimal medical treatment for her glomerulonephritis. Her ex-husband asks if he might be considered as a kidney donor. They have joint custody of their 10-year-old son. Which one of the following is the best response to the ex-husband's request?
A. He may proceed with assessment for possible organ donation.
B. His request must be refused because of the risk of leaving their child with 2 unhealthy parents.
C. Advise against a donation because of their divorce.
Answer: (SHOW ANSWER)
Living kidney donation is based on voluntary, informed consent and thorough medical and psychosocial evaluation of the donor. MCCQE ELOM objectives emphasize respect for autonomy and avoidance of unjustified discrimination. An ex-spouse may be considered as a potential donor if he meets medical criteria and demonstrates informed, voluntary decision-making free of coercion. Marital status or divorce is not a valid reason to exclude someone from donor assessment.
Concerns about the welfare of their child are important but are addressed during the standard donor evaluation process, which includes psychosocial assessment and discussion of risks. Donation cannot be automatically refused on speculative grounds. Instead, transplant programs conduct rigorous screening to ensure donor safety and voluntariness.
Therefore, the appropriate response is to allow him to proceed with formal donor assessment , where suitability, risks, motivations, and support systems will be evaluated comprehensively before any final decision is made.

NEW QUESTION: 127
A 63-year-old man presents to the office with a 2-year history of episodic swallowing problems that have been increasing in frequency. He states that food seems to stick in his throat, and these episodes are often associated with coughing or regurgitating undigested food. Physical examination reveals that the patient has halitosis; otherwise, findings are normal. Which one of the following is the best next step to confirm the most likely diagnosis?
A. Endoscopy.
B. 24-hour esophageal pH monitoring.
C. Trial of a proton pump inhibitor.
D. Barium swallow.
E. Computed tomography of the chest.
Answer: D (LEAVE A REPLY)

This presentation is classic for Zenker diverticulum , characterized by progressive dysphagia, regurgitation of undigested food, coughing, and halitosis due to food retention in a pharyngoesophageal pouch. Symptoms are chronic and episodic, often involving regurgitation hours after eating. MCCQE objectives emphasize selecting the safest and most appropriate diagnostic test. The best initial test is a barium swallow (contrast esophagram)
, which clearly visualizes the posterior outpouching above the upper esophageal sphincter. Endoscopy is not the first step because there is a risk of perforation if a large diverticulum is present. pH monitoring and PPI trials are used for gastroesophageal reflux disease, which does not explain regurgitation of undigested food and halitosis. CT chest is unnecessary for diagnosis. Therefore, a barium swallow is the safest and most informative investigation to confirm suspected Zenker diverticulum before considering surgical or endoscopic management.

NEW QUESTION: 128

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: (SHOW ANSWER)

The clinical presentation ofmultiple fractures at different stages of healingin a young child raisesstrong 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 arelegally obligatedto 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: 129

A 3-year-old boy is brought to the office because he has progressive weight gain and short stature. He has marked truncal obesity, hypertrichosis of the upper lip, and facial swelling. Which one of the following is a physical examination most likely to reveal?

A. Cafe-au-lait spots

B. Hypertension

C. Thyroid goiter

D. Hepatomegaly

E. Acanthosis

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation:

The child's presentation (weight gain, short stature, truncal obesity, facial swelling, hypertrichosis) is classic for Cushing syndrome. One of the hallmark findings on physical examination in pediatric Cushing syndrome is hypertension, due to increased cortisol-mediated mineralocorticoid receptor activation.

Toronto Notes 2023 - Pediatrics / Endocrinology:

"Cushing syndrome in children presents with growth failure, weight gain, moon facies, truncal obesity, and hypertension." MCCQE1 Objectives (Pediatrics > 77-2: Endocrine Disorders in Children):

"Candidates must identify clinical signs of hypercortisolism and evaluate for associated findings such as elevated blood pressure." Cafe-au-lait spots (A) suggest neurofibromatosis. Goiter (C) is more related to thyroid dysfunction.

Hepatomegaly (D) and acanthosis (E) are more commonly seen in metabolic syndrome or insulin resistance.

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NEW QUESTION: 130

You performed a surgical procedure on a 32-year-old woman for a herniated disk that was causing neurologic impairment. At the 8-month follow-up visit, she has healed well; however, she requests a prescription renewal of her narcotic analgesics (hydromorphone). Her pharmacy confirms that the patient adheres to the dosage you prescribed, that she has not consulted other physicians, and that her behavior has always been respectful.

You think that she no longer requires narcotic analgesics. Which one of the following approaches is most helpful to the patient?

A. Replace short-acting hydromorphone with transdermal fentanyl.

B. Decline the renewal of further hydromorphone and discharge the patient.

C. Advise the provincial or territorial agency responsible for following patients who have potential substance use disorders.

D. Counsel the patient regarding substance use disorder and arrange follow-up with her family physician.

E. Change the patient's prescription from short-acting hydromorphone to once-daily methadone.

Answer: (SHOW ANSWER)

The patient's pain is no longer medically justified for opioids, but there is no evidence of misuse. The most appropriate and supportive action is to explain concerns, provide education about opioid tapering or dependency, and transition care to her family physician for ongoing management.
Toronto Notes 2023 - ELOM, "Safe Prescribing and Opioid Stewardship" Section:
"When opioids are no longer indicated, engage the patient in a conversation about tapering and arrange appropriate follow-up. Coordinate care with primary providers when long-term management is needed." MCCQE1 Objectives (ELOM > 99-1: Professionalism and Substance Use):
"Candidates must address the risk of dependency, counsel the patient, and ensure a safe transition to appropriate care without abrupt termination." Methadone (E) and fentanyl (A) are for opioid use disorder or chronic pain, not for tapering in low-risk patients. Discharging the patient (B) or reporting (C) is punitive and unnecessary.

NEW QUESTION: 131
A 6-week-old boy is brought to your office by his parents for a follow-up following a recent urinary tract infection. His abdominal ultrasound shows dilated urinary bladder and ureters as well as bilateral hydronephrosis. Which one of the following historical findings would be most helpful in establishing the correct diagnosis?
A. Recent circumcision
B. Macroscopic hematuria
C. Poor urinary stream
D. Malodorous urine
E. Crying during micturition
Answer: (SHOW ANSWER)
This infant has evidence of urinary outflow obstruction on ultrasound. The most common cause in male infants is posterior urethral valves. Poor urinary stream is a hallmark symptom of bladder outlet obstruction in neonates.
Toronto Notes 2023 - Pediatrics, "Pediatric Urology" Section:
"Posterior urethral valves should be suspected in male infants with recurrent UTIs, hydronephrosis, and a weak urinary stream. Diagnosis is confirmed by voiding cystourethrogram." MCCQE1 Objectives (Pediatrics > 78-4: Urinary Tract Abnormalities):
"Candidates must identify congenital causes of urinary obstruction. Poor stream and hydronephrosis are classic features of posterior urethral valves." Crying with urination (E) is nonspecific. Hematuria (B) and malodorous urine (D) are common with infections. Circumcision (A) is unrelated.

NEW QUESTION: 132
A 43-year-old man is referred to you for an incidental finding of elevated hemoglobin. Laboratory results are as follows:
Hemoglobin

185 g/L (130-170)
Mean corpuscular volume
92 fL (60-100)
White blood cells
7.8×1037.8×103 / L (4-10)
Platelets
250×103250×103 / L (130-400)
His BMI is 23. He has type 2 diabetes for which he takes gliclazide MR 60 mg daily. Which one of the following features on history could explain his laboratory abnormality?
A. Hypertension
B. Alcohol abuse
C. Hypothyroidism
D. Cirrhosis
E. Central sleep apnea
Answer: (SHOW ANSWER)
Elevated hemoglobin in the absence of polycythemia vera can be due to secondary causes such as chronic hypoxia. Central sleep apnea, often associated with diabetes or neurologic conditions, leads to intermittent hypoxia and compensatory erythropoiesis.
Toronto Notes 2023 - Hematology and Respiratory Medicine, "Polycythemia" Section:
"Secondary erythrocytosis may result from hypoxic conditions including sleep apnea, COPD, or high altitude.
Assess for sleep-disordered breathing in patients with elevated hemoglobin and no myeloproliferative features." MCCQE1 Objectives (Internal Medicine > 76-7: Hematologic Abnormalities):
"Candidates must investigate secondary causes of elevated hemoglobin, including hypoxia-related conditions." Hypertension (A), hypothyroidism (C), and cirrhosis (D) do not cause polycythemia. Alcohol (B) typically causes macrocytosis and anemia.

NEW QUESTION: 133
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: (SHOW ANSWER)
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: 134
An 88-year-old married man is admitted following a cardiac arrest at home. He was not expected to recover, and after 2 weeks, he remains in a coma. His wife states, "I cannot let him go. That would be murder." As the attending physician looking after her husband, which one of the following is the best next course of action?
A. Say nothing further and wait until she comes around to accepting his state
B. Remove him from life support as this would not be murder
C. Emphasize that the duration of his stay in the Intensive Care Unit will be limited
D. Encourage her to imagine what her husband would have wanted
E. Seek advice from the provincial or territorial public guardian
Answer: (SHOW ANSWER)
In discussions about end-of-life care, it is critical to shift the focus from the substitute decision-maker's own feelings to what the patient would have wanted. This approach promotes ethically sound and patient-centered decisions. It is respectful, supportive, and maintains trust.
Toronto Notes 2023 - ELOM, "Advance Care Planning and End-of-Life Decisions":
"When a patient cannot express wishes, decisions must be based on known prior wishes or substituted judgment-what the patient would have wanted." MCCQE1 Objectives (ELOM > 90-2: Capacity, Consent, and End-of-Life Care):
"Candidates must guide surrogate decision-makers toward reflecting on the patient's values and previously expressed wishes." Options A and B are inappropriate-waiting without engagement or unilateral withdrawal is unethical. C does not address the wife's emotional or ethical concerns. E is premature unless the wife is clearly unable or unfit to act as decision-maker.

NEW QUESTION: 135
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: (SHOW ANSWER)
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: 136
On screening for dyslipidemia, a 45-year-old man is found to have a low high-density lipoprotein (HDL) cholesterol level. Which one of the following recommendations is the most appropriate?
A. Vigorous exercise program.
B. Low-salt diet.
C. Alcohol cessation.
D. Garlic supplementation.
E. Elimination of caffeine.
Answer: (SHOW ANSWER)
Low HDL is best managed with lifestyle changes such as increased aerobic physical activity, smoking cessation, and weight loss. Vigorous exercise has the strongest evidence for raising HDL levels.
Toronto Notes 2023 - Cardiology, Dyslipidemia:
"Increasing physical activity is among the most effective ways to raise HDL cholesterol. There is no consistent benefit to supplements such as garlic, nor does reducing salt or caffeine meaningfully raise HDL." MCCQE1 Objectives - Population Health > Cardiovascular Risk Management:
"Candidates should recommend evidence-based lifestyle interventions such as exercise to improve lipid profiles, particularly to increase HDL." Alcohol cessation (C) is generally beneficial for overall health but may actually lower HDL slightly. Garlic (D) and caffeine (E) are not evidence-based interventions for dyslipidemia.

NEW QUESTION: 137
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
* SpO#: 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 heartsounds, 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: 138
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: (SHOW ANSWER)
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: 139
A 31-year-old woman, gravida 4, para 3, aborta 0, presents at 8 weeks' gestation with scant vaginal bleeding and no abdominal pain. Her heart rate is 90/min and blood pressure is 100/70 mm Hg. A speculum examination reveals a closed cervix. The beta-human chorionic gonadotropin level is 300,000 IU/L. Which one of the following is the most likely diagnosis?
A. Tubal pregnancy.
B. Molar pregnancy.
C. Incomplete abortion.
D. Threatened abortion.
E. Implantation bleeding.

Answer: (SHOW ANSWER)

A molar pregnancy (gestational trophoblastic disease) is the most likely diagnosis because the #-hCG level is markedly elevated (300,000 IU/L) for an 8-week gestation, far exceeding typical levels for a normal intrauterine pregnancy. MCCQE objectives highlight that unusually high #-hCG-often accompanied by first- trimester bleeding-should raise strong suspicion for a hydatidiform mole. Bleeding is common due to abnormal trophoblastic proliferation and placental separation. A closed cervix does not exclude a molar pregnancy; it simply indicates that products of conception are not being expelled at the time of exam.

Ectopic (tubal) pregnancy more often presents with abdominal/pelvic pain and typically has lower or inappropriately rising #-hCG. Incomplete abortion usually features heavier bleeding, cramping, and an open cervix. Threatened abortion involves bleeding with a closed cervix but does not explain an extremely high #- hCG. Implantation bleeding occurs earlier (around the time of missed menses), not at 8 weeks, and would not be associated with very high #-hCG.

NEW QUESTION: 140

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: (SHOW ANSWER)

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: 141

You are evaluating a 75-year-old man with recently diagnosed prostate cancer and 2 painful metastases of the lumbar spine. Which one of the following therapeutic options is the most appropriate?

A. Intrathecal steroid injection
B. Surgical castration (orchidectomy)
C. Oral anti-androgen plus gonadotropin-releasing hormone agonist
D. Fentanyl patch and breakthrough opioids
E. Palliative radiotherapy to the lumbar spine
Answer: (SHOW ANSWER)
Palliative radiotherapy is the treatment of choice for painful bone metastases, including those from prostate cancer. It provides localized pain relief and functional improvement.
Toronto Notes 2023 - Oncology, "Metastatic Bone Pain":
"External beam radiotherapy is first-line treatment for localized bone pain from metastases. Relief occurs within days to weeks." MCCQE1 Objectives (Internal Medicine > Oncology > 52-1):
"Candidates must identify treatment options for symptom control in metastatic cancer, including palliative radiotherapy for painful bone lesions." Androgen deprivation therapy (B, C) treats systemic disease but doesn't address acute pain. Opioids (D) may be used, but radiotherapy provides disease-targeted relief. Intrathecal steroids (A) are not standard for prostate metastases.

NEW QUESTION: 142
A 30-year-old woman presents to your office with a 6-week history of left lower quadrant pain and dyspareunia. A pelvic ultrasound is normal. Which one of the following is the most important immediate investigation?
A. Laparoscopy
B. Cervical swabs
C. Hysterosalpingography
D. Endometrial biopsy
E. Magnetic resonance imaging
Answer: (SHOW ANSWER)
This clinical presentation is highly suggestive of chronic pelvic inflammatory disease (PID), especially given the left lower quadrant pain and dyspareunia with a normal pelvic ultrasound. PID is often caused by sexually transmitted infections (STIs), such as Chlamydia trachomatis or Neisseria gonorrhoeae, which may not be evident on imaging.
Toronto Notes 2023 - Gynecology:
"Cervical swabs for N. gonorrhoeae and C. trachomatis are essential in the workup of suspected PID or cervicitis, even when imaging is normal. Dyspareunia and chronic pelvic pain with normal imaging should prompt testing for STIs." MCCQE1 Objectives (Obstetrics & Gynecology > 82-6: Pelvic Pain):
"Candidates must consider and investigate for infectious causes of pelvic pain, including PID, which requires cervical swab testing as an essential first-line investigation." Laparoscopy (A) is invasive and reserved for uncertain or refractory cases. Hysterosalpingography (C) is used in infertility workups, not acute pain. Endometrial biopsy (D) and MRI (E) are not first-line.

NEW QUESTION: 143

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: 144
A 38-year-old man presents to the office for a follow-up visit. For several years, he has been having constant abdominal pain and intermittent constipation. He struggles to fall asleep because he is worried about his symptoms, and he often spends hours researching possible investigations and causes. Although he recently had extensive investigations, which have all had normal results, he continues to visit multiple physicians hoping for more investigations. He worries that he will die because no one is taking him seriously. Which one of the following is the best next step?
A. Consult general internal medicine.
B. Repeat investigations to confirm the results are unchanged.
C. Schedule monthly appointments to discuss the patient's concerns.
D. Prescribe a regular exercise routine.
Answer: (SHOW ANSWER)
This presentation is most consistent with somatic symptom disorder/illness anxiety : persistent distressing physical symptoms (abdominal pain/constipation) with excessive health-related anxiety, repeated reassurance- seeking, and "doctor shopping" despite normal investigations. MCCQE objectives emphasize avoiding iatrogenic harm from repeated testing and using a structured, therapeutic relationship to manage medically unexplained or disproportionate symptom concerns. The best next step is regularly scheduled follow-up visits with one consistent

physician (e.g., monthly), focused on validating symptoms, addressing fears, monitoring for new objective findings, and gradually shifting toward coping strategies and functional goals. This approach reduces unnecessary investigations, reinforces continuity, and helps interrupt the cycle of anxiety- driven health-care utilization.
Repeating investigations (B) perpetuates reassurance-seeking and increases false positives and harm.
Consulting additional specialists (A) without new red flags similarly reinforces maladaptive beliefs and fragmentation of care. Exercise (D) may be beneficial as an adjunct but is not the core management strategy.
Therefore, planned, regular appointments are the most appropriate next step.

NEW QUESTION: 145
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: (SHOW ANSWER)
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: 146
You are counselling a couple that is concerned about the risk that their second child could be affected by the same X-linked recessive disorder (hemophilia A) as their last child, a boy. Neither parent has this disorder.
What is the probability that their second child will be affected?

A. 25% if the child is a girl
B. 25% if the child is a boy
C. 50% if the child is a girl
D. 50% if the child is a boy
E. 100% whether the child is a boy or a girl
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
In X-linked recessive disorders such as hemophilia A, carrier mothers (usually asymptomatic) have a 50% chance of passing the affected X chromosome to each son, who would then express the disease. Each daughter has a 50% chance of being a carrier but is generally not affected.
Toronto Notes 2023 - Genetics:
"X-linked recessive inheritance: Carrier mother has a 50% chance of having an affected son and a 50% chance of having a carrier daughter." MCCQE1 Objectives (Genetics > 61-1: Inheritance Patterns):
"Candidates must apply principles of X-linked inheritance to assess risk in offspring." If the mother is a known carrier (as inferred from having an affected son), the chance of a second affected boy is 50%.

NEW QUESTION: 147
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: (SHOW ANSWER)
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: 148
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: (SHOW ANSWER)
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. Gonorrhea 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: 149
A mother brings her 4-week-old daughter to your office because she is concerned about the lesion shown in the attached image. Which one of the following is the most appropriate advice to give the mother?
A. You have a duty to report her to child protective services.
B. The lesion will likely fade away with time.
C. The child likely has a bleeding disorder.
D. The child is at increased risk of malignant melanoma.
E. The child should be referred to a dermatologist.
Answer: (SHOW ANSWER)
In a 4-week-old infant, a common vascular lesion such as a nevus simplex ("salmon patch") or a superficial infantile hemangioma is a frequent benign finding. Nevus simplex lesions are flat, pink-red patches commonly located on the eyelids, glabella, or nape of the neck and typically fade spontaneously over the first
1-2 years of life. Superficial infantile hemangiomas may initially enlarge but later undergo spontaneous involution during early childhood. In the absence of concerning features (rapid

ulceration, functional impairment, large segmental distribution, or associated anomalies), reassurance and observation are appropriate.
There is no indication of trauma requiring child protective services, nor signs of a bleeding disorder. These common neonatal vascular lesions are not associated with increased melanoma risk. Routine dermatology referral is unnecessary unless the lesion is atypical or complicated. MCCQE objectives emphasize distinguishing benign neonatal skin findings from pathology, providing parental reassurance, and avoiding unnecessary investigations or referrals while recognizing features that would warrant further evaluation.

NEW QUESTION: 150

You are an attending physician at a palliative care unit and are asked to see an 80-year-old woman who is dying of lung cancer. She has been unresponsive for the last 2 days and had her last dose of morphine 4 hours ago. Her son just arrived in town this afternoon and pleads with you to wake her up so she can sign her will.
Which one of the following is the best next step?

A. Hold scheduled doses of morphine.
B. Prescribe naloxone to increase her alertness.
C. Explain the normal changes at this stage of illness.
D. Arrange for a legal opinion.
E. Request a consultation with the hospital ethicist.
Answer: (SHOW ANSWER)
At the end of life, decreasing consciousness and unresponsiveness are common and expected physiologic changes. MCCQE ELOM objectives emphasize prioritizing patient comfort, respecting goals of care, and communicating clearly with families about prognosis and the dying process.
The best next step is to explain that her reduced level of consciousness is most consistent with imminent dying and that she is unlikely to have the decision-making capacity required to execute legal documents (capacity requires understanding and appreciation of the decision and its consequences).
Withholding morphine to attempt to increase alertness risks causing pain and dyspnea, violating the duty to relieve suffering. Administering naloxone is inappropriate because it may precipitate acute pain and distress and is not indicated when opioids are being used appropriately for symptom control. A legal opinion or ethics consult may be considered later if conflict persists, but the immediate priority is compassionate communication, clarifying that "waking her to sign" is unlikely feasible or ethically justified, and supporting the son through anticipatory grief while continuing comfort-focused care.

NEW QUESTION: 151
A 47-year-old man has been training for a marathon. After a long run, he develops mild pain and swelling in his left knee. Examination shows a mild joint effusion and a soft tissue mass in the popliteal fossa. The knee radiograph is normal. Which one of the following is the best method of confirming the diagnosis?
A. Ultrasound.

B. Arthroscopy.
C. Arthrocentesis.
D. Aspiration of the popliteal mass.
E. Computed tomography.
Answer: A (LEAVE A REPLY)
This patient's presentation-knee effusion with a soft tissue mass in the popliteal fossa following exertion-is classic for a Baker (popliteal) cyst , which represents distention of the gastrocnemius-semimembranosus bursa, often associated with intra-articular pathology (e.g., meniscal injury or osteoarthritis). MCCQE objectives emphasize selecting the least invasive, most appropriate imaging modality to confirm suspected cystic lesions.
Ultrasound is the best initial diagnostic test because it is noninvasive, readily available, and highly sensitive for distinguishing a cystic structure from a solid mass or vascular pathology (e.g., popliteal artery aneurysm or deep vein thrombosis). It can also assess for complications such as cyst rupture.
Arthroscopy is invasive and not required for diagnosis. Arthrocentesis evaluates joint effusion but does not confirm a popliteal cyst. Aspiration of the mass without imaging is inappropriate due to risk of vascular injury. CT is unnecessary and exposes the patient to radiation.
Therefore, ultrasound is the preferred method to confirm a Baker cyst.

NEW QUESTION: 152
A 45-year-old man presents to the office and reports difficulty understanding conversations that happen in a noisy environment. Ear examination findings are normal. You request audiography, from which results show bilateral high-frequency sensorineural hearing loss with a notch at 4000 Hz. Which one of the following is the most likely cause of this patient's hearing loss?
A. Having a hereditary condition.
B. Attending a firing range to practise shooting before each hunting season.
C. Working in the construction sector for the past 20 years.
D. Having had frequent ear infections during childhood.
E. Having type 2 diabetes for 10 years.
Answer: (SHOW ANSWER)
The audiogram pattern of bilateral high-frequency sensorineural hearing loss with a 4000 Hz "notch" is classic for noise-induced hearing loss (NIHL) . MCCQE objectives in occupational

health emphasize recognizing NIHL as a common, preventable condition caused by chronic exposure to loud sounds, especially in workplaces such as construction, mining, and manufacturing. The 4 kHz notch occurs because this frequency region is particularly vulnerable to cochlear hair-cell damage from acoustic trauma; over time, loss can widen to adjacent frequencies and impair speech discrimination, especially in noisy settings-matching the patient's complaint.
Among the options, 20 years of construction work best represents sustained occupational noise exposure and is most likely to produce this characteristic bilateral pattern. Firearm exposure at a range can also cause NIHL, but episodic seasonal practice is generally less consistent than long-term daily occupational exposure for producing this typical presentation. Childhood ear infections mainly cause conductive loss, hereditary causes vary and are not defined by a 4 kHz notch, and diabetes does not produce this specific audiometric signature.

NEW QUESTION: 153
A 17-year-old boy presents to your clinic with a 6-month history of recurrent headaches. The headaches are excruciating, and he describes them as a stabbing pain, usually around his right eye. They occur several times daily for 2 to 3 weeks and recur every few months. The headaches are associated with tearing from his right eye and tend to get worse when he is overtired. Which one of the following is the most likely diagnosis?
A. Sinusitis
B. Migraine
C. Brain tumour
D. Cluster headache
E. Post-concussive headache
Answer: D (LEAVE A REPLY)
The classic description of brief, severe unilateral periorbital pain with autonomic symptoms (tearing), occurring in clusters (same time daily for weeks), is diagnostic of cluster headache.
Toronto Notes 2023 - Neurology, "Headaches":
"Cluster headaches: severe unilateral periorbital pain, often with lacrimation, nasal congestion, occurring in clusters over weeks. More common in young males." MCCQE1 Objectives (Internal Medicine > 35-2: Headache Disorders):
"Candidates must distinguish among headache types based on duration, pattern, and associated symptoms." Migraine tends to last hours and has nausea or photophobia. Sinusitis causes dull, pressure-like pain. Tumour- related headache is progressive and worse with Valsalva. Post-concussive headache would have trauma history.

NEW QUESTION: 154
An 85-year-old woman who is your patient has advanced metastatic lung cancer. You are visiting her at her home for palliative care. She has previously indicated to you and her family that she hoped to die at home and that comfort is her priority. She is now weak to get out of bed and has had no oral intake for 2 days. She is confused most of the time, with brief lucid episodes. Despite

attentive symptom management, her family reports that she is suffering and asks that you increase her medications to expedite her death. Which one of the following is the best next step?
A. Acknowledge the family ' s distress and offer support.
B. Obtain written consent from the family to expedite the patient ' s death.
C. Contact the regional medical assistance in dying (MAID) team to assist in the family ' s request.
D. Add midazolam to ensure the patient is completely sedated.
Answer: (SHOW ANSWER)
This scenario raises end-of-life ethics: balancing relief of suffering with the prohibition against intentionally hastening death. MCCQE ELOM objectives emphasize compassionate communication, capacity, consent, and appropriate use of palliative interventions. The immediate best step is to acknowledge the family's distress, explore what they are witnessing (pain, dyspnea, agitation, delirium), and reassure them that you will continue to prioritize the patient's comfort.
Options B and C are inappropriate because the family cannot authorize "expediting death," and MAID requires a voluntary request from the patient with decision-making capacity (and other legal safeguards); a substitute decision-maker cannot request MAID on the patient's behalf. Option D (midazolam for deep sedation) may be appropriate only if the patient has refractory symptoms despite optimal treatment and after careful assessment, consent discussions (with the patient if capable or SDM for goals-of-care), and proportional dosing aimed at symptom relief-not to cause death.
Therefore, the ethically correct next step is supportive, clarifying communication and reassessment of symptom control.

NEW QUESTION: 155
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: (SHOW ANSWER)
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: 156
A 26-year-old woman, gravida 1, para 0, aborta 0, presents to your office at 10 weeks' gestation to review the results of her antenatal blood work. She tested positive for hepatitis C. Which one of the following is most advisable to share with her regarding the risks to her and her unborn child?
A. She should terminate the pregnancy.
B. It is safe to breastfeed.
C. Pregnancy will increase her viral load.
D. The infant will need to be treated with an antiviral.
E. She will likely develop hepatocellular carcinoma.
Answer: (SHOW ANSWER)
For pregnant women with hepatitis C infection , vertical transmission risk is approximately 5-6% and is higher with high maternal viral load or HIV coinfection. However, MCCQE objectives emphasize that breastfeeding is not contraindicated in mothers with hepatitis C, as HCV is not transmitted through breast milk. Breastfeeding should only be temporarily avoided if there are cracked or bleeding nipples, which could expose the infant to blood.
Termination of pregnancy is not recommended solely due to hepatitis C infection. Pregnancy does not reliably increase viral load in a clinically significant way, and routine antiviral therapy during pregnancy is generally not recommended because current direct-acting antivirals are not yet standard in pregnancy. The infant does not automatically require antiviral treatment; instead, postnatal monitoring with HCV RNA testing and/or antibody testing at the appropriate age is recommended. While chronic hepatitis C increases long-term risk of cirrhosis and hepatocellular carcinoma, this is not an inevitable outcome.
Therefore, reassuring her that breastfeeding is safe is the most appropriate counselling point.

NEW QUESTION: 157
A 19-year-old woman returns to your clinic to discuss her recent laboratory tests. She initially presented with dysuria, dyspareunia, and abnormal uterine bleeding. Her vulvovaginal examination was normal. Her last sexual encounter was 3 weeks prior to the onset of her symptoms. Which one of the following pathogens is most likely to explain this clinical presentation?
A. Actinomyces israelii
B. Herpes simplex virus
C. Treponema pallidum
D. Human papillomavirus
E. Chlamydia trachomatis
Answer: (SHOW ANSWER)

Chlamydia trachomatis is the most common cause of cervicitis in young sexually active women and frequently presents with dysuria, dyspareunia, intermenstrual bleeding, and a normal vulvovaginal exam. It may be asymptomatic or have subtle signs and often affects the endocervix.
Toronto Notes 2023 - Gynecology, "Sexually Transmitted Infections" Section:
"Chlamydia is the most common bacterial STI. Symptoms may include intermenstrual bleeding, postcoital bleeding, dyspareunia, mucopurulent cervical discharge, and dysuria. The vulva and vagina may appear normal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-1: Abnormal Uterine Bleeding):
"Candidates should evaluate STI-related cervicitis as a common cause of postcoital and intermenstrual bleeding in young women." Other options:
* A. Actinomyces israelii is associated with IUD use, not relevant here.
* B. Herpes simplex virus usually presents with painful ulcerations, not abnormal bleeding.
* C. Treponema pallidum (syphilis) causes painless ulcers or systemic symptoms in later stages.
* D. HPV causes warts or asymptomatic cervical dysplasia, not acute symptoms.

NEW QUESTION: 158
A 77-year-old woman is brought to the Emergency Department by ambulance because she has severe heel ulcers and dehydration. Her husband reports that she has been sick for the past 6 to 8 weeks with a cough and congestion. He shares that he has tried to bring her to medical attention on several occasions, but she refused.
The paramedics reported that her bed at home was soiled and that they could hardly reach her room due to clutter. On questioning, her answers seem reasonable. Which one of the following is the most critical next step?
A. Assess the patient's decision-making ability
B. Find out whether the husband has a criminal record
C. Obtain pictures to confirm the state of their house
D. Determine whether the patient has alcohol or substance use disorder
E. Assess the risk of financial abuse by her husband
Answer: (SHOW ANSWER)
When elder neglect is suspected-especially in cases of self-neglect or unclear caregiver dynamics-the most important immediate step is to assess the patient's decision-making capacity. If she lacks capacity, protective intervention is warranted.
Toronto Notes 2023 - Geriatrics, "Elder Abuse and Capacity Assessment":
"Decision-making capacity must be assessed when a patient is refusing care despite evidence of harm or risk." MCCQE1 Objectives (ELOM > 90-1: Capacity and Consent):
"Candidates must assess capacity in elderly patients before attributing decisions to autonomy, particularly in complex care situations." Evaluating criminal records (B) or clutter (C) may be relevant later but do not take precedence over capacity assessment. Alcohol/substance use (D) and financial abuse (E) are differential concerns, not the critical first step.

NEW QUESTION: 159

A 12-year-old boy is brought to the Emergency Department with a 2-week history of a limp with malaise, fever and left leg pain. On examination, he looks sick, has a temperature of 38.5°C and is able to weight-bear.
His hip examination reveals mildly decreased range of motion. Radiographs of the hip and femur show mild sclerosis of proximal femoral metaphysis. His C-reactive protein level is 15 mg/L (< 8).
Which one of the following is the most likely diagnosis?
A. Osteomyelitis.
B. Transient synovitis.
C. Legg-Calve-Perthes disease.
D. Stable slipped capital femoral epiphysis.
E. Undisplaced fracture of the proximal femur.
Answer: (SHOW ANSWER)
This presentation best fits osteomyelitis, likely subacute given the 2-week course and radiographic metaphyseal sclerosis. MCCQE objectives stress that fever, systemic malaise, and elevated inflammatory markers (CRP above normal) with localized limb pain/limp should prompt consideration of bone infection even if the child can still weight-bear. Osteomyelitis in children commonly involves the metaphysis of long bones due to vascular anatomy; early x-rays may be normal, but with time they can show periosteal reaction or sclerosis. In contrast, transient synovitis typically occurs after a viral illness, is usually afebrile or minimally febrile, and inflammatory markers are often normal. Legg-Calve-Perthes is classically age 4-8 and affects the femoral epiphysis/head with avascular necrosis changes rather than metaphyseal sclerosis and systemic illness. SCFE presents in adolescents with limp and limited internal rotation/obligate external rotation, usually without fever or elevated CRP, and x-ray shows epiphyseal slip. An undisplaced fracture would usually have trauma history and not systemic features.

NEW QUESTION: 160
You are asked to see a 30-year-old woman, gravida 8, para 4, aborta 1, for symptoms of postpartum depression. She immigrated to Canada 8 months ago. She has been reluctant to speak to members of the medical team without her family members, even when an interpreter is present. Which one of the following is the best next step?

A. Insist on conducting the interview with the patient alone
B. Interview the patient and the family together
C. Allow 1 family member to stay and act as the interpreter
D. Ask the patient to write down her history and have it translated
Answer: (SHOW ANSWER)
In cross-cultural care, especially for recent immigrants, it is essential to build rapport and respect patient preferences regarding family involvement. Involving family in the interview respects cultural norms and improves trust. A trained interpreter should be used to maintain confidentiality and accuracy, but collaboration with the family initially may encourage later private disclosure.
Toronto Notes 2023 - Ethics and Communication, "Cultural Competence":

"When encountering language or cultural barriers, patient comfort and cultural context must be respected.
Interviewing the patient and family together may facilitate trust, after which individual conversations may be possible." MCCQE1 Objectives (ELOM > 90-1: Communication and Patient-Centered Care):
"Candidates must approach patients in a culturally sensitive manner, particularly recent immigrants or those with language barriers, and foster trust." Insisting on a private interview (A) may alienate the patient. Family members should not act as interpreters (C). Written accounts (D) are inefficient and impersonal in acute mental health settings.

NEW QUESTION: 161
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: (SHOW ANSWER)
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: 162
A 46-year-old woman presents to the emergency department with left-sided pleuritic chest pain that improves when she sits up and leans forward. Her medical history is unremarkable and she takes no medications.

Examination reveals a pericardial friction rub; the findings are otherwise normal. An electrocardiogram reveals diffuse ST segment elevation and PR interval depression. An echocardiogram reveals a small pericardial effusion. Which one of the following is the most appropriate treatment?

A. High-dose acetylsalicylic acid.

B. Apixaban.

C. Pericardiocentesis.

D. Levofloxacin.

E. Metoprolol.

Answer: (SHOW ANSWER)

This patient has classic acute pericarditis : pleuritic chest pain relieved by sitting forward, a pericardial friction rub, diffuse ST-segment elevation with PR depression on ECG, and a small pericardial effusion on echocardiogram. MCCQE objectives emphasize recognizing the characteristic clinical and ECG features that distinguish pericarditis from myocardial infarction (diffuse ST elevation rather than territorial changes).

First-line treatment for uncomplicated acute pericarditis is high-dose nonsteroidal anti-inflammatory therapy , such as acetylsalicylic acid (ASA) or ibuprofen, often combined with colchicine to reduce recurrence risk.

ASA is particularly appropriate when ischemia is in the differential diagnosis.

Apixaban (anticoagulation) is not indicated and may worsen effusion. Pericardiocentesis is reserved for large effusions or cardiac tamponade. Levofloxacin is unnecessary without evidence of bacterial infection. Beta- blockers such as metoprolol do not treat pericardial inflammation.

Thus, high-dose acetylsalicylic acid is the most appropriate initial management for uncomplicated acute pericarditis.

NEW QUESTION: 163

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: (SHOW ANSWER)

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: 164
A 67-year-old woman presents with headaches, muscle weakness, pain in her shoulders and hips, weight loss, and depression. While also arranging appropriate investigations to confirm a diagnosis, which one of the following is the most important objective of treatment?
A. Improve the shoulder and hip pain.
B. Prevent headaches from worsening.
C. Alleviate the depression.
D. Prevent blindness.
E. Prevent jaw claudication.
Answer: (SHOW ANSWER)
This clinical picture suggests giant cell arteritis (GCA) associated with polymyalgia rheumatica: new-onset headache in an older patient, proximal muscle pain and stiffness (shoulders and hips), systemic symptoms (weight loss), and mood changes. MCCQE objectives emphasize that GCA is a medical emergency because inflammation of the temporal and other cranial arteries can lead to irreversible vision loss due to ischemic optic neuropathy.
The most important objective of treatment is prevention of blindness , which requires prompt initiation of high-dose corticosteroids-often before confirmatory temporal artery biopsy-to reduce arterial inflammation and prevent vascular occlusion. While improving musculoskeletal pain and headache are important symptomatic goals, they are secondary to preventing permanent complications. Jaw claudication is a symptom of arterial insufficiency but not itself the primary outcome to prevent.
Early recognition and immediate corticosteroid therapy significantly reduce the risk of bilateral, permanent visual loss. Therefore, prevention of blindness is the most critical treatment objective.

NEW QUESTION: 165
A 33-year-old woman presents to a walk-in clinic with a severe right-sided facial paralysis that started suddenly this morning. She denies any numbness or limb weakness. She has no headache or fever. Which one of the following findings on history/physical examination would suggest a more concerning diagnosis?
A. Inability to close the eye on affected side.
B. Hyperacusis on affected side.
C. Loss of corneal reflex on affected side.

D. Ability to wrinkle forehead on affected side.
E. Recent viral illness.
Answer: (SHOW ANSWER)
This patient presents with acute unilateral facial paralysis, most consistent with Bell palsy , a peripheral (lower motor neuron) facial nerve palsy. MCCQE objectives emphasize distinguishing peripheral facial palsy from central (upper motor neuron) causes , such as stroke.
In a peripheral lesion (e.g., Bell palsy), the entire ipsilateral face is affected, including the forehead, because the facial nucleus receives ipsilateral input. Therefore, patients cannot wrinkle their forehead, close their eye, or smile on the affected side. Associated findings may include hyperacusis and loss of corneal reflex. A recent viral illness supports Bell palsy and is not concerning.
In contrast, a central lesion (e.g., stroke) spares the forehead due to bilateral cortical innervation of the upper facial muscles. Thus, ability to wrinkle the forehead on the affected side suggests a central cause, which is more concerning and requires urgent evaluation for cerebrovascular disease. Recognizing forehead sparing is critical in differentiating stroke from Bell palsy in acute facial paralysis.

NEW QUESTION: 166
A 42-year-old businessman known to have type 2 diabetes and ischemic heart disease is admitted to hospital with acute coronary syndrome. He admits to drinking 4 beers a day for the last 6 years and to binge drinking twice a year when his school buddies are in town. Your chart review reveals that he had a seizure secondary to alcohol withdrawal during his last admission. Which one of the following elements of his history puts him at highest risk of having another such seizure?
A. The quantity of alcohol he consumes daily.
B. His medical comorbidities.
C. His previous episode of alcohol withdrawal.
D. His binge drinking.
E. The number of years he has consumed alcohol.
Answer: (SHOW ANSWER)
A history of previous alcohol withdrawal seizures is the single greatest predictor of future withdrawal seizures. This establishes a sensitization response within the central nervous system.
Toronto Notes 2023 - Addiction Medicine:
"A prior history of alcohol withdrawal seizures is the most important risk factor for recurrent seizures during future withdrawal episodes." MCCQE1 Objectives (Internal Medicine > Substance Use > 58-3):
"Candidates must identify individuals at high risk for severe alcohol withdrawal based on past withdrawal history, including seizures and delirium tremens." Although quantity, duration, and comorbidities contribute to risk, a prior withdrawal seizure most strongly predicts recurrence.

NEW QUESTION: 167
Following a potluck supper organized by the residency director of your training program, many of your fellow residents and other guests fall ill with gastroenteritis. Which one of the following is the best way to identify the source of this food-borne outbreak?
A. Calculate food-specific attack rates
B. Culture the stool of guests
C. Perform a cohort study
D. Culture leftover food samples
E. Perform a hazard analysis of critical control points
Answer: (SHOW ANSWER)
Calculating food-specific attack rates (i.e., number of people who became ill after eating a particular food divided by the total number who ate that food) is the most effective method to identify the probable source of infection in a known cohort outbreak.
Toronto Notes 2023 - Public Health, Outbreak Investigations:
"Foodborne outbreaks are best analyzed using food-specific attack rates to determine associations between individual foods and illness." MCCQE1 Objectives - Preventive Medicine > Epidemiologic Principles:
"Candidates must use epidemiologic tools, such as attack rates, to identify probable sources during outbreak investigations." Cohort study (C) is also acceptable but more time-intensive. Stool and food cultures (B, D) confirm the pathogen but not the source. HACCP (E) is a preventive method, not a tool for outbreak investigation.

NEW QUESTION: 168
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: 169
A 6-year-old girl is found to have a blood pressure of 130/75 mm Hg. She was born prematurely at 32 weeks ' gestation and required ventilation. There is a family history of hypertension in 3 grandparents. Clinical examination reveals a grade 1/6 mid-systolic murmur, no renal bruits, and femoral pulses are difficult to feel.
Which one of the following is the most likely diagnosis?
A. Ventricular septal defect
B. Reflux nephropathy
C. Renal artery thrombosis
D. Essential hypertension
E. Aortic coarctation
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation:
The combination of upper extremity hypertension and weak femoral pulses is classic for aortic coarctation. A soft systolic murmur may be present. This condition often becomes apparent during routine screening in school-aged children.
Toronto Notes 2023 - Pediatrics / Cardiology:
"Coarctation of the aorta presents with upper limb hypertension, diminished femoral pulses, and sometimes a systolic murmur. BP discrepancy is key." MCCQE1 Objectives (Pediatrics > 78-1: Congenital Heart Disease):
"Candidates must recognize signs of aortic coarctation, including weak lower limb pulses and systemic hypertension in children." VSD (A) typically presents with a louder murmur. Reflux nephropathy (B) may cause hypertension but without femoral pulse discrepancy. Renal artery thrombosis (C) is rare. Essential hypertension (D) is less likely in this age group with these findings.

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NEW QUESTION: 170

A 79-year-old woman presents to the Emergency Department with sudden-onset severe chest and back pain that started 1 hour ago. She has a history of hypertension and looks unwell. Her vital signs are as follows:
blood pressure 168/108 mm Hg, heart rate 110/min, respiratory rate 22/min, temperature 36.7°C.
Findings of a physical examination of the chest and abdomen are normal. An urgent computed tomography (CT) scan of the chest and abdomen shows an aortic dissection extending from the descending thoracic aorta to the upper abdominal aorta. The branches of the abdominal aorta are patent. Following initial resuscitation, which one of the following is the best next step?

A. Perform endovascular repair of the thoracic and abdominal aorta.
B. Conduct open repair of the thoracic and abdominal aorta.
C. Initiate intravenous labetalol.
D. Start intravenous heparin.
E. Admit the patient to the Intensive Care Unit and repeat CT in 6 hours.
Answer: (SHOW ANSWER)
This patient has a Stanford type B aortic dissection , involving the descending thoracic aorta distal to the left subclavian artery, with no evidence of branch vessel compromise or rupture. MCCQE objectives emphasize that uncomplicated type B dissections are managed medically , whereas type A dissections (ascending aorta) require urgent surgical repair.
The immediate priority is to reduce shear stress on the aortic wall by controlling heart rate and blood pressure
. Intravenous beta-blockers such as labetalol or esmolol are first-line therapy. The goal is to reduce heart rate to approximately 60 bpm and lower systolic blood pressure to 100-120 mm Hg. This decreases the force of left ventricular contraction (dP/dt), limiting propagation of the dissection.
Endovascular or open repair is reserved for complicated cases (e.g., malperfusion, rupture, refractory pain, uncontrolled hypertension). Anticoagulation with heparin is contraindicated due to bleeding risk. Observation alone without blood pressure control is inappropriate.
Therefore, intravenous labetalol is the best next step.

NEW QUESTION: 171
You are 1 of 3 physicians on an interdisciplinary brain injury team at a hospital. The team ' s physiotherapist has concerns regarding a patient ' s medication. Which one of the following is the most appropriate course of action for communicating with the physiotherapist?
A. Do not discuss the patient ' s medication unless you have written consent from the patient.
B. Do not discuss the patient ' s medication because the physiotherapist is not involved in prescribing medications.
C. Contact the patient to confirm that you are allowed to answer the physiotherapist ' s question.
D. Discuss the medication with the physiotherapist even if you are not the physician most responsible for the patient.

Answer: (SHOW ANSWER)

In an interdisciplinary hospital team, sharing relevant clinical information with other regulated health professionals involved in the patient's care is generally appropriate under the "circle of care" principle. The physiotherapist's concern about medication is clinically relevant because medications can affect mobility, cognition, balance, blood pressure, sedation, and rehabilitation safety-issues directly within the physiotherapist's role. Requiring written consent (A) is unnecessarily restrictive in routine team-based care; implied consent is typically sufficient when information sharing is for the patient's ongoing treatment and limited to what is necessary. Refusing to discuss because the physiotherapist does not prescribe (B) misunderstands collaborative care: team members must understand medication effects to plan safe therapy. Contacting the patient each time (C) is usually not required for routine care communication and may delay addressing a potential safety issue. Even if you are not the physician most responsible, you should respond within your knowledge, clarify uncertainties, and coordinate with the most responsible physician as needed, ensuring timely, patient-centered care.