TopQbank

MCCQE — Free Sample Questions

Real MCCQE practice questions with answers and explanations — no sign-up required.

SAMPLE QUESTION 1

A 27-year-old woman presents with fever and severe pelvic pain. History includes multiple sexual partners. Family history non-contributory. Vitals: T 39.1°C, BP 90/56 mm Hg, HR 118 bpm. Exam shows cervical motion tenderness. Labs: WBC 18 ×10 y/L.

What is the most appropriate management?

A. IV broad-spectrum antibiotics — Correct answer

B. Oral antibiotics and discharge

C. Observation

D. Laparoscopy

E. Analgesics only

EXPLANATION

Severe PID with systemic signs requires inpatient IV antibiotics.

SAMPLE QUESTION 2

A 70-year-old woman with hypothyroidism presents with hypothermia, bradycardia, hypotension, and altered mental status.

What is the most likely diagnosis?

A. Adrenal crisis

B. Septic shock

C. Hypoglycemia

D. Thyroid storm

E. Myxedema coma — Correct answer

EXPLANATION

Severe, life-threatening hypothyroidism with hypothermia, bradycardia, and altered mental status is myxedema coma.

SAMPLE QUESTION 3

A patient with atrial fibrillation suffers an ischemic stroke. What is the most appropriate long-term secondary prevention strategy?

A. Aspirin 81 mg daily

B. Clopidogrel monotherapy

C. Dual antiplatelet therapy (ASA + clopidogrel) indefinitely

D. Oral anticoagulation with apixaban — Correct answer

E. Warfarin with INR target 1.5–2.0

EXPLANATION

Patients with AF and ischemic stroke benefit from anticoagulation (DOACs preferred) for secondary stroke prevention.

SAMPLE QUESTION 4

A 44-year-old woman presents with mutism, posturing, and waxy flexibility. Past medical history: bipolar disorder. Med history: stopped lithium 1 month ago. Family history: none. Drug history: none. Alcohol: none. Childhood history: none. Suicidal history: none.

What is the most appropriate initial treatment?

A. Lorazepam challenge — Correct answer
B. Antipsychotic immediately
C. SSRI
D. Psychotherapy
E. Stimulant

EXPLANATION

Catatonia responds rapidly to benzodiazepines; antipsychotics may worsen it.

SAMPLE QUESTION 5

A 71-year-old man presents with sudden painless vision loss. Past medical history: atrial fibrillation. Medications: nonadherent to anticoagulation. Family history: vascular disease. Triggers: none. Vitals: BP 176/88 mm Hg. Visual acuity: hand motion only. Exam: pupil sluggish. Cornea: clear. Fundoscopy: pale retina with cherry-red spot. Systemic exam: irregularly irregular pulse.

What is the diagnosis?

A. Central retinal artery occlusion — Correct answer
B. Central retinal vein occlusion
C. Optic neuritis
D. Vitreous hemorrhage
E. Retinal detachment

EXPLANATION

Cherry-red spot with sudden painless vision loss suggests CRAO.