

URO ARCHIVE

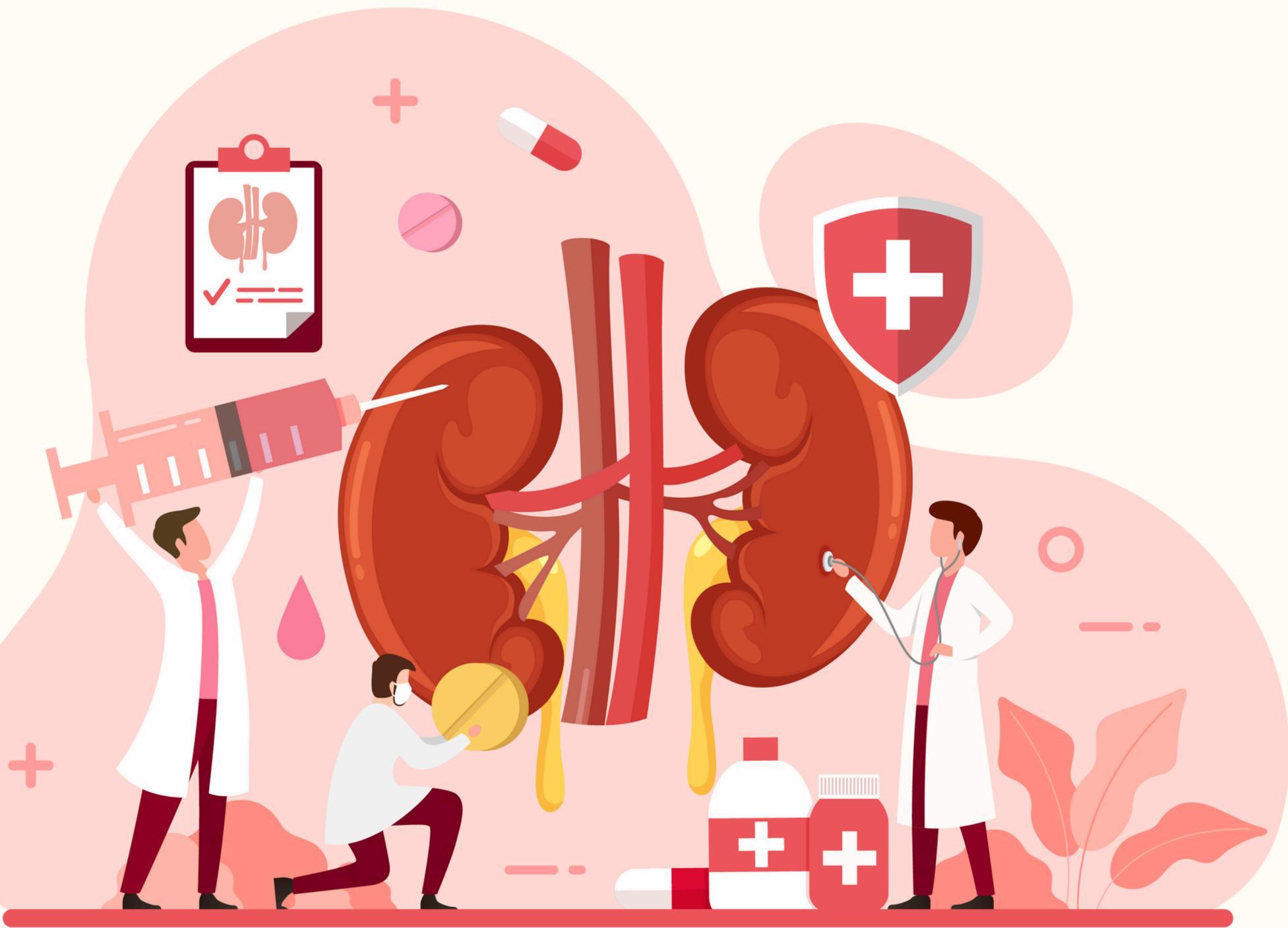
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DONE BY

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1. Case: female patient has DM type 2, come with symptoms of incontinence with non-empty bladder, no urgency. On examination, there are suprapubic dullness, and post-voiding volume = 650ml.

- 1) what is the pathophysiology of this case?
- 2) what is the best immediate and long term treatment?
- 3) what is the best diagnostic method?

Answers:

1) Pathophysiology:

The patient has overflow incontinence due to diabetic autonomic neuropathy (neurogenic bladder). In long-standing diabetes, autonomic nerve damage causes loss of bladder sensation and impaired detrusor contractility, leading to incomplete emptying and chronic urinary retention. As the bladder becomes overdistended, urine leaks passively when pressure exceeds urethral resistance

2) Immediate and long-term treatment:

- Immediate:
 - Bladder decompression by urethral (Foley) catheterization to drain the retained urine and relieve pressure.
 - Avoid rapid decompression (drain gradually if volume is very high).
- Long-term:
 - Intermittent self-catheterization (clean intermittent catheterization) to prevent retention.
 - Glycemic control to prevent further neuropathy.
 - Bladder training and possible use of cholinergic agents (e.g., bethanechol) if detrusor underactivity persists.
 - Urology follow-up for ongoing management and monitoring for infections or upper tract damage.

3) Best diagnostic method:

- Urodynamic studies (cystometry and pressure-flow studies) are the best diagnostic tools to confirm detrusor underactivity (neurogenic bladder) and assess bladder function.

2. A 35-year-old male presented to the ER with fever, chills, dysuria, frequency, and perineal pain for 2 days.

On examination, his temperature was 38.3°C, and he appeared uncomfortable.

Abdominal exam: mild suprapubic tenderness.

On digital rectal examination (DRE), the prostate was warm, swollen, and very tender to touch.

- 1) what is the diagnosis?
- 2) the antibiotic of choice?
- 3) mention 2 possible complications of this case?

Answers

1) Diagnosis:

Acute bacterial prostatitis

2) Antibiotic of choice

- Fluoroquinolones

3) Possible complications:

Prostatic abscess formation

Chronic bacterial prostatitis

(Other possible: urinary retention, sepsis)

3. A 25-year-old male was brought to the emergency department after a MVA (motor vehicle accident). He complained of left flank pain and gross hematuria. His blood pressure was 100/60 mmHg and pulse 110 bpm. Physical examination revealed tenderness and bruising over the left flank. A CT scan with IV contrast showed a laceration of the renal parenchyma extending into the collecting system with urinary extravasation.

1. The photo indicates which grade
2. 2 indications for repeat imaging
3. 2 indications for exploring surgery



Answers

1. Grade IV

2. Grade 4 or 5

unexplained refractory flank pain

febrile

unexplained HB drop

3. Haemodynamic instability

Exploration for associated injuries

Expanding, pulsatile retroperitoneal haematoma during laparotomy

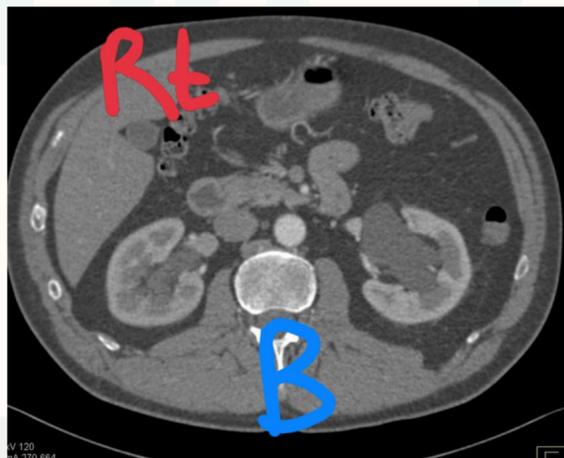
4 . Write the T in RCC

Answers

Stage	Definition	Subdivision
Tumor stage		
T0	No evidence of primary tumor	
T1	< 7 cm in greatest dimension, confined to the kidney	1a: < 4 cm (►Fig. 1) 1b: > 4 cm and < 7 cm
T2	> 7 cm in greatest dimension, confined to the kidney	2a: > 7 cm < 10 cm (►Fig. 2) 2b: > 10 cm
T3	Extends into major veins or perinephric tissues but not into the ipsilateral adrenal gland or beyond Gerota fascia	3a: Tumor extends into renal vein branches, or invades perirenal and/or renal sinus fat (►Fig. 3)
		3b: Tumor extends into the subdiaphragmatic inferior vena cava
		3c: Tumor extends into the supradiaphragmatic inferior vena cava
T4	Tumor invades beyond the Gerota fascia and/or contiguous extension into the ipsilateral adrenal gland	

5. A 28-year-old female patient presented to the emergency department with fever, chills, flank pain, and dysuria for 2 days. On examination, she had tenderness over the left costovertebral angle (CVA tenderness) and temperature of 39°C

- 1) findings in picture A?
- 2) findings in picture B?
- 3) what is your diagnosis?



Answers

1. radio opaque lesion on left ureter(stone)
2. left hydronephrosis
3. Obstructive peylonephritis

6. A 30-year-old man presented to the urology clinic complaining of inability to conceive after 2 years of regular unprotected intercourse.

- 1) 4 Q you ask about patient sexual history
- 2) 4 points in examination of genital area
- 3) sperm concentration

Answers

1) Four questions about sexual history:

1. How often do you have sexual intercourse (frequency per week)?
2. Any difficulty with erection (erectile dysfunction)?
3. Any problem with ejaculation (e.g., premature, delayed, or absent ejaculation)?
4. Any history of sexually transmitted infections (STIs) or urethral discharge?

2) Four points in genital examination:

1. Testicular size and consistency (to assess spermatogenic function).
2. Presence of varicocele (especially on the left side).
3. Examine epididymis and vas deferens (for obstruction or absence).
4. Penile examination (for hypospadias, curvature, or other abnormalities).

3) Normal sperm concentration:

- ➡ ≥ 15 million sperm per milliliter ($\geq 15 \times 10^6/\text{mL}$)

7. A 16-year-old boy presented with sudden severe left testicular pain and swelling for 3 hours, associated with nausea and vomiting. There is no history of trauma or urinary symptoms

- 1) 4 things in Hx of epididymitis
- 2) 4 things in Ex of torsion
- 3) best diagnostic imaging

Answers

1) Four things in history of epididymitis:

1. Gradual onset of scrotal pain (not sudden).
2. Associated urinary symptoms – dysuria, frequency, or urethral discharge.
3. History of recent urinary tract infection or sexually transmitted infection.
4. Fever or chills (systemic signs of infection).

2) Four things in examination of torsion:

1. High-riding testis with horizontal lie.
2. Severe tenderness and swelling of the affected testis.
3. Absent cremasteric reflex on the affected side.
4. Negative Prehn's sign (no pain relief on elevation of testis).

3) Best diagnostic imaging:

- ➡ Color Doppler ultrasonography (to assess testicular blood flow).

8. About this structure, answer question here and write the name and symbol of each structure:

- 1) most of seminal fluid produced in?
- 2) in BPH ; alpha blockers affect which organ ?
- 3) where are PSA produced?
- 4) The imaging study for structure (D) trauma
- 5) In pelvic fracture, which part of urethra is affected
- 6) what is the structure produced testosterone ?

Answers

- 1 structure A (seminal vesicle)
2. B (bladder neck)
3. C (prostate)
4. structure D is urethra so best image is urethrogram
5. E (membranous urethra)
6. F (testicles)

