



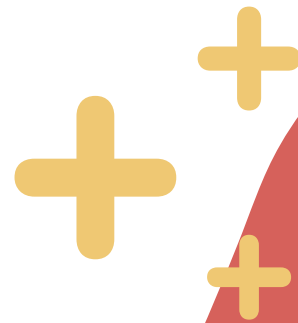
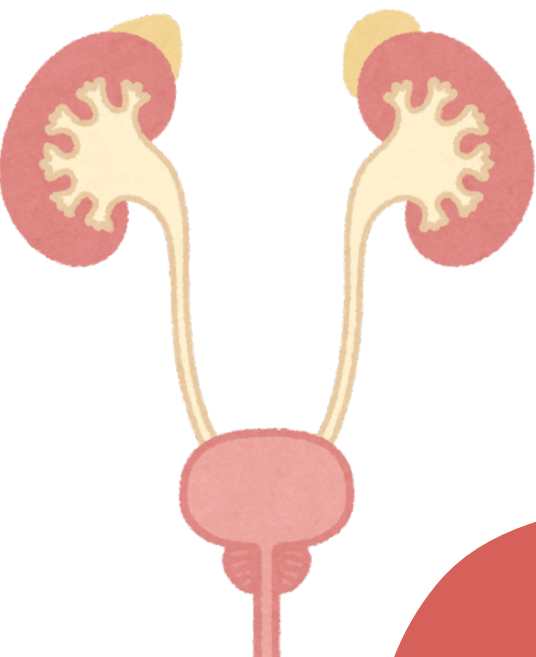
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Urology

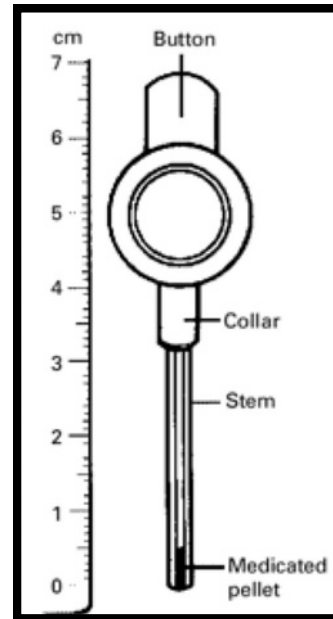
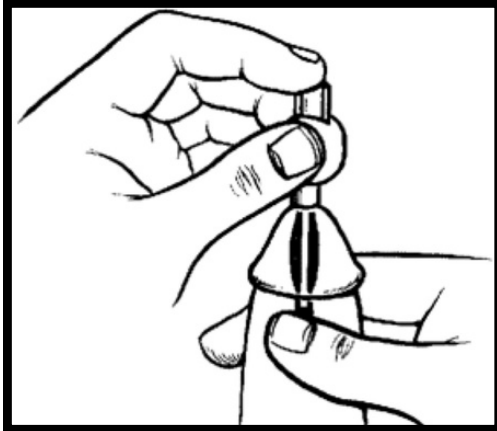
12/Mar/2026 (Group 8)

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Section 1



- **Identify the procedure shown in the image**

Intraurethral alprostadil

- **Mention two possible adverse effects associated with this procedure.**

1) Minor bleeding.

2) burning sensation

- **Give two mandatory Labs for this case**

1) fasting serum glucose

2) fasting lipid profile

3) total and free testosterone

Section 2

This photo showing suprapubic fullness for 70 years old male patient attend urology clinic complaining of inability to pass urine with episodes of urinary incontinence since more than 2 weeks



- **What are the differences between this case and acute urinary retention?**

	Acute retention	Chronic retention
Obstruction	Complete	Partial
Voiding	Decreased (-)	Increased (+)
Presence of anuria	Anuria present	Anuria absent
Pain	Painful	Painless
Onset	Sudden	Gradual
Suprapubic tenderness	+	+/-
Suprapubic mass	Suprapubic mass absent	Suprapubic mass present
Bladder volume	Normal bladder volume	Increase bladder volume
Drainage volume	<800 ml	>800 ml
Uremia	-	+/-
Hydronephrosis	-	+
Presentation time	Medical emergency	Detrusor hypertrophy followed by atony (Late)

- **Type of incontinence seen in this condition:**

Overflow incontinence

- **Give 4 indications for surgery in BPH:**

- 1) Failure of medical treatment.
- 2) Recurrent UTI.
- 3) Refractory urinary retention.

- 4) Recurrent gross hematuria
- 5) Bladder stones
- 6) Hydronephrosis Or Renal insufficiency

Section 3

- **Adult male patient presents to the emergency room with sudden onset of severe unilateral testicular pain and swelling. Mention 4 points in the history would raise a strong suspicion of testicular torsion?**

1. nausea and vomiting
2. History of minor trauma
3. History of congenital anomalies such as cryptorchidism or bell clapper deformity
4. Sudden onset severe scrotal pain
5. Pain radiating to the lower abdomen/groin
6. Absence of urinary symptoms (no dysuria or frequency)

Section 4

- **What are the testicular tumor marker?**

1. α -fetoprotein (AFP)
2. β -human chorionic gonadotropin (β -HCG)
3. Lactate dehydrogenase (LDH)
4. Placental alkaline phosphatase (PLAP)

- **What are the indications of partial nephrectomy?**

1. Standard of care for clinically staged T1a renal tumors (cT1a, tumor size < 4 cm)
2. Solitary kidney
3. Bilateral renal tumors
4. Chronic kidney disease (CKD) or risk of renal insufficiency.

Section 5

- **Fill in the blanks with the most appropriate term from the following list**

(Acute urinary retention / Chronic urinary retention / Watchful waiting / peripheral zone / Transitional zone / Palliative care / retrograde urethrography)

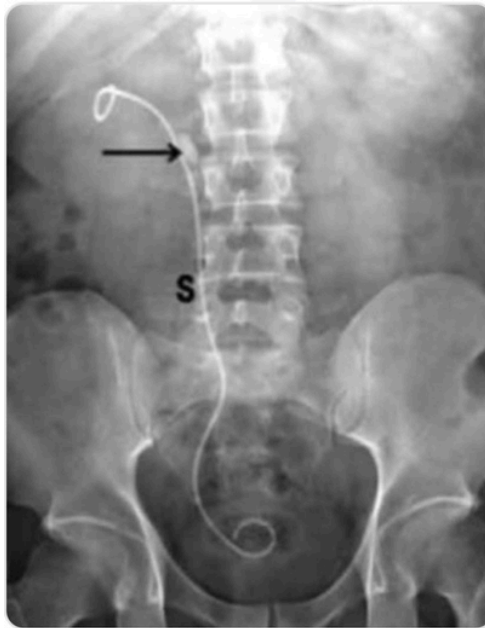
- 1) **Post-obstructive diuresis that occurs after insertion of a Foley's catheter is most commonly seen in _____.**
- 2) **In patients with prostate cancer and a life expectancy of < 5 years, the preferred management option is _____.**
- 3) **Prostate cancer most commonly arises from the _____ of the prostate gland.**
- 4) **The condition characterized by a sudden irresistible desire to void is called _____.**
- 5) **The best way to diagnose urethral stricture is _____.**

Answers:

- 1) **Chronic urinary retention**
- 2) **watchful waiting**
- 3) **peripheral zone**
- 4) **Urgency**
- 5) **retrograde urethrography**

Section 6

Patient presented to ER with severe flank pain , nausea and vomiting , restlessness from 2 weeks



مش نفس الصورة 😨

- **what is the name of the structure ?**

Double J

- **2 side effects?**

Migration
encrustation
hematuria
Infection

- **what KUB shows ?**

Radio-opaque shadow / stone in kidney

- **what is the definitive management ?**

ESWL or Ueretroscopy if fails

Section 7

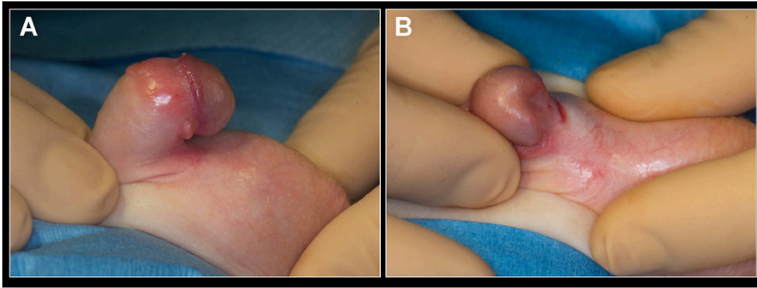


Image 1



Image 2

- **What is the most likely diagnosis in image 2**

VUR (Vesicoureteral reflux)

- **Mention two lines of treatment of image 2**

1. Conservative like low dose antibiotics and anticholinergic
2. Surgical like reimplantation or suburetric injection

- **The spot diagnosis in image 1**

Hypospadias

Section 8

**35-year-old woman underwent hysterectomy for uterine fibroids
,On the 3rd postoperative day, she develops: Flank pain, Fever
CT shows urine extravasation from ureter located near UVJ**

- **Best diagnostic test ?**

Retrograde pyelography

- **How to manage this patient ?**

Stabilization —> Ureteric stent by double J or nephrostomy —>
Definitive surgery according to location and size of defect
Because it's near bladder the best surgery is Ureteroneocystostomy