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| كلية الطب  جامعة مؤتة | |  | Faculty of Medicine,  Mu’tah University |
| Fifth-year Urology Exams | | | |

**This folder contains Urology MCQ questions from :  
 2007/2012/2015/2017/2019/2020/2021\2022 and from 4 unknown folders**

**قام بجمع وترتيب هذه الأسئلة أحمد الخطايبة لغاية امتحانات سنة 2017 ..  
 وتم إضافة و تنسيق الامتحانات لغاية 2019 عن طريق طارقأبولبدة&عمار العضايلة .. و امتحان 2020 بعمل ساجدة البستنجي**

**2021 بعمل الاء حشايكة  
 وبإشراف لجنة الطب والجراحة ..**

Urology Archive –Final

2022

إعداد : نورالهدى الكركي

1-A lady presented with recurrent stones with ( normal calcium level, elevated parathyroid hormone level) She was prescribed thiazide diuretics, (her blood calcium levels significantly increased) What’s the most appropriate management ,

A. Parathyroidectomy

B. Decrease the dose of thiazide

C. increase the dose of thiazide

2- The most OMINOUS sign in urology ?

A. Hematuria ( Dr.Samer Answer )

B. Pneumaturia

C. Dysuria

D. Urgency

3- all of the following are characters of hematuria in case of bladder cancer , EXCEPT ?

A. Painless

B. Painful

C. Intermittent

D. mid-stream

4- the expected level of the lesion in case of Dyssynergia :

A. Between sacral area and pons

5- 80 Years old female , came with urgency, urine retention, overflow incontinence , and a mild grade of cystocele(grade 2) , and she mentioned that she need to treat this case with resolution of her symptoms, what is your first step ?

A. Prompted voiding

B. treat the cystocele with surgery ( anterior wall repair)

C. Low dose antibiotics

D. Tension-free vaginal tape TVT

E. Vaginal estrogen

6- Testicular tumor with bimodal peak ?

A. leydig cell tumor

7- the LEAST common Testicular tumor ?

A. Gonadoblastoma

8- male infertility in percentage as a cause of couple infertility ?

A.50%

9- 35 years old male with painless hematuria ?

A. Bladder cancer

10- Not associated with Renal cancer ?

A. Von Hippel–Lindau (VHL) syndrome

B. Tuberous sclerosis complex

C. Wunderlich syndrome

11-bosniak renal cyst classification system , based on ?

A. CT scan

12-Wrong statement ?

A. BPH arise from peripheral zone

13- in case of BPH , we use alpha blocker as a first line medical treatment for which type of receptors ,?

A. alpha 1 A

B. Alpha 1 B

C. Alpha 2

14- in case of stroke , the expected bladder abnormality ?

A. Overactivity

15- the most common bladder cancer associated with stones ?

A. SCC

16- Primary renal tumor invades the WALL of vena cava :

A. Stage T3c

17 –Seminoma extends to spermatic cord ?

A. Grade T3

18- the best modality for renal cyst ?

A. CT scan

19- Crohn’s disease associated with which type of stones ?

A. Hyperoxaluria

20- The currently available modalities for assessing disease extent in men with prostate cancer include:

A. DRE, serum PSA, grade, bone scan

21- A patient presents with a prostate mass (120g) and large symptomatic bladder diverticula. The most appropriate management is:

A- Simple prostatectomy and diverticulotomy .

22-Normal seminal fluid analysis parameters include all of the following except

A. PH value must be lower than 5.1

23- The hormone that works by negative feedback on LH production is :

A. Testesterone

B. Inhibin

24- Wrong about acute retention ?

A. Bilateral Hydronephrosis

25-Staghorn kidney stones ?

A. struvite stones

26- imaging modality for renal injury?

A. CT scan with and without contrast

27- wrong about hydrocele ?

A. It feels lika a bag of worm

28- Which of the following is NOT considered to be an indication for TRUS biopsy?

A. Routine evaluation of male infertility

29- true about urine incontinence ?

A. It’s an aging related process and related to postmenopausal shortening of the urethra

30- to differentiate between hemoglobinuria and myoglobinuria ?

A. Urine Dipstick

B. Microscopic examination

31- wrong about testicular torsion ?

A. Should be corrected within 12 hours

32- age of Testicular torsion?

A. 12-18 years

33- True statement ?

A. in case of unstable patient with blunt trauma go for surgery

34- The renal arteries typically branch from the abdominal aorta at the level of the :

a . 12th thoracic vertebral body

b . first lumbar vertebral body

c . second lumbar vertebral body

d . third lumbar vertebral body

e . fourth lumbar vertebral body

35- true about acute prostatitis ?

A. catheters are contraindicated

36- True about epididymitis ?

A. Low grade fever

37- wrong about bladder CIS ?

A. Muscle invasive

38- all of the following are side effects of LH-RH analogs except:

A. Gynecomastia

B. Initial low testosterone level

39- wrong about VUR ?

A. Diagnosed by renal US

40- true about undescended testes:

A. Up to one third of premature male newborns are born with undescended testicle

**2021**

**1.Stones may rarely form because of which antihypertensive medications:**

a. Hydrochlorothiazide

b. Propranolo

c. Captopril

**d. Triamterene**

e. Propanolol

**2.Normal Seminal Fluid analysis parameters include all of the following except:**

a. Count > 15 Milion /ML

b. Morphology should be equal to or more than 4% of normal spermatozoa

C. Motility should be progressively molile spermatozoa must exceed 32%

**d. PH value must be lower than 5 1**

e. The normal volume of an ejaculate after 3 to 5 days of sexual abstinence, is in the range of 1.5 to 6 mL

**3.Regarding Stress urinary incontinence, which of the following is true:**

a. Stress incontinence is related to the stress of not being able to get to a toilet in time

b. In stress incontinence bladder outlet resistance is increased

c. Stress incontinence occurs when intra-vesical pressure exceeds the sphincteric pressure.

d. Men cannot develop stress incontinence

**e. Childbirth, chronic cough and chronic constipation add to the age-related atrophy of female's pelvic floor muscles**

**4.Carcinoma in situ (CIS) of bladder, which is true:**

a. Usually asymptomatic

b. Characteristically benign condition.

**c. Usually treated with intravesical BCG**.

d. Doesn't cause hematuria

e It is low grade condition

**5.Which statement regarding bladder injury is incorrect:**

**a. Extraperitoneal rupture is usually treated by open surgical repair.**

b. They are usually associated with a pelvic fracture

c. Inability to vold and macroscopic haematuria and meatal blood are symptoms

d. Investigation of choice is retrograde cystogram

e. The rupture can be both intra and extraperitoneal

**6.What is the most common age group for testicular torsion:**

a. <10 years

**b. 12-18 years**

c. 20-25 years

d. 30-50 years

e. >60 years

**7.Most common site of distant metastasis of bladder cancer:**

a. Lung

b. Stomach

c. Brain

d. Bone

**e. Liver**

**8.Renal cell carcinoma involving adrenal gland is:**

a. T2

b. T3a

c. T3b

d. T3c

e. T4

**9.Which grade of renal injury involves a deep laceration into the collecting system:**

a. 1

b. 2

C. 3

**d. 4**

e. 5

**10.Spoke wheel pattern on CT SCAN is diagnostic for:**

a. Renal cell cancer

**b. Oncocytoma**

c. Renal adenom

d. Renal cyst

e. Angiomyolipoma

**11.What is the MOST common causative organism for uncomplicated UTI:**

a. Chlamydia trachomatis

b. Klebsiella

c. Proteus species

**d. Escherichia coli**

e. Staphylococcus saprophyticus

**12.Undescended testes**

**a. Up to one third of premature male newborns are born with undescended testicle**

b. are usually managed conservatively care

c. best corrected at or around puberty

d. have no malignant potential

e. are usually bilateral

**13.Highest concentration of alpha-adrenergic receptors in urinary tract is found in the:**

a. Membranous urethra

b. Trigone

**c. Bladder neck and proximal urethra**

d. External sphincter

e. Main body of the bladder

**14.All the followings are correct regarding Xanthogranulomatous pyelonephritis except:**

a. Prompt control of blood glucose and relief of urinary obstruction are essential, in addition to fluid resuscitation and personerar antibiotics

b. Gas overlying the affected kidney may be seen on a plain abdominal radiograph (kidneys, ureters, bladder [KUB])

**c. Occur in kidneys damaged by calculi**

d. Acute severe infection of the kidneys that leads to liquefaction of renal tissue is the main pathological featurE

e. Associated with severe inflammation and necrosis obliterate the kidney parenchyma, that is, characteristically, well differentiated from renal clear cell carcinoma

**15.an traumatic rupture of membranous urethra, which is true:**

a. Best management is immediate urethral catheterization.

**b. High riding prostate or floating prostate on rectal examination.**

c. Usually diagnosed by radionuclide cystogram.

d. Most often due to endoscopic surgery

e. Rarely leading to long term sequelae

**16.Which of the following is least characteristic as a finding in autonomic hyperreflexia:**

a. Headache before bladder contraction

b. Hypertension

c. Flushing above the level of the lesion

**d. Tachycardia**

e Sweating above the level of the lesion

**17.The drug thought to be safe in any phase of pregnancy is:**

a. Fluoroquinolone

b. Nitrofurantoin

c. Sulfonamide

**d. 2nd and 3rd Generation Cephalosporen**

e. Tetracycline

**18.Best treatment option for non muscle invasive bladder cancer with the risk of recurrence is:**

a. Radical cystectomy

b. Intravesical chemotherapy

c. Systemic chemotherapy

**d. TURT with adjuvant intravesical chemotherapy**

e. Palliative treatment

**19.indicated medical therapy for renal leak hypercalciurta is:**

a. Oral citrates

b. Magnesium oxide or gluconate

c. Cellulose phosphate or neutral phosphate

d. Allopurinol

**e. Thiazide diuretics**

**20.Vesico-Ureteral Reflux (VUR) all true except:**

a. Best diagnosed by Voiding Cysto-Urethrogram (MCUG).

**b. High Grade VUR with renal scars usually need conservative treatment.**

c. Conservative treatment should include oral prophylactic antibiotic

d. Ultrasound scan is safe and can be repeated frequently.

e. DMSA is the best image to exclude renal scars

**21.Patients with acute suppurative prostatitis:**

a. Should have residual urine measured by intermittent catheterization

b. Should have bladder decompression by urethral catheter

c. Should have repeated prostatic massage

**d. Should have no transurethral instrumentation if possible.**

e. Suprapubic catheter insertion is contraindicated

**22.In an asymptomatic patient with 0.8 cm stone in the upper ureter with mild hydronephrosis, which therapeutic option will you choose once the conservative treatment has failed?**

a Percutaneous (descending) ureteroscopy

b Laparoscopic ureterolithotomy.

C.Ureteroscopy and Intracorporeal lithotripsy

**d. Extracorporeal shockwave lithotripsy in situ**

e. Placement of percutaneous nephrostomy and extracorporeal imotripsy

**23.Concerning anticholinergics, which of the following sentences is incorrect:**

a Act in the urinary storage phase

b. Most commonly adverse effects include dry mouth, blurred vision, constipation, tachycardia, and confusion

**c. Increase the urinary flow rate**

d increase bladder capacity and limit unnation urgency, frequent urination and unmary incontinence

e Type 3 muscarinic receptors play key role in normal detrusor function

**24.In the adult, a normal bladder:**

**a. Cannot be palpated or percussed until there is a urine volume of at least 150 mL**

b Cannot be palpated or percussed until there is a urine volume of at least 500 mL

c. When evaluated for bladder distention, alpation is superior to percussion

d. Must not be assessed with bimanual examination under anesthesia if there is a diagnosis of bladder cances

e. Normally can hold 2 liters of fluid

**25.A 58 year-old-male patient, known to have DM, presents a 0.6 cm stone in the upper left ureter with left hydronephra Hub tests: Urea 75 mg/dl, Creatinine 2.3 mg/dl, K 4.8 mmol/L, WBC 18.7x109/L. Which is the initial indicated treatment:**

a. Placement of Double J stent

b. Ureteroscopy and Intracorporeal lithotripsy

**c. Extracorporeal shockwave lithotripsy with placement of Double J stent**

d. Extracorporeal shockwave lithotripsy in situ

e Administration of Tamsulosin and 1-month monitoring

**26.Alpha fetoprotein is elevated in all of the followings except:**

**a. Seminoma**

b. Yolk sac tumor

c. Viral hepatitis

d. Teratoma

e. Liver dysfunction

**27.Prostatic adenocarcinoma is usually derived from which zone:**

a. Transitional zone

**b. Peripheral zone**

c. Central zone

d. Periurethral gland

e Both transitional and Central Zone

**28.The bacterial virulence factor that is most important for adherence to the urothelium is:**

a. Hemolysin.

b. K antigen

**C. Pili**

d. Colicin production

e. O serogroup

**29.Indications of partial nephrectomy includes all except:**

a. <4 cm

**b.>4 cm**

c. Bilateral tumor

d. Solitary kidney

e. VHL syndrome

**30.The symptoms which is least specific to bladder outlet obstruction is:**

**a. Nocturia**

b. Poor stream

c. Hesitancy

d. Intermittency

e. Urinary retention

**31.Testicular tumor associated precocious puberty:**

a. Seminoma

b. Yolk sac

c. Teratoma

**d. Leydig cell**

e. Choriocarcinoma

**32.Which of the following is least relevant to history-taking when interviewing a patient with recurrent UT:**

**a. Family history of postmenopausal UTIS**

b. Spermicide use

c. Childhood voiding dysfunction

d. History of urologic surgery

e Past urinary pathogens and antibiotics

**33.The most common type of testicular tumor in infant and young children is:**

**a. Yolk sac tumor**

b. Choriocarcinoma

c. Teratoma

d. Seminoma

e Embryonal cell carcinoma

**34.Most common bladder cancer seen in patients with long term indwelling catheters:**

a Transitional Cell Carcinoma

**b. Squamous Cell Carcinoma**

c. Adenocarcinoma

d. Small cell carcinoma

e Sarcoma

**35.All the following have been suggested as possible inhibitors of stone formation EXCEPT:**

**a Matrix substance A**

b.Citrate

c Magnesium

d Pyrrophosphate

e Zinc

**36.All of the following types of urinary calculi are radiolucent except:**

a. Uric acid

b. Matrix

**C. Cystine???**

d. 2,8-hydroxyadenine

e. Xanthine

**37.A patient with acute urinary tract infection (UTI) usually presents with:**

a Chills and fever.

**b. Painful urination.**

c. Nausea and vomiting

d.5 to 10 white blood cells per high-power field (hp) in the uncentrifuged urine specimen

e.Flank pain

**38.in patients with stone disease, all the followings are true EXCEPT:**

**a. Gross hematuria is always present.**

b. Pyuria may occur in the absence of infection.

c. The presence of cystine, urate or calcium oxalate crystals may indicate the type of calculus

d. Urinary pH may provide a clue to the type of stone found

e Unnary infection may cause stones as well as being caused by them

**39.All are risk factors for developing testicular cancer except:**

a. Age

b. Race

**C. Trauma**

d. Cryptorchidism

e HIV

**40.CT guided FNA is indicated in:**

a. Renal cell cancer

b. Renal adenoma

c. Renal oncocytoma

d. Renal angiomyolipoma

**e. Renal abscess**

**2020**

Q1:The majority of malignant tumors of the urinary bladder are histologically classified as

a. Fibrosarcoma

b. Adenocarcinoma

c. Squamous cell carcinoma

d. Choriocarcinoma

e. Transitional cell carcinoma

Q2: The route of bladder infection is most often .

a. Bloodborne

b. Transurethral

c. Vesicocolic fistulae

d. Lymphatic circulation

e. Antegrade from the kidney

Q3: Which of the following is NOT considered to be an indication for TRUS biopsy:

a. PSA velocity more than 0.75 - 1 ng/dl/year

b. Nodule on DRE

c. Routine evaluation of male infertility

d. Diagnosis of recurrence after radiation therapy in rising PSA

e. Total PSA more than 10 ng/dl

Q4: The most accurate imaging study for characterizing a renal mass is:

a. IVU

b. Ultrasound

c. MRI

d. CT-Scan with and without contrast

e. Renal Arteriography

Q5: A 16-year-old male complains of acute onset of scrotal pain. Which of the following procedures is LEAST indicated?

a. Treat with cefixime and azithromycin and discharge home

b. Radionulidescan of the testes

c. Attempt manual detorsion

d. Urinalysis

e. Doppler ultrasound

Q6: Which of the following GCT subtypes is most likely to spread hematogenously?

a. Choriocarcinoma

b. Embryonal Carcinoma

c. Teratoma

d. Seminoma

e. Yolk sac

Q7: A 75 year old woman being investigated for recurrent urinary tract infections (Proteus on culture) has a staghorn calculus on CT. What is the most likely stone composition?

a. Cysteine

b. Uric acid

c. Struvite

d. Calcium oxalate

e. Hydrogen

Q8: A 70 year old man presents with painless retention and wetting at night, with a residual of 2 L. You diagnose high pressure chronic retention.

a. There is no treatment for him

b. His renal function will be normal

c. Once the catheter has been passed he is unlikely to produce a diuresis

d. He may have bilateral hydronephrosis on ultrasound

e. He will have normal renal function tests

Q9: The best diagnostic imaging study for the kidney injury is:

a. Renal US

b. Abdominal and pelvic CT with contrast

c. IVU

d. KUB

e. DMSA

Q10: Which of the following factors increases the risk of infection?

a. A urinary pH of 6.0

b. Lactobacilli colonization of external genitalia

c. Antegrade urinary flow in urethra

d. Spinal cord injuries

e. Male gender

Q11: The renal arteries typically branch from the abdominal aorta at the level of the:

a. 12th thoracic vertebral body

b. first lumbar vertebral body

c. second lumbar vertebral body

d. third lumbar vertebral body

e. fourth lumbar vertebral body

Q12: In an asymptomatic patient with a stone in the upper ureteral segment (maximum diameter 0,8cm) and mild (first grade) dilatation of the ipsilateralpyelocalyceal system, which therapeutic option will you choose once the conservative treatment (watchful waiting) has failed?

a. Percutaneous (descending) ureteroscopy

b. Extracorporeal in situ lithotripsy

c. Extracorporeal lithotripsy using the 'push-back' technique

d. Placement of percutaneous nephrostomy and extracorporeal lithotripsy

e. Laparoscopic ureterolithotomy

Q13: What is the most common age group for testicular torsion?

a. Less than 10 years

b. 12-18 years

c. 20-25 years

d. 30-50 years

e. More than 60 years

Q14: Pain in the flaccid penis is usually due to:

a. Peyronie's disease

b. Bladder or urethral inflammation

c. Priapism

d. Calculi impacted in the distal ureter

e. Hydrocele

Q15: A 32 year old man has a renal stone 3 year following laparotomy and ileal resection for Crohn's disease. What metabolic factor most likely accounts for this?

a. Hypocitraturia

b. Hyperoxaluria

c. Hyperuricosuria

d. Hypercalciuria

e. Hypocalciuria

Q16: Which of the following statements about abnormal physical findings of the penis is FALSE?

a. In children under the age of 5 years, it is not abnormal for the foreskin to be non-retractile

b. The urethra can normally be felt on the ventrum of the penis

c. Paraphimosis is frequently iatrogenic

d. Carcinoma of the penis is almost exclusively seen in uncircumcised men

e. Priapism usually presents with a rigid, non-tender penis

Q17: Most recurrent infections in female patients are:

a. Complicated.

b. Reinfections.

c. Due to bacterial resistance

d. Due to hereditary susceptibility factors

e. Composed of multiple organisms

Q18: primary Infertility is defined as failure to conceive after:

a. 3 months of regular, unprotected intercourse

b. 6 months of regular, unprotected intercourse

c. 9 months of regular, unprotected intercourse

d. 1 year of regular, unprotected intercourse

e. 2 year of regular, unprotected intercourse

Q19: The currently available modalities for assessing disease extent in men with prostate cancer include:

a. DRE, serum PSA

b. Serum PSA

c. Grade, bone scan

d. Bone scan, DRE

e. DRE, serum PSA, grade, bone scan

Q20: Which of the following is NOT a complication for long-term catheterization?

a. Risk of cancer

b. Recurrent urinary tract infections

c. Encrustation and stones

d. Blockages requiring regular changes

e. Increased bladder capacity

Q21: Haematuria, hypertension, protenuria and red cell casts in the urine are indicative of?

a. Nephrotic syndrome

b. Hepatorenal syndrome

c. Nephritic syndrom

d. Rhabdomyolysis

e. Aminitaphylloides poisoning

Q22: A 68 year old man presents with recurrent urinary tract infection (UTI). He has a history of recurrent renal stones and has three previous percutaneous nephrolithotomies in the right kidney. Current evaluation confirms a recurrent 3 cm stone in the right renal pelvis. An isotope study (DMSA) performed 3 months after treatment of his UTI shows 5% function in the right kidney. What is the best treatment strategy for the right renal stone?

a. Extracorporeal shock wave lithotripsy (ESWL)

b. Flexible ureterorenoscopy (FURS) with stone fragmentation

c. Percutaneuosnephrolithotomy (PCNL)

d. Nephrectomy

e. Conservative treatment

Q23: A 30 year old man has gross hematuria and cystoscopy finds a papillary tumor, TURBT done revealing non-invasive 2 cm papillary urothelial tumor, muscle is present in the resected specimen, all of the tumor is resected. The best treatment is:

a. Intravesical BCG

b. Repeat cystoscopy with random bladder biopsies

c. Radical cystectomy

d. Immediate mitomycin Cintravesical therapy

e. Observation

Q24: Acute pyelonephritis is the most likely diagnosis in a patient with

a. chills, fever, and flank pain.

b. bacteria and pyuria.

c. focal scar in renal cortex.

d. delayed renal function.

e. vesicoureteral reflux.

Q25: What causes the pain associated with a stone in the ureter?

a. Obstruction of urine flow with distention of the renal capsule

b. Irritation of the ureteral mucosa by the stone

c. Excessive ureteral peristalsis in response to the obstructing stone

d. Irritation of the intramural ureter

e. Urinary extravasation from a ruptured calyceal fornix

Q26: Fluoroquinolone antibiotics work by:

a. Inhibition of cell wall biosynthesis

b. Alteration of nucleic acid metabolism

c. Inhibition of bacterial DNA gyrase

d. Inactivation of bacterial ribosomal proteins

e. Inhibition of RNA polymerase

Q27: Testicular blood supply is derived from all of the following sources except:

a. Internal spermatic artery.

b. Deferential artery.

c. External spermatic artery.

d. Cremasteric artery.

e. Pudendal artery

Q28: Which of the following statements about scrotal and testicular problems is TRUE?

a. Torsion of the testis is seen most commonly between the ages of 20 and 30 years

b. Hydrocele is diagnosed by transillumination and, if any portion transilluminates, malignancy is excluded

c. A right-sided varicocele is slightly less common than a left-sided varicocele

d. A painless testicular mass in a man aged 20 to 35 years, found incidentally, is the most common presentation of a testicular tumor

e. Epididmyal cysts always occur in the tail of the epididymis

Q29: Which environmental factor is most generally accepted as a risk factor for Renal Cell Carcinoma?

a. Radiation therapy

b. Antihypertensive medications

c. Tobacco use

d. Diuretics

e. High fat diet

Q30: Which of the following statements is false?

a. The testes in men should be near the same size

b. It is best to examine a man's genitalia in a warm room

c. The normal prostate is the size of a walnut

d. A hydrocele feels like a bag of worms

e. A hydrocele transilluminates

Q31: Which grade of renal injury involves a deep laceration into the collecting system?

a. 1

b. 2

c. 3

d. 4

e. 5

Q32: Which of the following steps is NOT required in obtaining a midstream urine (MSU)?

a. Collect the first part of the urinary stream

b. Avoid touching the inside of the sample container

c. Clean around the urethral meatus

d. Retract the foreskin

e. Label the sample bottle with the correct patient details

Q33: What would be the best treatment option for a 32-year-old woman with multiple sclerosis who has recently developed symptoms of urinary frequency and urgency with occasional urgency incontinence?

a. Anticholinergics

b. Beta-3 agonists

c. Ileal conduit urinary diversion

d. Intravesicalbotulinum toxin A

e. Sacral neuromodulation

Q34: When should surgery for boys with undescended testes be performed?

a. At one month of age

b. At 3 months of age

c. At 6 months of age

d. At 1 year of age

e. At 4 years of age

Q35: Which of the following is TRUE in erectile dysfunction (ED)?

a. There is no role of checking serum glucose and lipid profile in ED investigations

b. PDE-5 inhibitors can be given safely with nitrate medications

c. If a man experiences nocturnal penile erection, but cannot achieve erection for intercourse, he is likely to have psychogenic ED

d. Afferent information travels from penile ischiocavernosus and bulbocavernosus muscles to Onuf's nucleus (S2–4)

e. The dorsal penile and pudendal nerves carry the efferent fibres to the spinal cord at S2–4 level

Q36: Intravesicalmitomycin C chemotherapy for high risk superficial bladder cancer:

a. Reduces risk of progression

b. Reduces risk of recurrence

c. Is free of side effects

d. Preferred over BCG especially for CIS

e. Less expensive than BCG

Q37: What is the most likely urological dysfunction following a CVA?

a. Detruser–sphincter dysynergia (DSD)

b. Incomplete bladder emptying

c. Autonomic dysreflexia

d. Detruseroveractivity

e. Loss of bladder sensation

Q38: Which fetal hormone stimulates the growth of the prostate during development?

a. Estradiol

b. DHT

c. Estrone

d. Testosterone

e. Inhibin

Q39: In the adult, a normal bladder:

a. Cannot be palpated or percussed until there is a urine volume of at least 150 mL

b. Cannot be palpated or percussed until there is a urine volume of at least 500 mL

c. When evaluated for bladder distention, palpation is superior to percussion

d. Must not be assessed with bimanual examination under anesthesia if there is a diagnosis of bladder cancer

e. Can hold 2 liters of fluid

Q40: A 28-year-old man presented with a 2-month history of a dull ache in his left testis. On examination you can feel a hard lump on the testis which is tender. Which diagnosis needs to be excluded first?

a. Orchitis

b. Epididymitis

c. Torsion of epididymal appendage

d. Testicular torsion

e. Testicular tumor

**2019**

**1 - Most receptors of detrosal muscle respictively :  
 M2 M3**

**2- Efferent of Crimesteric reflex is :  
 genital part of femorogenital**

**3- wrong statement regarding Venous drainage:   
right suprarenal vein drains at right renal vein**

**4- which of the following exacerbates lower urinary symptomes :  
 alpha agonist or Muscarinic agonist ? I'm not sure**

**5- which of the following is urease positive except :  
E.coli**

**6 one of the following increase risk of magnesium stones :  
protues**

**7- one is true regarding seminoma:   
always negative alfa fetoprotein and 15% positive b-hcg**

**8- one is not risk factor for Renal cell carcinoma:  
 adult polycystic or aquired ... ? I'm not sure**

**9- most important risk factor for uric acid stone :  
 pH of urine less than 6.5**

**10- most responsive tumor for metastatic renal cell carcinoma to Chemotherapy :   
..... ?**

**11- one of the following is not a risk factor for renal stone :  
hypercitraturia**

**12- one is not an indication for admission for renal colic :  
 Infection and fever**

**13- one is not an indication for radiological study in UTI :   
UTI in Female**

**14- intravesicalbcg is contraindicated in :  
All of the above(immunosupression , history of tb , gross hematuria ... etc )**

**15- one of the following solution is used during TURP :  
glycerine**

**16- one of the following changes occurs at cerebral Stroke :  
hyperreflexia of bladder and intact coordination between bladder and sphencter.**

**17- Percentage of patients with non muscular invasive bladder cancers:   
80%**

**18- treatment of 2.5 cm stone at pelvis :  
Percautanous nephrolithotomy**

**19- Best treatment for BBH in patient with bothering score:   
Alpha blocker**

**20 - one is absoulte indication for surgery in bladder injury :  
Intraperitoneal rupture if bladder**

**21- what is the screening test for prostatic cancer :   
digital rectal examination + PSA**

**22 - PSA is specific test for prostate:  
 disease ( PSA is only secreted from prostate and elevated in all diseases of Prostate )**

**23 - Renal trauma ( Remind me plz the detail of Q ) :  
 grade 4**

**24 - one is not indication for open surgery in BPH :  
 Prostate more than 100 g**

**25 - nerve supply for penile erection :   
Parasympthetaic**

**26 - one is not a germ cell tumor :  
Leydig cell tumor**

**27 - Best treatment option for mid-uretral stab wound injury :  
Urtetrouretrostomy or TransUrtetrouretrostomy ?**

**28 - normal sperms count :   
15 milions per ml**

**29 - one is 5 alpha reductase inhibitor :  
Finasteride**

**30 - why fluroquinilone not used in pregnancy and for children :   
destruction of growth cartilage.**

**31 - one is true regardungundescending testis :  
 it is a part of prune belly syndrome Syndrome**

**32- most specific test for urinary stones :  
 Ct without contrast**

**33 - one is false regarding undescending testis :   
it is associated with Direct hernia**

**34- All of following needed for normal filling and voiding except:  
uncontrolled bladder contractions**

**35 - one is not a risk factor for urinary stones :   
DM**

**36 - wrong regarding urinary stone :  
 men are at 2 fold risk to have struvite stone than women**

**37 - one is not true regarding testicular tortion :   
pain relieved by elevation of testis**

**38 - stress incontinence :   
incontinence occurs due to increase intraabdoinal pressure**

**39 - most common site for bph :   
transition zone**

**40- Painless hematuria for heavy smoker is characterstic of :  
 bladder cancer**

**2017**

1. **case senario taking anabolic steroid what cause infertitiy ?  
    low FSH**
2. **deiffrence between psychological and organic impotence ?**  
   **Sudden onset**
3. **Transurethral biopsy of prostate not done?**  
   **as a routine for male infertitiy**
4. **wbc in vb3 in pt with prostatitis grades?**  
   **IIIA**
5. **uerteral stent and ureter stone not indicated for ?**
6. **about uretral obstruction , true ?**
7. **5 mm stone best managment ?**  
   **Wait and good hydration then spontaneous passage**
8. **Artery to testicle ?**  
   **internal spermatic artery**
9. **citrate inhibit stone by ?**  
   **complix with ca  (not sure)**
10. **wrong about vcug ?**
11. **risk factor for RCC ?**  
    **TOBBACO**
12. **wrong about RCC ?**ARISE FROM PELVIS
13. **can cause overactive bladdar except?**  
    **chronic retension (not sure)**
14. **testicular tumour mc lymphonode ?**  
    **para aortic**
15. **calcium oxalate stone formed in pt w/ ?**  
    **crohn disease**
16. **Irritative to LUT symptoms ?**  
    **- Parkinson (may be this)**- prostate cancer
17. **Urease +ve bacteria ?**  
    **Proteus**
18. **wrong about uretrovesical reflex?**  
    **ratio between uretral length in submucosa and uretral diameter is 2:1 مش متذكرة الصيغةبالزبط**
19. **Case scenario, scrotal pain, tender, swelling, absence doppler U/S ?**  
    **Testicular torsion**
20. **Testicular tumor, spread hematologicaly?**  
    **Choriocatcinoma**
21. **pt on us and x-ray there is stone in the renal pelvis and calyces pt had history of proties infection what is the composition of the stone?**  
    **magnesium and ammonium**
22. **Mx of acute pyelonephritis?**  
    - ab  
    - IV access   
    - urgent U/S  
    - urgent referral to urologist   
    **- all the above (answer)**
23. **Wrong Regarding hypospadias ?**  
    **genital tubercle**
24. **Q.about Stress incontinence?**  
    **can be treated by surgery (mshakeed)**
25. **Antihypertensive rarely causing stone?**  
    **Triamterene \*\***Thiazide (may be this)
26. **Q. About blunt trauma ?**

**2015**

1. **The posterior urethra is best visualized by:**
   1. static cystogram.
   2. retrograde urethrogram.
   3. **voiding cystogram.**
   4. postvoid film of an EXU.
   5. CT cystogram.
2. **Acute pyelonephritis is best diagnosed by:**
   1. **chills, fever, and flank pain. bacteriuria and pyuria.\*\***
   2. Hydronephrosis
   3. focal scar in renal cortex.
   4. delayed renal function.
   5. vesicoureteral reflux.
3. **The most reliable urine specimen is obtained by:**
   1. urethral catheterization.
   2. catheter aspiration.
   3. midstream voiding.
   4. suprapubic aspiration.
   5. antiseptic periurethral preparation.

**4.Which of the following muscles is NOT a boundary of the retroperitoneum?**

1. The psoas muscle
2. The iliacus muscle
3. The quadratuslumborum muscle
4. The diaphragm
5. **The rectus muscle \*\***

5. **What is the most common cause of gross hematuria in a patient older than 50 years of age?**

1. Renal calculi
2. Infection
3. **Bladder cancer \*\***
4. Benign prostatic hyperplasia
5. Trauma

**6. When should surgery for boys with undescended testes be performed?**

1. At birth
2. At 3 months of age
3. At 6 months of age
4. **At 1 year of age \*\***
5. At 5 years of age

**7. What is the preferred treatment for renal calculi 1 cm in diameter?**

1. **ESWL \*\***
2. ESWL with ureteral stenting
3. Flexible ureteroscopy with holmium laser lithotripsy
4. PNL
5. Laparoscopic pyelolithotomy

**8. What is the preferred initial diagnostic study for suspected urolithiasis in pregnant patients?**

1. Kidney, ureter, and bladder (KUB)
2. intravenous pyelography
3. **Renal ultrasonography \*\***
4. Spiral CT
5. MRI

**9. The most common uropathogen causing acutcystits is:**

1. **E. coli. \*\***
2. Pseudomonas.
3. Klebsiella.
4. P. mirabilis.
5. Staphylococcus

**10. The most common urinary stones are:**

1. Struvite
2. Sulphate
3. **Calcium oxalate \*\***
4. Uric acid
5. Xanthine

**11. The best diagnostic imaging study for the kidney injury is:**

1. US
2. **CT with contrast**
3. IVU
4. KUB
5. DMSA

**12. Where does benign prostatic hyperplasia (BPH) originate?**

1. In the central zone zone
2. In the peripheral zone
3. In the periurethral glands
4. **In the transition zone and periurethral zone \*\***
5. In the peripheral and transition zone

**13. What causes the pain associated with a stone in the ureter**

1. Obstruction of urine flow with distention of the renal capsule
2. Irritation of the ureteral mucosa by the stone
3. **Excessive ureteral peristalsis in response to the obstructing stone \*\***
4. Irritation of the intramural ureter

**14. Pneumaturia may be due to all of the following except:**

1. diverticulitis.
2. colon cancer.
3. inflammatory bowel disease.
4. **ectopic ureter. \*\***
5. After surgical procedures

**15. in renal trauma urinary extravasation can be diagnosed by:**

**a. CT with contrast \*\***

b. IVP

**16. true about renal trauma:**

a. blunt and penetrating trauma are treated the same way

**b. in blunt trauma do exploration only when the patien is hemodynamicaly unstable \*\***

**17.all true about a-blockers except:???**

a.tamsulosin is a selective a-blocker

b. they can cause orthostatic hypotension, dizziness, retrograde ejaculation

c. improve 40-80% of cases

**18.all are associated with high risk for bladder cancer except:**

**a. age less than 40 \*\***

b.smoking

**19.all true about bladder cancer except** : “ i can’t remember if he asked about the true or the wrong answer “

**a. T1-T4 are treated by radiotherapy**

**20. case about infirtlity : a patient was azoospermic , he was slim and tall , delayed puberty at 16 years old . size of testes 4 cc , which one is true:**

**a. he is at high risk of breast and testicular cancer**

b. advanced paternal age is a risk factor

c. it’s a rare genetic abnormality ......??  
d. Successful retrevial sperm colloction is impossible

21.**The Micturition Reflex located or something like that**

**sacral center**

**22.Detrusor-external sphincter dyssynergia (DSD) seen in all these except:**

**a. stroke**

b. MS

c. excision of cervical meningioma

d. spinal injury

**23. case: patient with incontinence , numbness ....... : what is the cause:**

a. DM

b.stroke

**c.MS**

**24. stress incontinence , true??**

**25. a 65- male patient after a pelvic surgery he complains of urinary retention best way to manage him”**

a- clean Intermittent catheterization

b. surgical sphincterotomy

c.Supravesical urinary diversion

**26. most common presentation of UTIs :**

**Dysuria**

**27. 4 mm stone in the ureter . best managment:**

**Spontaneous ..**

**28. most common abnormality seen in uric stones:**

**acidic urine**

hyperuricemia

**29.Cryptorchidism is for all except:**

a. orchitis

b. clinical hernia

c. tumors

**30.suspecting testicular cancer in patient ; best way of managment:**

a. Radical inguinal orchiectomy

b. radiotherapy

**31. about renal cell ca: ????????**

von hipplelindau syndrome: bilateral RCC

anemia absereshmalha :P

**32. question about prostate cancer nsetubs one of the choices PSA is sensitive**

**33. Varicocele:**

a.all cases should be treated

b. can cause infirtility

c. can cause reduction is sperm count

**34.the best physical sign to diagnose Testicular Torsion:**

a.Cremasteric reflex may be absent

b.lateral testicular lie

c. overriding testes

**d. Doppler \*\***

**35.all can cause erectile dysfunction except :**

**Uretric stones**

**2012**

1. **In normal ureter in a child, the ratio of tunnel length to the diameter of the ureter is:**
   1. **5:1 \*\***
   2. 4:1
   3. 3:1
   4. 2:1
   5. 1:1
2. **The most important factor that determines the virulence of a bacteria is:**
   1. **Pilli \*\***
   2. Inherited susceptibility factors
   3. Acquired virulence factors
3. **Most important protection for the bladder is:**
   1. **Voiding \*\***
   2. Tamm horsefall proteins
   3. IgA
4. **Correct regarding BPH:**
   1. **There is hyperplasia of glands, muscles, and fibers \*\***
   2. Castration will rarely result in reduction of the size of the prostate
   3. It presents in an early age in a patient with congenital absence of 5-alpha-reductase enzyme
   4. 5 alpha reductase inhibitor is the first line of treatment.
5. **Correct regarding prostatic cancer:**
   1. Gleason score is used for histological grading
   2. Prosate cancer can be compressing the rectum
6. **Gleason score is:**
   1. **The addition of the primary and secondary glandular architecture patterns present on low microscopic examination \*\***
   2. The addition of the primary and secondary glandular and cytological patterns present on microscopic examination
   3. The addition of primary and secondary glandular architecture seen on high power microscopy .
   4. The addition of primary and secondary cytological architecture seen on high power microscopy.
   5. The addition of primary cytological and secondary glandular on low microscopic
7. **Case history: 50 yo Hispanic woman with a history of 4 UTIs over the past 2 years. Presents with S&S of a renal stone. On US, staghorn calculus. The likely composition of this stone is:**
   1. **Magnesium ammonium phosphate \*\***
   2. Calcium
   3. Uric acid
8. **All the following arteries supply the testis, except:** 
   1. Pudendal artery
   2. Cremasteric artery
   3. Differential artery
   4. External spermatic artery
   5. Internal spermatic artery
9. **What infertility condition benefits the most from hormonal therapy:**
   1. Klienfeleter syndrome
   2. Sertoli-only-syndrome
   3. Hypogonadotrophichypogonadism
   4. Bilateral obstruction of the vas deferens
10. **The definition of infertility is:**
    1. Inability to conceive despite 3 months of regular unprotected intercourse
    2. Inability to conceive despite 6 months of regular unprotected intercourse
    3. Inability to conceive despite 9 months of regular unprotected intercourse
    4. **Inability to conceive despite 1 year of regular unprotected intercourse \*\***
    5. Inability to conceive despite 2 years of regular unprotected intercourse
11. **The definition of azoospermia according to the WHO criteria is sperm count of less than:**
    1. 15 million/ml
    2. **20 million/ml \*\***
    3. 25 million/ml
    4. 30 million/ml
    5. 40 million/ml
12. **In cystitis, the most common route for infection is:**
    1. Hematogenous
    2. Lymphatic
    3. **Transurethral \*\***
    4. Descending from the kidney
13. **In undescended testis, surgery is done at 1 year of age mainly because:**
    1. After 1 year, there is documented histological damage to the testis
    2. Surgery is easier at this age
14. **PSA is specific for prostate :**
    1. disease
    2. cancer
    3. infection
    4. inflammation
    5. **None of the above \*\***
15. **The increase in the intracellular level of which of the following causing smooth muscles relaxation in the corpora caveronsa in response to nitric oxide release:** 
    1. Vasoactive intestinal peptide
    2. **cGMP \*\***
    3. cAMP
    4. Calcium
16. **Case history: A 45 yo male with BPH and complaining of moderate obstructive urinary symptoms. The best drug to relieve his symptoms is:**
    1. **Doxazosin \*\***
    2. Finasteride
    3. Imipramine
    4. Nifedipine
17. **Dynamic study during flow phase revealed: Intravescial pressure of 45 cm H2O. Urine flow rate of 10 ml/sec. The diagnosis is:**
    1. **Obstruction to urine outflow \*\***
    2. Hyperactive bladder
    3. Hypoactive bladder
18. **The PSA of a patient while on fenesteride is 4. What would his PSA level be after 1 year of stopping its use:**
    1. 2
    2. 4
    3. 6
    4. **8 \*\***
    5. 10
19. **The best imaging study for screening of a renal mass is:**
    1. **US**
    2. CT
    3. MRI
    4. Renal angiography
    5. IVP
20. **A patient presents with signs & symptoms typical of renal colic. Both X-ray and US are negative for stones. The next step of management is:**
    1. Pain management and do investigations after 48 hours.
    2. Non enhancing helical Computed Tomography scanning
    3. Repeat US.
    4. IVP.
    5. Refer to outpatient clinic
21. **The mechanism of action of fluoroquinolones is:**
    1. **Inhibit bacteria DNA gyrase \*\***
    2. Inhibit cell wall biosynthesis
    3. Inhibiy DNA polymerase
22. **The best imaging study to visualize the posterior urethra is:**
    1. **Voiding urethrogram**
    2. Retrograde urethrography
23. **The best method for treatment of a cystine stone that measures >2.5 cm is:**
    1. Open Surgery
    2. ESWL
    3. **Percutaneous lithotripsy \*\***
    4. Medical therapy
    5. Nephrostomy and chemolysis
24. **The primary metabolic factor for the formation of uric acid stones is:**
    1. **Low urine pH \*\***
    2. Low citrate
    3. Hypercalciuria
    4. Hypouricosuria
    5. magnesium
25. **On prenatal screening, a fetus has oligohydramnios and bilateral hydronephrosis. The probable diagnosis is?**
    1. **Posterior urethral valve \*\***
    2. PUJ obstruction
    3. VUR
26. **The likely presentation of a patient of acute pyelonephritis:**
    1. **Fever, chills and flank pain \*\***
    2. Pyouria and bacteruria
27. **Wrong about renal cell carcinoma:**
    1. **In 20% of patients, paraneoplastic syndrome result in anemia \*\***
    2. Arises from proximal renal tubule
    3. More likely to occur in a uremic patient with polycystic renal disease .
28. **Wrong about renal trauma:**
    1. Grade 2 reach the medulla of the kidney.  
       Ans: B ??
29. **The strongestinhibitor for oxalate stones formation:**
    1. **Citrate \*\***
    2. Magnesium
    3. Potassium
    4. phosphate
30. **In 70% of idiopathic renal stones, the composition is:**
    1. **Calcium oxalate \*\***
    2. Hydroxyappetie
    3. Uric acid
    4. xanthine
31. **After surgery for frontal meningioma, the likely outcome of bladder function:**
    1. **Coordinated with urinary urgeny \*\***
    2. Coordinated with increased bladder volume
    3. Incoordinated due to detrusor sphincter dyssenergia
32. **The most sterile urine specimen in a child can be obtained by:**
    1. **Suprapubic aspiration \*\***
    2. Bladder catheter
    3. Midstream urine sample
33. **The most common cause of recurrent UTI in a female is:**
    1. Complicated
    2. **Reinfection \*\***
    3. Multiorganism infection
34. **One of the following can be used for the treatment of detrusor instability:**
    1. Muscle relaxants
    2. Cholinergics
    3. Alpha-blockers
    4. **Anti-muscarinics \*\***
35. **All the following symptoms are commonly found in a patient with BPH, except:**
    1. Frequency
    2. Hesitancy
    3. **Dysuria \*\***
    4. Nocturia
    5. Straining at urination
36. **The most common bladder cancer is:**
    1. Adenocarcinoma
    2. Squamous cell carcinoma
    3. **Transitional cell carcinoma \*\***
    4. Clear cell carcinoma
37. **Regarding bladder cancer, one is correct:**
    1. **The most common malignancy arising in the urachus is adenocarcinoma 2%.**
38. **French unit in catheters:**
    1. Internal diameter
    2. External diameter
    3. Internal circumference
    4. **External circumference \*\***
39. **The most common cause of gross haematuria in a male patient older than 50 years is:**
    1. renal calculi
    2. begnin prostatic hypertrophy
    3. **bladder cancer \*\***
    4. trauma
40. **The maximum size of stone that pass spontaneously in the ureter :**
    1. **5 mm \*\***
    2. 3 mm
    3. 6 mm
    4. 7 mm
    5. 10 mm

**2007**

1. **the prostatic adenoma in BPH is primarily supplied by which artery :**
2. sup. Vesical
3. hemmoroidal
4. **inferior vesical \*\***
5. **calcium reabsorption in the distal renal tubule is mediated by :**
6. vit.D
7. aldosterone
8. hypocalcemia
9. urinary sodium
10. **parathyroid hormone \*\***
11. **The preferred management of ruptured testes is :**
12. orchictomy
13. **closure of tunica albugenia\*\***
14. orchectomy& prosthesis insertion
15. bedrest, scrotal elevation, & ice packs
16. incision & drainage of scrotum
17. **A 26-y-old women has a pelvic #, collapsed lung, & severe closed head injury following an automobile accident . a retrograde cystogram reveals an extra peritoneal bladder rupture .the next step in management is :**
18. **catheter drainage \*\***
19. immediate surgical repair
20. diagnostic peritoneal lavage
21. abdominal & pelvic CT scan
22. suprapupiccystostomy
23. **Following an automobile accident , a 30-y-old comatose man has a Bl.P of 110/70 mmhg pulse of 80/min , CVP of 12cm H2O 7 a urinary output of 40ml/h, .there is gross blood in the urine . nasotracheal intubation has been performed . the 1st X-ray obtained should be :**
24. skull
25. **cervical spine \*\***
26. IVP
27. Cystogram
28. Pelvic X-ray
29. **a 21-y-old man was hit in the scrotum 2 h prior to being seen in the emergency room . he has a tense , swollen echymotic scrotum. His testicles are not palpoable . the next step is to :**
30. optain a retrograde urethrogram
31. optain a colour flow doppler
32. **perform a scrotal u/s \*\***
33. treat him with ice , bed rest, & elevation
34. explore his scrotum
35. **a patient with chronic renal failure on maintenance hemodialysis may have a tendency to bleed excessively during surgery . this is most often due to :**
36. thrombocytopenia
37. inadequate level of vit.K
38. hypofibrogeniemia
39. thromboplastine deficiency
40. **a qualitative platelet deficiency \*\***
41. **in the nephron one is correct :**
42. the proximal tubule is impermeable to water
43. **the proximal tubule can secret water \*\***
44. water movements follow osmotic gradient
45. water movement can flow against NaCl gradients
46. water entering the collecting duct causes the release of ADH
47. **in the process of reabsorption by the proximal tubule in the kidney . one is correct :**
48. **primary active transport is energy dependent \*\***
49. secondary active transport uses energy
50. sodium potassium ATPase pumps K into the intestitium
51. Na/H exchange occurs across the basolateral membrane
52. H/HCO3 exchange occurs at the luminal membrane
53. **most rebsorption of substance from the glomerular filtrate occurs in the** :
54. glomerulus
55. collecting tubule
56. **proximal convoluted tubule \*\***
57. ureter
58. distal convoluted tubule
59. **under normal circumstances the kidneys produce about ….. liters of glomerular filtrate per day** :
60. 1.000
61. **180 \*\***
62. 110
63. 7.5
64. 1 – 2
65. **the human ovum & spermatozoon are similar in that**

**they have the same # of chromosomes \*\***

1. **regarding crystaloid solution one is false**:

**albumin has a half life in the circulation of about 15 days\*\***

1. **the plexus of santorini is located :**

**in the puboprostatic space \*\***

1. **injection of saline into the left corpus cavernosum with a tourniquet placed at the base of the penis will result in tumescence of :**

**both corpora cavernosa \*\***

1. **the most testicular tumor sensitive to radiation is :**

**seminoma \*\*   
normal urine PH is :**

**5-8\*\***

1. **CT scan is invented in :**

**1973\*\***

1. **all are contrindications to lprascopy except**:

**atrophic kidneys \*\***

1. **the most sensitive methode for detecting renal stones is :**

**un-enhanced spiral CT \*\***

1. **All are used in treatment of BPH except :**

**androgen \*\***

1. **the most common presentation of varicocel in adolescence is :**

asymptomatic

cosmotic

1. **the answer is DMSA scan**
2. **the answer is obstetric trauma**

**Extra 1**

1. **Which of the following muscles is NOT a boundary of the retroperitoneum?**
2. The psoas muscle
3. The iliacus muscle
4. The quadratuslumborum muscle
5. The diaphragm
6. **The rectus muscle \*\***
7. **The testicular arteries most commonly originate from:**
8. the renal arteries.
9. the adrenal arteries.
10. the abdominal aorta above the superior mesenteric artery.
11. **the abdominal aorta below the renal arteries. \*\***
12. the common iliac arteries.
13. **What is the most common cause of gross hematuria in a patient older than 50 years of age?**
14. Renal calculi
15. Infection
16. **Bladder cancer \*\***
17. Benign prostatic hyperplasia
18. Trauma
19. **What causes the pain associated with a stone in the ureter:**
20. Obstruction of urine flow with distention of the renal capsule
21. Irritation of the ureteral mucosa by the stone
22. **Excessive ureteral peristalsis in response to the obstructing stone \*\***
23. Irritation of the intramural ureter
24. Urinary extravasation from a ruptured calyceal fornix
25. **The anterior urethra is best visualized by:**
26. VCUG.
27. **Ascending urethrogram.\*\***
28. Postvoidfilmof an IVU.
29. CT cystogram.
30. Static cystogram
31. **The drug thought to be safe in any phase of pregnancy is:**
32. fluoroquinolone.
33. nitrofurantoin.
34. sulfonamide.
35. **Penicillin.\*\***
36. Tetracycline.
37. **When should surgery for boys with undescended testes be performed?**
38. At birth
39. At 3 months of age
40. At 6 months of age
41. **At 1 year of age \*\***
42. At 5 years of age
43. **What is the preferred treatment for renal calculi 1 cm in diameter?**
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46. Flexible ureteroscopy with holmium laser lithotripsy
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48. Laparoscopic pyelolithotomy
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52. **Renal ultrasonography \*\***
53. Spiral CT
54. MRI
55. **Acute epididymitis is best diagnosed by:**
56. **chills, fever, and testicular pain, bacteriuria and pyuria\*\***
57. abdominal pain.
58. focal scar in renal cortex.
59. delayed renal function.
60. vesicoureteral reflux.
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    1. **coli.\*\***
    2. Pseudomonas.
    3. Klebsiella.
    4. P. mirabilis.
    5. Staphylococcus
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63. Struvite
64. Sulphate
65. **Calcium oxalate \*\***
66. Uric acid
67. Xanthine
68. **The best diagnostic imaging study for the kidney injury is:**
69. US
70. **CT with contrast**
71. IVU
72. KUB
73. DMSA
74. **What is the most accurate and preferred imaging modality for demonstrating the presence and extent of an inferior vena caval tumor thrombus?**
75. Abdominal ultrasonography
76. Transesophageal ultrasonography
77. CT
78. MRI
79. **Contrast venacavography \*\***
80. **The best way for the dagnosis of bladder rupture is:**
81. Static cystogram
82. Retrograde urethrogram
83. MCUG
84. MAG3
85. **CT scan \*\***
86. **What is the most difficult stone composition to fragment with ESWL?**
87. Calcium phosphate.
88. Struvite
89. **Calcium oxalate monohydrate \*\***
90. Hydroxyapatite
91. Uric acid
92. **What is the preferred initial treatment for a 3cm stone in the renal pelvis:**
93. ESWL
94. Flexible ureteroscopy
95. **PCNL \*\***
96. Laparoscopic pyelolithotomy
97. Symphysiotomy with pyelolithotomy
98. **Which fetal hormone stimulates the growth of the prostate during development?**
99. Estradiol
100. **DHT**
101. Estrone
102. Testosterone
103. Inhibin
104. **Where does benign prostatic hyperplasia (BPH) originate?**
105. In the central zone zone
106. In the peripheral zone
107. In the periurethral glands
108. **In the transition zone and periurethral zone \*\***
109. In the peripheral and transition zone
110. **Where does prostatic adenocarcinoma originate?**
111. In the central zone zone
112. **In the peripheral zone \*\***
113. In the periurethral glands
114. In the transition zone and periurethral zone
115. In the peripheral and transition zone
116. **The most common site of renal pain?**
117. ibsilateral testis.
118. Umbilicus.
119. **Ipsilateralcostovertebral angle \*\***
120. Lower abdomen.
121. Ipsilateral upper abdomen.
122. **normal adult voids ?**
123. **6 timest p\d, 300 mL each time.\*\***
124. 5 timest p\d, 300 mL each time.
125. 5 timest p\d, 200 mL each time.
126. 4 timest p\d, 400 mL each time.
127. 4 timest p\d, 600 mL each time.
128. **Urinary hesitancy refers to :**
129. **delay in the start of micturition \*\***
130. involuntary start-stopping of the urinary stream.
131. involuntary loss of urine at all times.
132. strong desire to void
133. incomplete emptying of the Bldder.
134. **The best way to obtain an uncontaminated specimen from the bladder is by ?**
135. Follys Catheter.
136. Morning med. Stream urine.
137. **percutaneous suprapubic aspiration \*\***
138. morning initial sample.
139. Non of the above.
140. **Intermittency refers to :**
141. strong desire to void.
142. **involuntary start-stopping of the urinary stream. \*\***
143. delay in the start of micturition.
144. involuntary loss of urine at all times
145. incomplete emptying of the Bldder.
146. **What causes the pain associated with a stone in the ureter?**
147. Obstruction of urine flow with distention of the renal capsule
148. Irritation of the ureteral mucosa by the stone
149. **Excessive ureteral peristalsis in response to the obstructing stone \*\***
150. Irritation of the intramural ureter
151. **What is the most common cause of gross hematuria in a patient older than 50 years of age?**
152. Renal calculi
153. Infection
154. **Bladder cancer \*\***
155. Trauma
156. **What is the most common cause of continuous incontinence (loss of urine at all times and in all positions)?**
157. Enterovesical fistula
158. Sphincteric incompetence
159. Detrusor hyperreflexia
160. **Vesicovaginal fistula \*\* ??**
161. **What is the most common cause of cloudy urine?**
162. Bacterial cystitis
163. Urine overgrowth with yeast
164. **Phosphaturia \*\***
165. Significant proteinuria
166. **Conditions that decrease urine specific gravity include all of the following except**
167. increased fluid intake.
168. use of diuretics.
169. decreased renal concentrating ability.
170. **dehydration. \*\***
171. **Glucose will be detected in the urine when the serum level is above:**
172. 75 mg/dl.
173. 100 mg/dl.
174. **180 mg/dl. \*\***
175. 225 mg/dl.
176. **Terminal hematuria (at the end of the urinary stream) is usually due to:**
177. **bladder neck or prostatic inflammation. \*\***
178. bladder cancer.
179. kidney stones.
180. bladder calculi.
181. **Pneumaturia may be due to all of the following except:**
182. diverticulitis.
183. colon cancer.
184. inflammatory bowel disease.
185. **ectopic ureter. \*\***
186. **All of the following are typical lower urinary tract symptoms associated with benign prostatic hyperplasia except:**
187. urgency.
188. frequency.
189. **Renal colic. \*\***
190. weak urinary stream.
191. **What important information is gained from pelvic bimanual examination that cannot be obtained from radiologic evaluation?** 
     1. Presence of bladder mass
     2. **Mobility/fixation of pelvic organs \*\***
     3. Presence of bladder calculi
     4. Invasion of bladder cancer into perivesical fat

**Extra 2**

1. **The first branch segmental artery from the main renal artery is typically:**
2. the apical anterior segmental artery.
3. the lower anterior segmental artery.
4. **the posterior segmental artery. \*\***
5. the upper anterior segmental artery.
6. the middle anterior segmental artery.

**2. To avoid damage to subtunical testicular vessels, biopsy of the testis should be performed at:**

1. the lower pole of the testis.
2. the anterior upper pole directly opposite the testicular mesentery.
3. the medial surface of the lower pole.
4. the lateral surface of the lower pole.
5. **the lateral or medial surface of the upper pole.**

**3. What percentage of patients with multiple sclerosis will present with urinary symptoms as the first manifestation of the disease?**

1. 1%
2. **5%**
3. 10%
4. 15%
5. 20%
6. **The most common cause of glomerular hematuria is:**
   1. transitional cell carcinoma.
   2. nephritic syndrome.
   3. **Berger's disease (IgA nephropathy).**
   4. poststreptococcal glomerulonephritis.
   5. Goodpasture's syndrome.
7. **All of the following should be routinely performed in men with hematospermia except:**
   1. **cystoscopy.**
   2. digital rectal examination.
   3. serum prostate–specific antigen (PSA) level.
   4. genital examination.
   5. urinalysis.
8. **The posterior urethra is best visualized by:**
   1. static cystogram.
   2. retrograde urethrogram.
   3. **voiding cystogram.**
   4. postvoid film of an EXU.
   5. CT cystogram.
9. **Angiotensin–converting enzyme (ACE):**
   1. is a specific enzyme that converts angiotensin I to angiotensin II.
   2. is a nonspecific enzyme that has several functions in vivo.
   3. forms angiotensin I from angiotensinogen.
   4. is the only enzyme in the formation of angiotensin II that cannot be pharmacologically modulated.
   5. is the major enzyme for degradation of angiotensin II.
10. **Of all currently available options for intervention for UPJ obstruction, which of the following has the highest documented success rate?**
    1. Cautery–wire balloon incision
    2. Ureteroscopic laser endopyelotomy
    3. Percutaneous endopyelotomy
    4. Open pyeloplasty
    5. Laparoscopic pyeloplasty
11. **The most common cause of retroperitoneal fibrosis is:**
    1. **idiopathic**.
    2. methysergide.
    3. abdominal aortic aneurysm.
    4. multifocal fibrosis.
    5. lymphoma.
12. **Acute pyelonephritis is best diagnosed by:**
    1. **chills, fever, and flank pain**.
    2. bacteriuria and pyuria.
    3. focal scar in renal cortex.
    4. delayed renal function.
    5. vesicoureteral reflux.
13. **The most common cause of unresolved bacteriuria during antimicrobial therapy is:**
    1. **development of bacterial resistance**.????
    2. rapid reinfections.
    3. azotemia.
    4. giant staghorn calculi.
    5. initial bacterial resistance.
14. **The most reliable urine specimen is obtained by:**
    1. urethral catheterization.
    2. catheter aspiration.
    3. midstream voiding.
    4. **suprapubic aspiration**.
    5. antiseptic periurethral preparation.
15. **Treatment of asymptomatic bacteriuria is indicated for patients who are:**
    1. elderly.
    2. catheterized.
    3. **pregnant.**
    4. confused.
    5. incontinent.
16. **The most common bacterial cause of xanthogranulomatous pyelonephritis is:**
    1. **E. coli. \*\***
    2. Pseudomonas.
    3. Klebsiella.
    4. P. mirabilis.
    5. Staphylococcus.
17. **In men younger than 35 years, what is the leading cause of epididymitis?**
    1. **N. gonorrhoeae??**
    2. C. trachomatis
    3. Escherichia coli
    4. Staphylococcus saprophyticus
    5. Klebsiella
18. **Phosphodiesterase inhibitors(Viagra) cause smooth muscle relaxation by inhibiting:**
    1. calmodulin binding.
    2. production of cyclic GMP.
    3. production of cyclic AMP.
    4. degradation of phospholipase C.
    5. degradation of cyclic GMP.
19. **Clear indications for urodynamic study include all of the following except:**
    1. persistent LUTS despite presumably adequate therapy.
    2. patients in whom therapy may be hazardous.
    3. women with mixed incontinence after prior anti–incontinence procedures.
    4. a patient with a spinal cord injury.

**e. children with isolated nocturnal enuresis**.

1. **The presence of true detrusor striated sphincter dyssynergia implies:**
   1. a neurologic lesion between the pons and the sacral spinal cord.
   2. a neurologic lesion between the cerebral cortex and the pons.
   3. a neurologic lesion between the cervical and the sacral spinal cord.
   4. a neurologic lesion between the sacral spinal cord and the striated sphincter.
   5. normal sensation in the presence of involuntary bladder contractions.
2. **Female stress urinary incontinence may be caused by:**
   1. stress–induced involuntary detrusor contractions.
   2. unequal movement of the anterior and posterior walls of the proximal urethra.
   3. impaired suburethral–supporting layer.
   4. intrinsic malfunction of the urethral sphincter.
   5. all of the above.
3. **What is the average volume of the normal human ejaculate?**
   1. 7 ml
   2. **2 ml \*\***
   3. 20 ml
   4. 300 ml
   5. 3 ml
4. **What is the best next step in the management of an azoospermic man with normal serum testosterone and FSH, normal testicular volume, and palpable vasa?**
   1. Vasography
   2. Transrectal ultrasonography
   3. **Testis biopsy \*\***
   4. Cranial MRI
   5. Donor insemination
5. **Which of the following statements is true regarding Sertoli–cell–only syndrome?**
   1. **It is diagnosed by examination of testicular histology. \*\***
   2. It is caused by a specific deletion on the X chromosome.
   3. It is associated with the absence of Leydig cells.
   4. It is found exclusively in patients with abnormal androgenization.
   5. If present, it precludes finding sperm in testicular tissue.
6. **Which of the following techniques of varicocele repair has the highest recurrence rate?**
   1. Retroperitoneal ligation
   2. Laparoscopic ligation
   3. Microsurgical ligation
   4. **Nonmicrosurgical ligation \*\***
   5. Radiographic embolization
7. **The three most common position problems with penile prosthetic surgery are:**
   1. poor cylinder placement, superficial placement of tubing, and poor reservoir placement.
   2. inadequate cylinder length, high–riding pump, and kinked reservoir neck.
   3. poor seating of the crural cylinder, superficial placement of tubing, and crossover placement of cylinders.
   4. malposition of the reservoir, too low a position of the pump, and cylinder placement outside the corpora.
   5. Non of the obove.
8. **With regard to the relationship of erectile dysfunction and Peyronie's disease, select the correct response:**
   1. In most published series, the stratification of erectile problems, functional versus organic, is not clear.
   2. The highly emotional aspects of Peyronie's disease are expressed in many men via disordered erectile function.
   3. Many patients tend to abandon their sexual activities in response to the emotional trauma of Peyronie's disease.
   4. **All of the above \*\***
   5. Non of the above
9. **What is the best study for the detection of pyelonephritis and cortical renal scarring?**
   1. Diethylenetriaminepentaacetic acid (DTPA) renal scan
   2. **Dimercaptosuccinic acid (DMSA) renal scan \*\***
   3. Mercaptoacetyltriglycine (MAG3) renal scan
   4. Pyelogram
   5. Renal ultrasonographic scan
10. **What is the appropriate time for bladder neck reconstruction in a child with bladder exstrophy?**
    1. At 2 years of age when the child has a 60–ml bladder capacity
    2. At 3 years of age when the child has a 60–ml bladder capacity
    3. At any age when the parents are ready
    4. **When the child has an adequate bladder capacity and is motivated to participate in a postoperative voiding program \*\***
    5. When the child can tolerate 4 to 5 hours of anesthesia
11. **A 2–year–old girl undergoes a left nephrectomy for Wilms' tumor. A solitary left pulmonary lesion is noted on a chest CT scan. The pathologic studies show favorable histologic type but with capsular penetration. What is the most important prognostic feature?**
    1. Capsular presentation
    2. Histologic subtype
    3. Absence of lymph node involvement
    4. Age at presentation
    5. Presence of pulmonary metastasis
12. **Most renal medullary cell carcinomas are:**
    1. **found in patients with sickle cell disease. \*\***
    2. diagnosed in the fifth decade of life.
    3. responsive to high-dose chemotherapy.
    4. genetically and histologically similar to papillary renal cell carcinoma.
    5. metastatic at the time of diagnosis.
13. **Which of the following statements is true regarding urachal carcinoma?**
    1. It is usually transitional cell carcinoma.
    2. **If nonmetastatic, it is best treated by partial cystectomy. \*\***
    3. It responds well to radiation therapy.
    4. It is usually adenocarcinoma.
    5. It is usually squamous cell carcinoma.
14. **A 60-year-old diabetic man is diagnosed with a 4-cm, grade 2 to 3/3 transitional cell tumor of the renal pelvis. His serum creatinine value is 2.2 mg/dl. What is the recommended treatment?**
    1. Ureteroscopic ablation
    2. Antegrade percutaneous resection
    3. Pyelotomy and tumor excision
    4. Radical nephroureterectomy
    5. Ileal ureteral substitution
15. **Late relapse is a feature most commonly associated with which of the following?**
    1. **Seminoma \*\***
    2. Yolk sac tumor
    3. Embryonal carcinoma
    4. Choriocarcinoma
    5. Teratoma
16. **What does the Gleason grade factor in?**
    1. The two highest grade architectural patterns
    2. The most prevalent and second most prevalent architectural patterns
    3. The highest and lowest grade architectural patterns
    4. The highest architectural pattern and highest cytologic grade
    5. The most prevalent architectural pattern and cytologic grade
17. **The addition of an antiandrogen to castration in the treatment of metastatic prostate cancer is useful for what purpose?**
    1. To prolong survival
    2. To prevent biochemical and clinical flares
    3. To prolong time to disease progression
    4. To prevent the progression to hormone–independent growth
    5. **All of the above \*\***
18. **Calcium is maximally absorbed in which portion of the gastrointestinal tract?**
    1. Stomach
    2. **Jejunum \*\***
    3. Jejunum and proximal ileum
    4. Ileum
    5. Ascending colon
19. **Which of the following statements regarding balloon dilation of the distal ureter is true?**
    1. It does not always require fluoroscopy.
    2. It is unnecessary when using a miniature ureteroscope.
    3. **It is preceded by passage of a safety guide wire.\*\***
    4. It can be safely performed to a 24 Fr size.
    5. It can be performed with a Fogarty balloon.
20. **To minimize the risk of lung and pleura injury during supracostal upper pole access for PNL:**
    1. **the puncture should be performed during full expiration. \*\***
    2. the puncture should be performed during full inspiration.
    3. CO2 should be injected through the ureteral catheter to identify the upper pole calyx.
    4. the puncture should be done with local anesthesia.
    5. the puncture should be performed by a radiologist.
21. **When converting from an ileal conduit to a continent diversion, what should be done with the conduit?**
    1. It should be discarded because it is older and subject to more complications.
    2. It should always be preserved for the ureteroileal anastomosis.
    3. It should be incorporated into the continent diversion when possible.
    4. None of the above.
    5. All of the above.
22. **Which of the following statements is true regarding a woman with a history of transitional cell carcinoma of the bladder and with bladder neck tumor involvement?**
    1. There is approximately an 80% chance of having tumor in the urethra.
    2. There is approximately a 50% chance of having tumor in the urethra.
    3. There is approximately a 20% chance of having tumor in the urethra
    4. There is an extremely low (<5%) chance of having tumor in the urethra.
    5. Non of the above.
23. **If there is excessive bleeding from the dorsal vein complex while it is being divided, what should the surgeon do?**
    1. Abandon the operation and close the incision
    2. Ligate the hypogastric arteries
    3. Inflate a Foley balloon and place traction on it
    4. Divide the dorsal vein complex completely over the urethra and oversew the end
    5. Compression by finger.

**Extra 3**

1. **All of the following may causing fresh rectal bleeding** **except?**
2. colorectal cancer.
3. Colorectal polyps.
4. **Aorto-enteric fistula \*\***
5. Laxative abuse.
6. Anal fissure.
7. **All of the following may causing upper GI bleeding except ?**
8. duodenal ulcer.
9. Gastric ulcer.
10. **Colorectal cancer.\*\***
11. Profuse nose bleeding.
12. Gastric cancer.
13. **All of the following symptoms of lower GI except ?**
14. wind.
15. **Heartburn. \*\***
16. Melaena.
17. Steatorrhoea.
18. Constipation.
19. **If no calorie intake at all ,the weight loss per wk is approximately?**
20. 5kg.
21. 2kg.
22. 0.5kg.
23. 6kg.
24. 4kg.
25. **All of the following feature ofSteatorrhoea except?**
26. fatty stools.
27. bulky and foul-smelling.
28. difficult to flush away.
29. pale greasy.
30. **Red colour.\*\***

**6. The best way to obtain an uncontaminated specimen from the bladder is by ?**

1. Follys Catheter.
2. Morning med. Stream urine.
3. **percutaneous suprapubic aspiration \*\***
4. morning initial sample.
5. Non of the above.

**Extra 4**

1. **What important information is gained from pelvic bimanual examination that cannot be obtained from radiologic evaluation?**
2. Presence of bladder mass
3. Mobility/fixation of pelvic organs
4. Presence of bladder calculi
5. Invasion of bladder cancer into perivesical fat
6. **Rapid Weight loss > 0.5 kg/day occure in all of the following exept:**
7. Diuretic therapy.
8. Severdiarrhoea.
9. Severe burns
10. Increase water intake
11. **Xerostomia means :**
12. **dry mouth.\*\***
13. sudden appearance of excessive saliva in the mouth.
14. altered taste sensation.
15. difficulty swallowing
16. **Heartburn is :**
    1. sensation of a lump in the throat.
    2. **is a hot burning retrosternal discomfort radiating upwards \*\***
    3. loss of appetite.
    4. altered taste sensation.
17. **Causes of upper GI bleeding includes all of the following except:**
18. Gastric ulcer.
19. Oesophagogastricvarices.
20. Malignancy.
21. **Xerostomia**.
22. **rectal bleeding. caused by all of the following except:**
23. Haemorroids.
24. Colorectal cancer.
25. **diarrhoea**
26. Massive upper GI bleeding.
27. **Early satiety :**
28. **Premature fullness on eating.\*\***
29. Belching.
30. indigestion
31. Sensation feeling sick.
32. **The daily energy requirements for average male are:**
33. 1000 kcal/day.
34. 1500 kcal/day.
35. **2500 kcal/day.\*\***
36. 4000 kcal/day.
37. **Weight loss with normal calorie intake occurs in all of the following except:**
38. Type 1 DM.
39. Malobsorbtion.
40. fever
41. HTN.
42. **Dysphagia is :**
43. pain on swallowing
44. **difficulty swallowing**
45. Painful mouth ulcer
46. Mouth or throat infection
47. **Abdominal distention due to:**
    1. Fat.
    2. Fetus.
    3. Faeces.
    4. Upper GI bleeding.