**Urology Archive**

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**By : Eslam wasfi tarawneh
[Laith Najada](https://www.facebook.com/layth.jamel?__cft__[0]=AZX8kGNZb6UoiCxqTcpXZB5YUdaNS6MvbGSQaFmXvDgu_XcwGczBE0TJvDv26xkcM8OEEfoR3G7nMJfm-uOIXYKNMNc9bMMMrx6Nm6XEHZf2NXafxuWRT5_CqfdpMvOTJbQ&__tn__=-UC,P-R)**

1-Wrong about neurogenic bladder: long standing poorly controlled DM is associated with low postvoiding residual volume

2-Wrong about BPH: Beta adrenergic receptors are the most dynamic receptors in bladder neck affected by medical management of BPH

3-What is the cause of decrease venous return during erection: Emissary veins compressed by tunica albuginea

4-Wrong about testicular torsion: associated with frequency and dysuria

5-The most common bacteria associated with epididymitis: E. coli

6-The most common bacteria associated with acute prostatitis: Gram negative bacteria

7-Patient with neurogenic bladder associated with increased postvoiding residual volume, He is mostly at increased risk for which of the following: UTI

8-Female patient came with urgency and urgent incontinence, the urgency failed to improved by lifestyle modification, what is the next step:

Antimuscarinic

9-True about cryptorchidism: Diagnosed by physical exam

10-Best time for surgical treatment of cryptorchidism is: 12 months

11-Most common site for hypospadias: glanular and subcoronal

12-Not a storage symptom: terminal dribbling

13-Gleason score of prostatic cancer is 3+3, what of the following is correct: Low risk managed best with active surveillance

14-Testosterone is affected by which hormone: LH hormone

15-What is the the most important indicator of UT injury in multiple trauma: Hematuria

16-The best imaging for UT traumatic injury is: CT with IV contrast

17-Correct about bladder injury: Extraperitoneal rupture could be managed using foleys catheter for 2 weeks

18-Bladder extrophy: Adenocarcinoma

19-Paraplegia: SCC of bladder

20-Stage of bladder cancer associated with filling- type LUTS: CIS

21-False about Intravesical chemotherapy: decrease the progression of the disease

22-True about TUR syndrome: Hypervolemia hyponatremia is the most common presentation

23-patient came with renal colic pain associated with fever, no nausea or vomiting, on imaging it shows 8 mm stone in the upper ureter with moderate hydronephrosis, what is the best initial step in management:

A- Admission, Antibiotic, IV hydration, analgesia and then stent insertion

B- Referring him to urological clinic for extracorporeal shockwave lithotripsy

24-Wrong about semen fluid analysis: >4% abnormal sperm morphology

25-PDE-5 inhibitor mechanism of action: increase cGMP

26-Most common presentation of renal tumors: incidental finding

27-Stage T1a renal cancer is treated by: laparoscopic partial nephrectomy

28-Wrong about stauffer syndrome: polycythemia

29-Most common testicular tumor associated with HIV: seminoma

30-Most common site for mets from testicular tumor is: lung

31--What is the stage if the tumor invade the spermatic cord: T3

32-Not indication for surgery of BPH: large prostate size

33-35 year male patient who is diagnosed previously with STD, came with voiding symptoms, what is the 34-most common diagnosis: Urethral stricture

35-History of 65 years old man with long standing lower back pain and with no urine pass since morning, 36-what is the most common diagnosis: BPH

36-Most common alarming sign associated with neurogenic bladder that if present the patient should go for ER immediately: sudden weakness of lower limbs

37-Wrong about urolithiasis: always painful

38--Urgent incontinence is Involuntary leakage accompanied by or immediately preceded by urgency, moderate to large amount

39-Wrong about urolithiasis: more in black people

40-True about varicocele:

A- mostly asymptomatic

B- rarely use of scrotal ultrasound for diagnosis