

Rouh

Urology Archive

9th OCT 2025

STATION 1:

Patient 70 years old , abdominal distention , suprapubic tenderness, BPH , unable to evacuate completely and sometimes incontinence since 2 weeks ago ..

1.what type of urinary retention & type of incontince

Chronic urinary retention

Overflow incontinence

2.Medical treatment and their site of action .

- Alpha1 blocker (Tamsulosin) relax bladder neck & prostate muscle fibers
- 5 Alpha reductase inhibitor (Finasteride)
- anticholinergic

3.mention 2 indications of surgery.

Refractory urinary retention

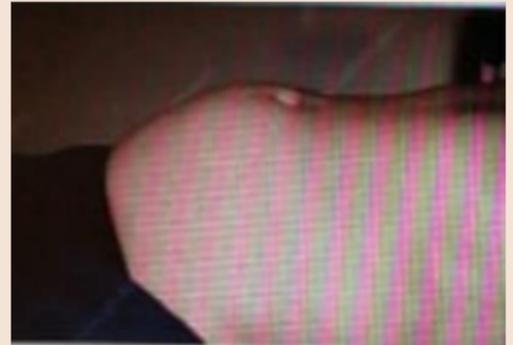
Recurrent UTI

4. Specific (not general) complications of TURP.

TUR syndrom

Urethral stricture

Impotence



STATION 2 :

bladder tumor matching :

Metastasis liver

Hematuria painless

Invasion of vesiclesT3A

Invasion of the prostateT4A

STATION 3 :

Renal cancer matching :

VHL Syndrom autosomal Dominant

Wunderlich's syndrompregnancy

Origin proximal convoluted tubules

Most presntation..... incidental

STATION 4:

58 MALE , diabetic patient , have infected by proteus bacteria 3 times within previous 6 months , the image show bladder stone

1. What is the cause of recurrent UTI in this patient . **bladder stone**
 2. other MECHANISM of recurrent UTI . **Bacterial persistence , urinary stasis, reinfection**
 3. Mention factors that make it complicated UTI . **UTI in male**
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STATION 5 :

Dana 39 year old female , have 5 kids , when she cough she passed urine

1. What is the type of incontinence. **stress incontinence**
2. Pathophysiology of this type .

- Urethral hypermobility secondary to multiparity (i.e., damage of the pelvic floor muscle levator ani and/or the S2–S4 nerve roots)
- Increase in intraabdominal pressure (e.g., from laughing, sneezing, coughing, exercising) → ↑ pressure within the bladder → bladder pressure > urethral sphincter resistance to urinary flow

3. Mention other types of incontinence .
Overflow , urge , mixed , functional , continous
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STATION 6 :

Patient came to ER with loin pain , fever , chill , rigor

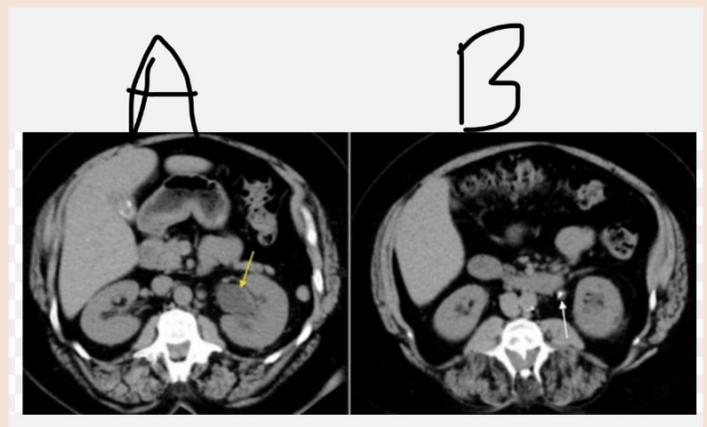
What is the abnormality?

A>>

B>>

what is your diagnosis ?

What is your management ?



Station 7 :

In case of azoospermia ,, and to differentiate between obstructed cause and non obstructive cause

What investigation you will do?

Role of lyding cell?

Mention 3 cause of nocturnal enuresis?

STATION 8 :

1. Femal come to ER , spot dx ?

Vesicouretral reflux



2. boy with this picture, spot dx?

Posterior urethral valve injury



3. Child presented with empty left Scrotum , mention 3 ddx of empty Scrotum

Undeceded testes

Ectopic testes

Retractile testes

Absent testes