



الطبيب والجراحة

لجنته



# station1

- **Stone at VUJ:**
  - a- **name the procedure for removing stones in the ureter:**

Flexible ureteroscopy

**B- most common type**

**Calcium oxalate+phosphate**

**C-name of the tool put between renal pelvis and bladder**

**Double j catheter**

# **1. Five modalities of treatment for BPH?**

Medical

TURP

Open simple prostatectomy

Transurethral incision of the prostate

Laser treatment

Name 5 things found in **chemical** urinalysis  
**chemical urinalysis is the same as dipstick**

- : pH, protein, Blood, WBCs, Nitrite testing, glucose, ketones

- **Clinical s&s of acute pyelonephritis:**

- Fever and chills

- Loin pain

- Costovertebral angle tenderness

- **What is it called when we start treatment before confirmation of the diagnosis:**

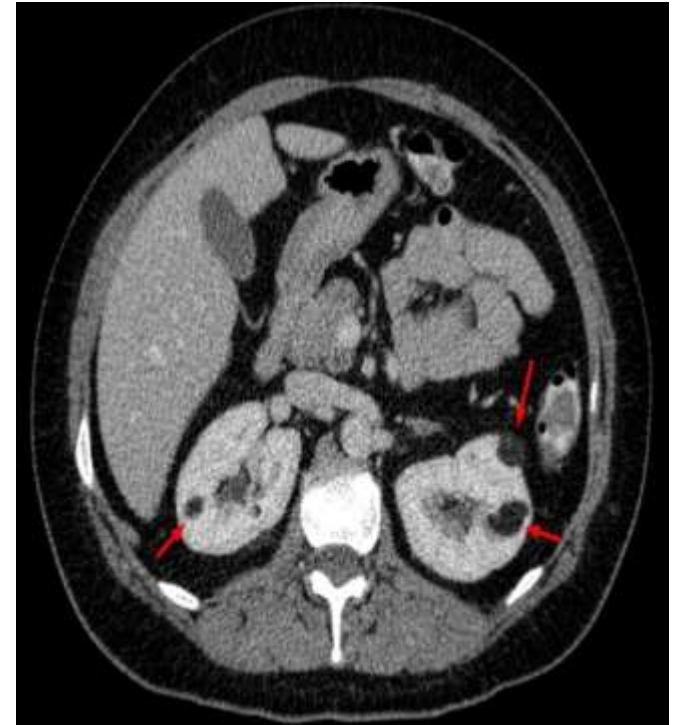
- Empirical therapy

**A CT scan shows a bilateral renal mass. Mention 5 DDX for benign renal masses?**

**Mention the best imaging for it?????**

**ct without contrast**

1. angiomyolipoma
2. renal adenoma
3. oncocytoma
4. leiomyoma
5. Hemangioma
6. schwannoma



## **Mention 5 complications of undescended testis:**

Relative risk of cancer is 40-fold higher in the undescended testis. Most are **seminomas**; carcinoma in situ represents a small percentage (~2%).

Reduced fertility

Increased risk of testicular torsion

Increased risk of direct inguinal hernias

trauma

The q was list 5  
advantages for  
treating  
chryptorchidism at  
1 years old

الأجوبة بالزبط عكس  
المذكورين

Fill in the blanks

1-Urge incontinence is due to detrusor hyperactivity

2-Stress incontinence is due to increased intra abdominal pressure

3-Female with incontinence best test to do is cystometry

4-External urethral sphincter injury leads to what type of incontinence stress incontinence

5-Overflow incontinence is caused by detrusor hypoactivity which is treated with muscarinic agonists+catheter



## Torsion

1- golden time for diagnosis

Within 6 hours of the start of symptoms, before the testis starts necrosis

2- best imaging modality

Color doppler US

3- misdiagnosis leads to what

Leads to necrosis of the affected testis, and may affect fertility

# Urology mini-osce archive

31/8/2023

By : malak hamasha

# Station 1

1. What is spot diagnosis ? **Transitional cell carcinoma**
2. When we give intravesical chemotherapy and what the purpose of it ?

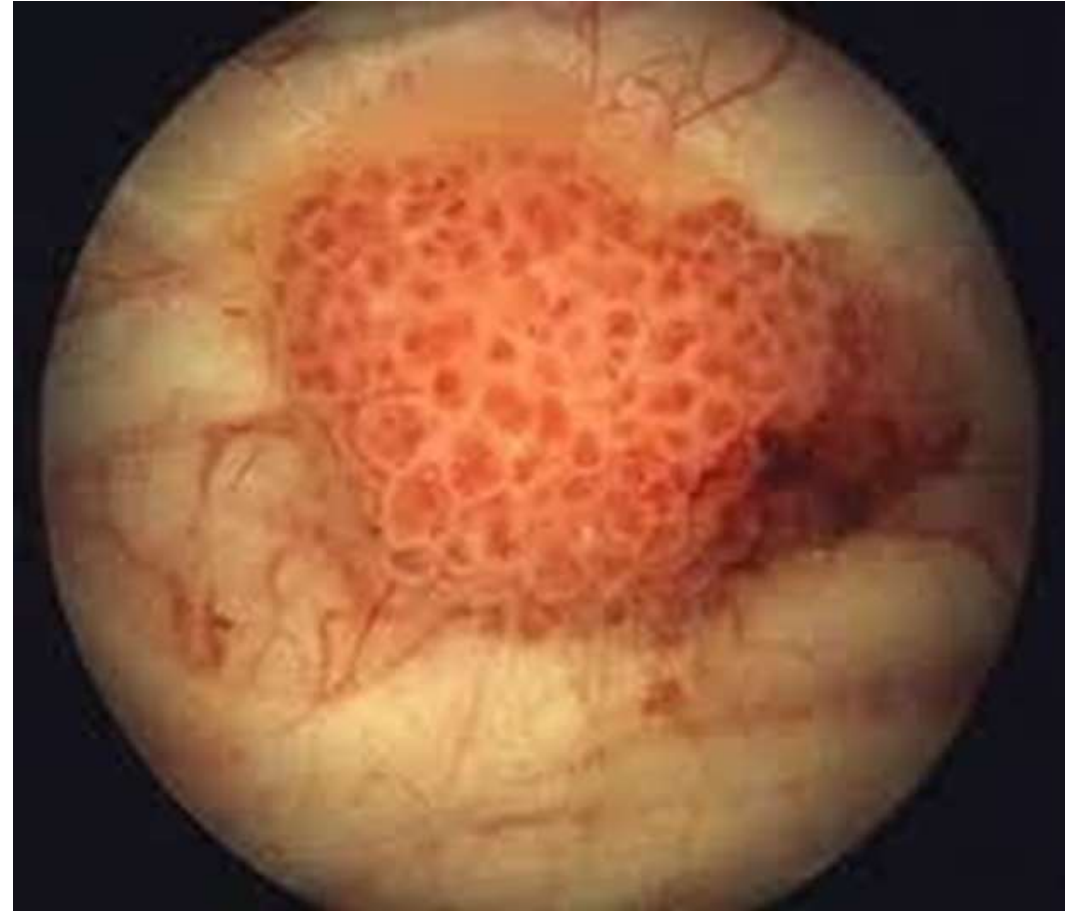
**after TURBT within 6 hours and for Decrease risk of recurrence**

3. If this tumor was invasive of whole bladder what the management ?

**Cystectomy**

4. Risk factor ?

**From history was old age , smoker and male**



# Station 2

1. Mention 3 mild symptoms of this ?

-frequency -hesitancy -urgency .....

2. Most common endoscopic procedure ?

TURP

3. Write 3 indication of surgery ?

1.Refractory urinary retention

2.Recurrent UTI

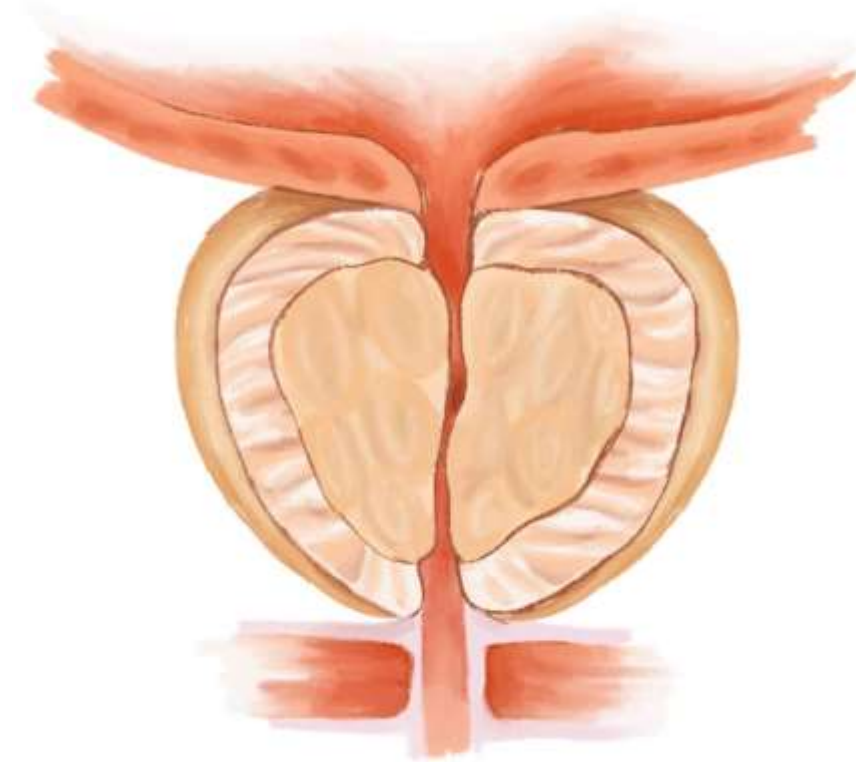
3.Recurrent gross hematuria

4. Write 3 reasons why we do open surgery ?

1. Large prostate (>60 g)

2. Long urethra

3. Urethral stricture



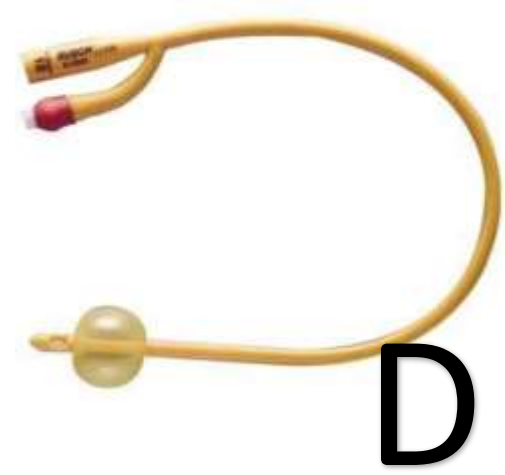
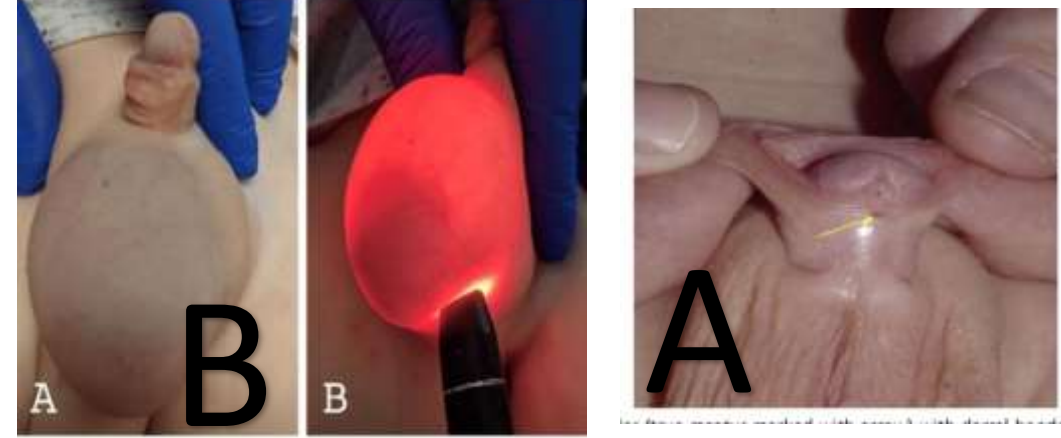
# Station 3

1. What the diagnosis of these ?

- A. Hypospadias
- B. hydrocele
- C. Varicocele
- D. 2 way Foleys catheter

2. mention one diagnostic and one therapeutic indication of picture D ?

- drain urine in urinary retention
- measure urine output



# Station 4

1- name of this procedure?

Double J stent

2- What are the indications of it ?

- Obstructive nephropathy
- Prophylactic pre-ESWL(Extracorporeal Shock Wave Lithotripsy)
- To identify ureter during major surgeries



# Station 5

- Define of each of this :

1. Urgency:

A strong urge to void that due to involuntary contraction of the bladder

2. Hesitancy:

Difficulty to initiate urination

3. Stress urinary incontinence:

Involuntary urine leakage associated with increased abdominal pressure

4. Prostatitis type 3 :

Chronic pelvic pain syndrome

# Station 6

Mention the diagnostic procedure of each one :

1. VUR : **MCUG**
2. Hyperactive bladder : **cystometry**
3. Kidney stone : **CT without contrast**
4. Renal mass : **CT / biopsy**
5. Urethral stricture : **retrograde urethrography**



# Station 7

## RTA case

1. Diagnosis ? **Urethral injury**
2. Image ? **Urethrography**
3. If patient has retention what the management ?

**Suprapubic aspiration**

4. Treatment ? **Urethroplasty**



# Station 8

Hx ( hydrouretronephrosis with single kidney )

1. Next step ? **MCUG**
2. Diagnosis ? **VUR**
3. Management if there is retention ?

**Insertion of double j**



- Mini-osce urology

- Group3

Done by

Fuad jawazneh

Salma mawajdeh

# Station 1 RTA case

1. Diagnosis ? **Urethral injury**
2. Image ? **Urethrography**
3. If patient has retention what the management ?

**Suprapubic aspiration**

4. Treatment ? **Urethroplasty**



2Station

- **Stone at** Bladder  
a- name the procedure for removing stones in the ureter:

Cystoscopy transurethral

**B- mention 2 complications of this procedure:**

Infection

Hematuria

Ureteric injury



# 3Station

Define the following

urgency, hesitancy, nocturia, urge incontinence, stress incontinence

3Prostatitis b

Chronic pelvic pain syndrom

سنوات | **Nocturia:** Awakening 2 or more times at night to urinate.  
○ **Nocturnal polyuria:** a condition in which the rate of urine output is excessive

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. <b>Frequency:</b><br/>○ The need to void small quantities of urine frequently throughout the day and night</li> <li>2. <b>Urgency:</b><br/>○ A strong urge to void that due to involuntary contraction of the bladder</li> <li>3. <b>Dysuria:</b><br/>○ A sensation of pain or discomfort during micturition.</li> <li>4. <b>Nocturia</b></li> </ol> | <ol style="list-style-type: none"> <li>1. <b>Hesitancy:</b> (سنوات (1)<br/>○ Difficulty to initiate urination</li> <li>2. <b>Poor stream</b></li> <li>3. <b>Prolonged terminal dribbling</b></li> <li>4. <b>Urinary retention</b></li> <li>5. <b>Straining to urinate:</b><br/>○ contracts abdominal muscles to initiate, maintain, and improve the urinary stream.</li> </ol> |
|--|--|

## 5. Lower Urinary Tract Symptoms

### Storage symptoms

1. **Frequency:**  
○ The need to void small quantities of urine frequently throughout the day and night
2. **Urgency:**  
○ A strong urge to void that due to involuntary contraction of the bladder
3. **Dysuria:**  
○ A sensation of pain or discomfort during micturition.
4. **Nocturia**

### Voiding symptoms

1. **Hesitancy:** (سنوات (1)  
○ Difficulty to initiate urination
2. **Poor stream**
3. **Prolonged terminal dribbling**
4. **Urinary retention**
5. **Straining to urinate:**  
○ contracts abdominal muscles to initiate, maintain, and improve the urinary stream.

## 6. Urinary Incontinence

❖ **Definition:** involuntary leakage of urine

❖ **Types:**

1. **Overflow incontinence:** Involuntary urine leakage secondary to overfilling of the bladder from increased residual or chronic urinary retention
2. **Urgency urinary incontinence:** Involuntary urine leakage accompanied by or immediately preceded by urgency. (overactive bladder)
3. **Stress urinary incontinence:** Involuntary urine leakage associated with increased abdominal pressure. (bladder pressure exceed sphincter pressure)
4. **Mixed incontinence:** combination of stress and urge incontinence
5. **Functional incontinence:** loss of urine related to deficits of cognition and mobility
6. **Continuous incontinence:** associated with fistulas

4Station

- **Clinical s&s of acute pyelonephritis:**

Fever and chills

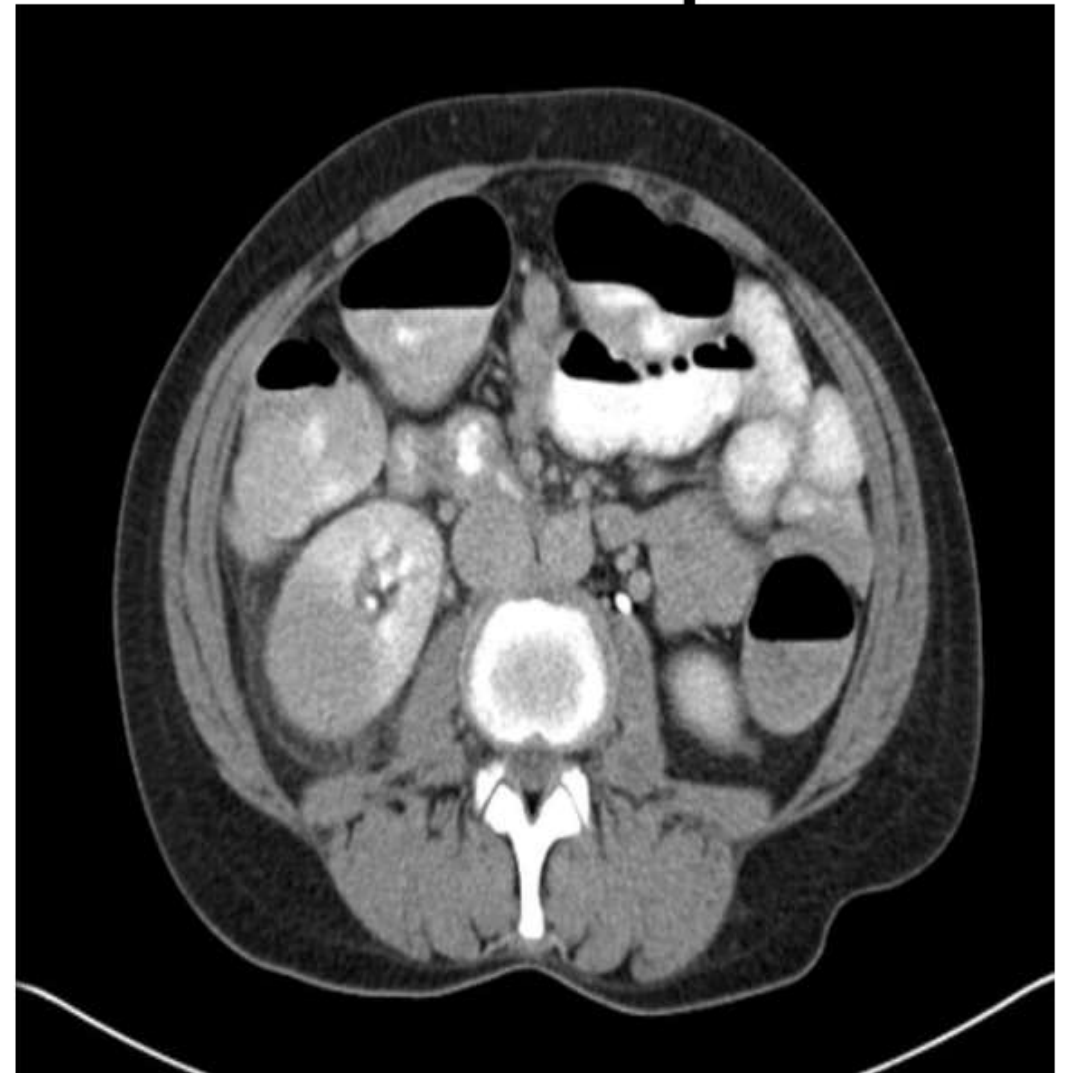
Loin pain

Costovertebral angle tenderness

**Best confirmatory test:** culture

**What is it called when we start treatment before conformation of the diagnosis:**

Empirical therapy



# 5 Station

Q6

**A CT scan shows a bilateral renal mass. Mention 5 DDX for benign renal masses?**

1. angiomyolipoma
2. renal adenoma
3. oncocytoma
4. leiomyoma
5. Hemangioma
6. schwannoma





# 6Station

- ❖ **Name of this study: KUB**
- ❖ **Name of this procedure ?**
  - Double J catheter

## ❖ **Mention 4 Indications:**

1. Obstructive nephropathy
2. Prophylactic pre-ESWL
3. Post-traumatic ureteroscopy
4. Following endopyelotomy
5. Post renal transplant
6. To identify ureter during major surgeries



# 7Station

Ultrasound picture showing •  
hydronephrosis , elevated  
Creatinen, single kidney, acute  
pain

- What's next step in diagnosis?
- 3 causes of admission?
- Treatment ?



1-CT-without contrast  
2-A-refractory pain B-single kidney  
C-not responded to single analgesia  
D-obstructed nephropathy  
3-double j

## 8Station

Mention the diagnostic procedure of each one :

1. VUR : **MCUG**
2. Hyperactive bladder : **cystometry**
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5. Urethral stricture : **retrograde urethrography**

# Nabed

Group 1(c+d)

Done by:Sajedah magableh

Q1:

1. spot diagnosis for image 1
2. spot diagnosis for image 2
3. spot diagnosis for image 3
4. on image 4 what's the name of it / type and one diagnostic and one therapeutic uses



Ans:

1. Hypospadias
2. Hydrocele
3. varicocele
4. two ways foleys catheter (indwelling urethral catheter)  
diagnostic use.....24hour urine protein collection  
therapeutic use..... instillation of chemotherapy

Q2:

1. What is the study: MCUG
2. What is the grade of VUR : Grade 3
3. What is the effect of UTI on this condition: infected urine reflexes up to ureter and kidney and causes upgrading of the VUR and results in renal scarring and renal failure
4. Mention 2 secondary causes of VUR: urethral stricture, posterior urethral valve, neurogenic bladder



Q3:

- **Mention 5 physical examination findings of torsion:**
- Erythema and swelling
- High riding testis
- Horizontal lie of the affected testis
- Absent cremastic reflex
- -prehn's sign



Q4:

Diagnosis ? **varicocele**

List 4 indications for surgery

**Pain**

**Fertility problems**

**Testicular atrophy**

**Testicular asymmetry**

What is the first thing that affected on sperm analysis on this condition: ??

Count/ Motility??



Q5: mention 5 findings on Microscopic evaluation of urine: Casts, crystals, pus cells, epithelial cells, RBCs

- Q6: KUB:

1. what is the diagnosis: bilateral staghorn stone
2. what is the causative agent: ureas producing bacteria especially pseudomonas
3. why ESWL not recommended?? : because it will break it into smaller stones causing more obstruction in ureter
4. two management for this condition: 1. PCNL, 2- open surgery



## Station 2:

70 year old male ,with history of smoking with ultrasound of bladder showing mass within the bladder

- 1) The best Diagnostic test?
- 2) most common tumor?
- 3) mention 3 risk factors in this patient ?
- (4)Is it ok to do suprapubic catheterization for the patient ?(explain why)



### Answers :

- 1) Cystoscopy with biopsy
- (2)Transitional Cell Carcinoma 3- Male , old age , smoker
- 4- No , this tumor can spread by implantation around catheter or skin wound .

## BPH

- Three symps. Of BPH ? Frequency  
urgency Hesitancy
- Most common used agents ? Finasteride
- Most specific surgery ? TURPT

***UROLOGY***

**د فادي الي كتب الاسئلة**

- KUB picture
- A)what are the findings
- 2)give 3 diffirential diagnosis

## Station 3 ( matching)

- patient with prostate size 35g and bothersome symptoms Tx is >> **alpha blocker**
- patient with prostate size 100g and large bladder stone >> **transvesical prostatectomy**
- patient with localized prostate CA >> **Radical prostatectomy**
- patient with metastatic prostate CA >> **hormonal therapy**
- patient with prostate size 80g without symptom >> **watchful waiting**

Mention 5 difference between this case and epididymitis:

Testicular torsion	Epididymorchitis
Mechanical twist of the testicle	Inflammatory process
Acute onset severe pain	Gradual onset mild pain that increase with time
Afebrile	Associated with high fever, chills and rigors
w/o urinary symptoms	Associated with dysuria and frequency
Negative Prehn sign	Positive Prehn sign
Negative Cremasteric reflex	Positive Cremasteric reflex
Non-tender prostate	Tender prostate
Doppler: Decrease testicular flow	Doppler : increased testicular flow
Testicular position: elevated and more horizontal	Testicular position : normal (vertical)
Associated with nausea and vomiting due to severe pain	Not associated with nausea and vomiting



# Hypospadias

- ❖ **Name this anomaly:** Hypospadias
- ❖ **What associated condition you would look for ?**
  - Cryptorchidism
- ❖ **Anatomical locations of this lesion**
  - Anterior: Glandular, coronal, subcoronal
  - Middle: Proximal penile, midshaft, distal penile
  - Posterior: Penoscrotal, scrotal, perineal



# Bladder cancer – Case scenario 1

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Patient 55 years old use indwelling catheter for period of time came with hematuria

▶ **What is your diagnosis?**

- SCC due to chronic irritation from cath.



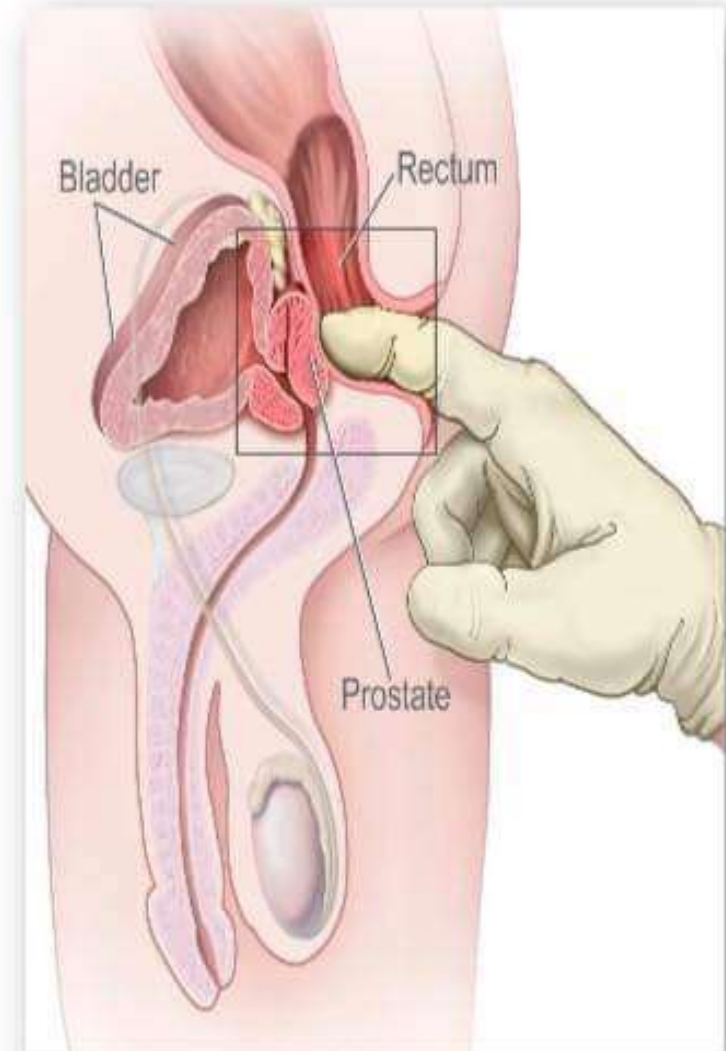
# Prostate cancer

## ❖ Name of this examination

- Digital rectal examination

## ❖ Features suggestive of prostate cancer

1. Localized indurated nodules on an otherwise smooth surface
2. Prostatomegaly
3. Lobar asymmetry
4. Obliteration of the sulcus
5. Hard nontender nodules



# Bladder trauma – Case scenario 2

➤ Scuba diving presented to ER complaining of abdominal pain, stable vital signs x-ray shows dilated bowel and air fluid level

❖ **What is your diagnosis ?**

- Intrapertitoneal rupture of bladder

❖ **What is the grade of the trauma ?**

- Grade 2

❖ **Treatment:** Open laparotomy



- Patient came to you after 3 weeks of pelvic surgery complain of chronic retention and incontinence:
- 1) type of incontinence: overflow
- 2) sexual function: sexual dysfunction due to nerve injury

# urology

shahd Ayoub

Sondos AL Qatawneh

# BPH

- Three symps. Of BPH ? Frequency  
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- Most common used agents ? Finasteride
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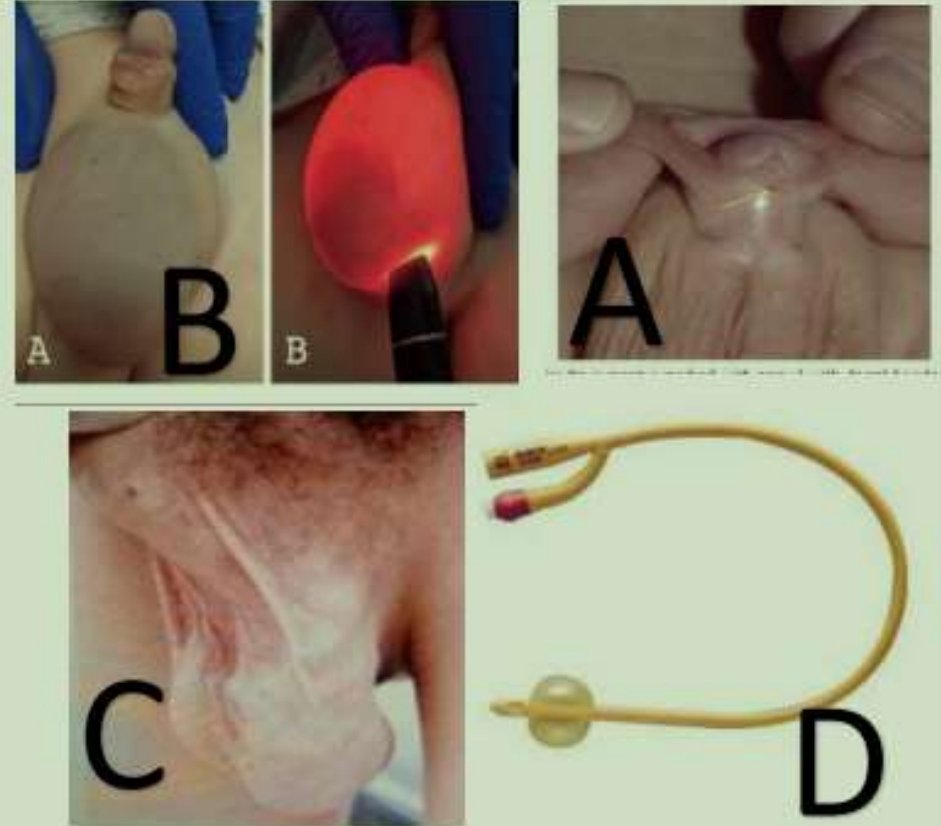
## Station 3

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C. **Varicocele**    D. **2 way Foleys catheter**

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- drain urine in urinary retention**
- measure urine output**



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## Station

4

- Mention 5 physical examination findings of torsion:
- Erythema and swelling
- High riding testis
- Horizontal lie of the affected testis
- Absent cremastic ref lx
- -prehn's sign

## Station

8

Mention 5 microscopic findings in  
urine analysis:

RBC

Pus cells Crystals

Casts Epithelial cells



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## Station

70-year old male ,with history of smoking with ultrasound of bladder showing mass within the bladder

- 1 The best Diagnostic test?
- 2 most common tumor?
- 3 mention 3 risk factors in this patient ?
- 4Is it ok to do suprapubic catheterization for the patient ?(explain why)



### Answers :

- 1 Cystoscopy with biopsy
- 2 Transitional Cell Carcinoma
- 3- Male , old age , smoker
- 4- No , this tumor can spread by implantation around catheter or skin wound .

# Urology archive

الامتحان مكس بين كتابي ودوائر

Done by : omyma Anwar

## Written

- What's the definition of ?
- Urinary retention
- Nocturnal
- Hematocrit
- Urgency
- Functional incontinence

Mention three complications of catheterization:

Uti , hematocrit, truma



66 y old male pt came to your clinic for counseling about his complaint ( prostate cancer) what do you want to tell him about his treatment plane??

Written

الاجابه في السلايد اللي بعده

## Treatment protocol of prostate cancer

- ❖ If life expectancy <10%, Watchful waiting
- ❖ If life expectancy > 10%, asses the risk
  - **Low risk:** Active surveillance, PSA and biopsy every 6 months - 1 year
  - **Intermediate risk:**
    - **Without metastasis:** Radical prostatectomy
    - **With metastasis:** Short course ADT (androgen deprivation therapy) then radiotherapy
  - **High risk:**
    - **Localized:** Radical prostatectomy + EBT (extrabeam radiotherapy)
    - **Locally advanced:** Neoadjuvant hormonal + EBT
    - **Metastasis:** Hormonal therapy (LHRH agonist injection every 1-3 months or surgical castration (bilateral orchiectomy))

Mcq questions:

الصوره ما الها علاقه في للسؤال

one of the following not an indication of folyes cath :

- A) renal failure due to obstruction
- B)chronic retention
- c) acute retention
- d) administration of drug
- E) urine sample taking

One of the following is indicated for open prostatectomy except:

A) large prostate

B) bothersome symptoms

C) blunt hip fracture

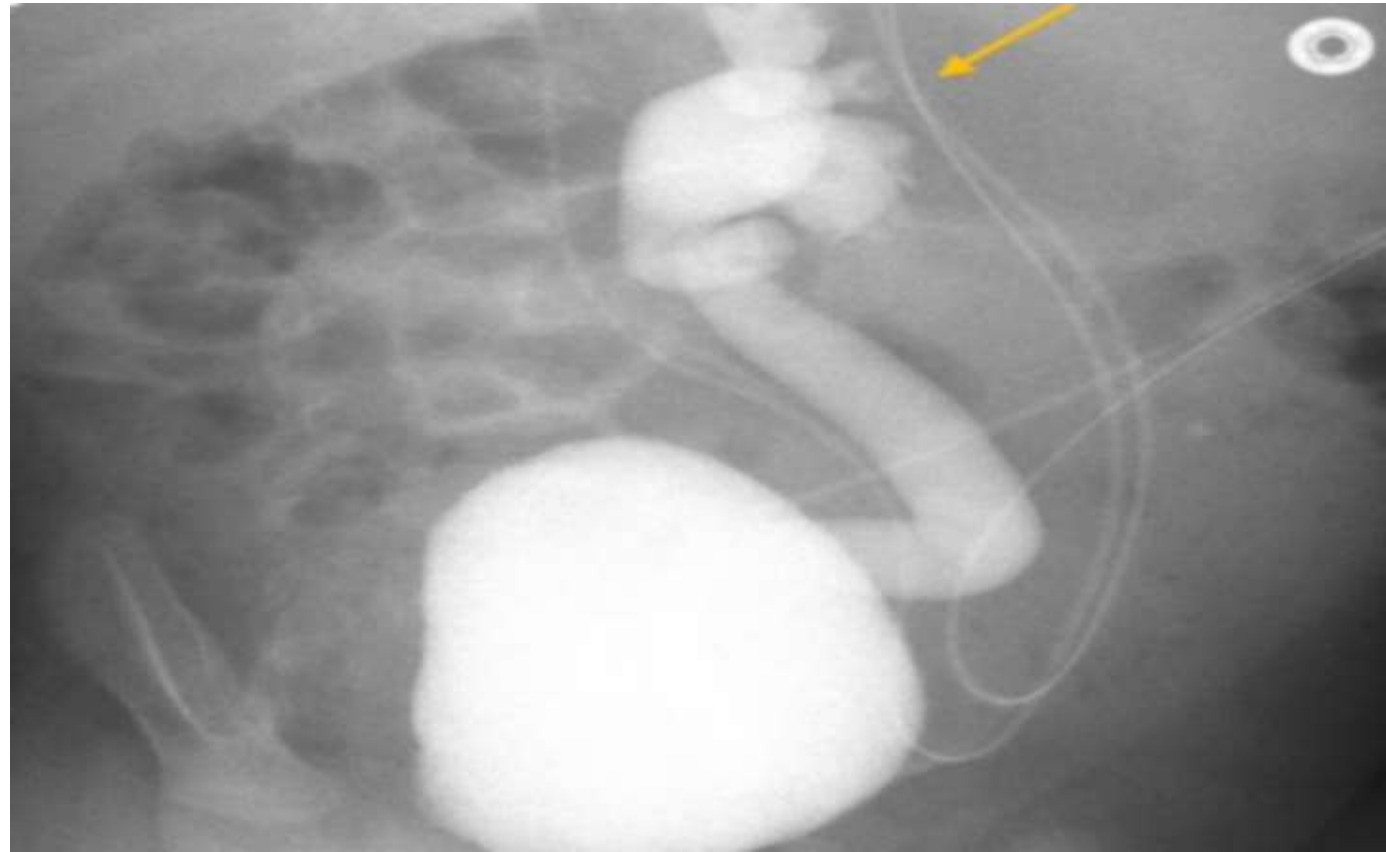
D) all of mentioned above considering true

\*الصورة ما الها علاقه

5 y old male came with reccuRent UTI with sever hydronephrosis , according to this image, what's the grade of reflux:

1\*\*\*

- A)grade 1
- B)grade 2
- C) grade 3
- D)grade 5
- E)grade 4



2\*\*\*\*

According to the previous questions, the best image modality to diagnose is :

A) MCUG

B) US

C) CT WITHOUT CONTRAST

3\*\*\*

The benefits of giving low dose antibiotics is : a) dec risk of renal scaring b) Dec risk of upgrade reflex c) prevent farther complications

D) all of above

E) non of above

What's your diagnose? Answer: hydrocele



What's your diagnose? Answer: **hypospadus**





The best diagnosis is? Answer: varicose tests  
(varicocele)



What's your diagnose?

A)varicose

b) hydrocele

C)congenital swelling

D)normal testis

نفس الصورة الموجودة بدوسية بركات

54 y old male came with this histological finding,  
accordingly what's the histological type of this  
tumor : 1\*\*\*\*

A) adenocarcinoma

B) squamous cell carcinoma

C) transitional cell carcinoma

D) non of above



2\*\*\*

The most important risk factor is:

A) age

B) male

C) smoking

The indication of Intravasical chemotherapy is:

A) decrease the risk of recurrence

B) decrease the risk of progression

C) decrease the risk of progression and recurrence

D) post surgery intervention

E) non of above

76 y old Male came to ER complaining of severe retractable flank pain WITH previous history of gout , after his doctor investigate... the pt had a severe hydronephrosis with stone In VUJ , what's the best management?

الصورة ما العلاقة \*\*\*\*\*1

- A) cystoscopy with jj Stent
- B) urethrostone with stone aspiration
- C) IVF with analgesia
- d)ESWL      كان معه عبارة بتخليه استثناء

2\*\*\*\*\*

Type of stone :

- A) uric acid stone
- B) calcium oxylate
- C) sturvite stone
- D) fatty material
- E) non of above

# Urology Mini-OSCE

Rahma saraireh



# Station 1

## 1. Mention types of folyes cath. Of A,C & D

- A: One way
- B: Two ways
- C: Three ways

## 2. Two absolute contraindication.

Urethral injuries, Urethral infection, Pelvic fracture

## 3. prolonged Complications:

1. Incontinence
2. Bladder cancer
3. Bladder stone



# Station 2

1. Best diagnostic tool for bladder cancer?

Cystoscopy

2. What do you think should be written in the TURBT pathology report?

invades the muscularis propria??



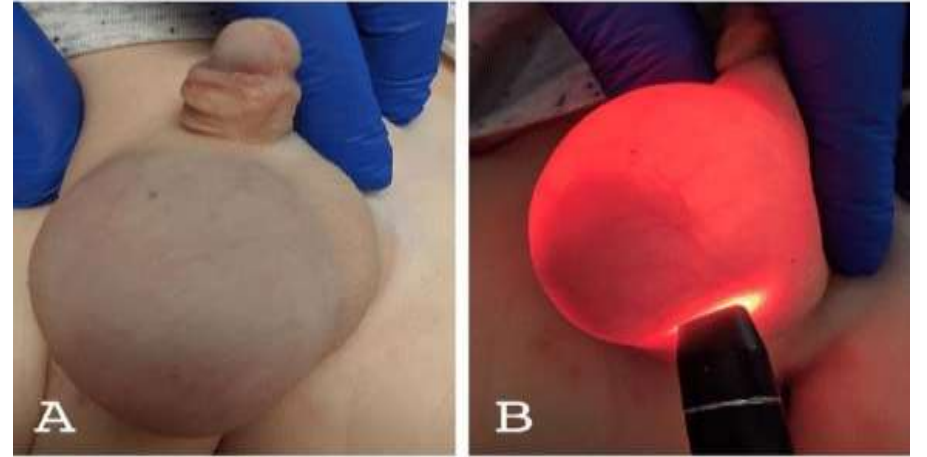
# Station 3

1. What is the name of this test

**Transillumination test**

2. mention three differential diagnosis

**Hydrocele , spermatocele , hematocele , varicocele**



# Station 4

**36 years old female patient, has 5 kids, presented to your clinic complaining of passage of urine when she cough.**

Type of urinary incontinence: **Stress incontinence**

Pathophysiology of this condition:

**\*\*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**

Mention other types of incontinence:

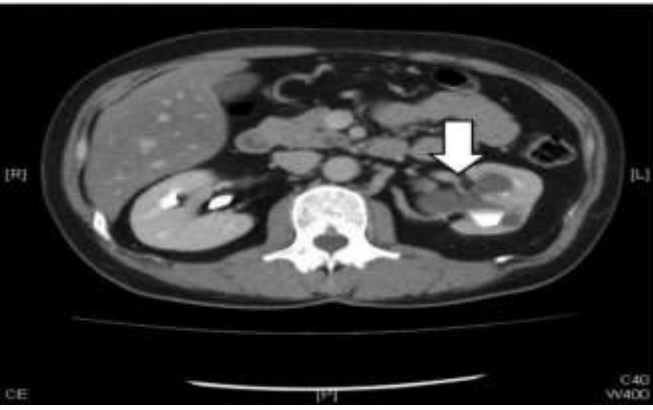
**Urgency incontinence, Mixed, Overflow, Functional**

# Station 5

Patient with spinal injury & quadriplegia cannot pass urine & has urinary incontinence

- **Diagnosis:** Spinal shock
- **Type of incontinence:**
  - overflow incontinence (bladder is hypoactive)
- **Predict bladder & sphincter function after 3 months**
  - Bladder becomes hyperactive + detrusor sphincter dyssynergia (DSD)

# Station 6



A



B



Kub

Fever 38.5 , tachycardia, loin pain , There are RBCs & 18000 WBC in Urine analysis PH of urine 4.3

**1. Describe findings A,B on CT images?**

A: hydronephrosis

B: stone in the left ureter

**2. Type of stone?**

Uric acid stone (الحصوة ما كانت مبيينة على) (kub)

**3. What is your management?**

Double j insertion

# Station 7

Pt came with prostate enlarged and this is his CT

## Describe what's you see?

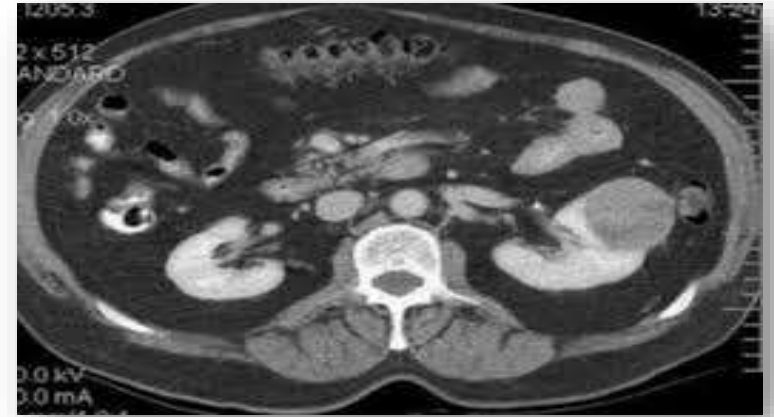
Hypodense area in the left kidney (cystic lesion)

## Most common symptom?

- Usually ASYMPTOMATIC.
- Dull aching PAIN in the loin due to stretch of renal capsule.
- A SWELLING may be felt in the loin

## What's the gold standard management?

No treatment is usually recommended, follow up might be recommended in some cases (class IIF, III, IV cysts)



\*\* الفكره في الهستوري

\*\* ما فيه اعراض ال RCC

التشخيص **cyst of the kidney**

# Station 8 Azoospermia

الاجابات اجتهاد شخصي ٨-٨

## A) Type of azoospermia ?

Etiology from [Oxford American Handbook of Urology](#)

- **Obstructive:** absent or obstructed vas deferens; epididymal or ejaculatory duct obstruction. The cystic fibrosis gene is located on chromosome 7 and the condition is associated with congenital absence of the vas deferens (CAVD).
- **Nonobstructive:** hypogonadotrophism (Kallmann's syndrome, pituitary tumour); abnormalities of spermatogenesis (chromosomal anomalies, toxins, idiopathic, varicocele, orchitis, testicular torsion)

من دوسية بركات

- **Pretesticular** (ex. Hypopituitarism, hyperprolactinemia, chemotherapy)
- **Testicular** (ex. Klinefelter's syndrome, cryptorchidism, orchitis, surgery, radiation)
- **Post-testicular** (ex. Vasectomy, cystic fibrosis, ejaculatory duct obstruction)



**B) Blood test you would like to order:**

**FSH, LG, Testosterone and prolactin**

**C) How we differentiate between type according blood test ?**

Investigations [Oxford American Handbook of Urology](#)

## **Hormone**

- Elevated FSH **indicates** a nonobstructive cause
- normal FSH with normal testes **indicates** an increased likelihood of obstruction
- Low levels of FSH, LH, and testosterone **indicate** Kallmann's syndrome (hypogonadotropic hypogonadism) due to hypothalamic dysfunction and absence of GnRH secretion. Prader-Willi syndrome also has absent GnRH secretion.

**Chromosomal analysis**

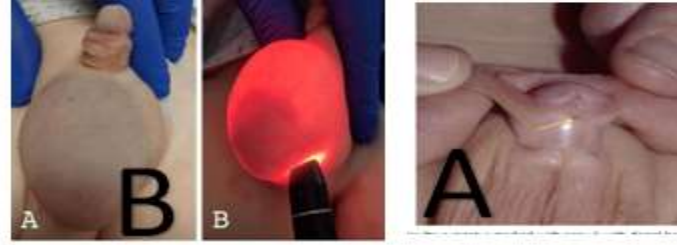
**Testicular biopsy**

**Transrectal ultrasound**

# Urology Mini-OSCE

1. SPOT diagnosis

- A. **Hypospadias**    B. **hydrocele**  
C. **Varicocele**    D. **2 way Foleys catheter**



Q2:

1. What is the study: MCUG
2. What is the grade of VUR: Grade 3
3. What is the effect of UTI on this condition: infected urine reflexes up to ureter and kidney and causes upgrading of the VUR and results in renal scarring and renal failure
4. Mention 2 secondary causes of VUR: urethral stricture, posterior urethral valve, neurogenic bladder



Station

4

- Mention 5 physical examination findings of torsion:
- Erythema and swelling
- High riding testis
- Horizontal lie of the affected testis
- Absent cremastic reflex
- -prehn's sign

Diagnosis ? **varicocele**

List 4 indications for surgery

**Pain**

**Fertility problems**

**Testicular atrophy**

**Testicular asymmetry**

What is the first thing that affected on sperm analysis on this condition: ??

Count/ Motility??



Q5: mention 5 findings on Microscopic evaluation of urine: Casts, crystals, pus cells, epithelial cells, RBCs

• Q6: KUB:

1. what is the diagnosis: bilateral staghorn stone
2. what is the causative agent: ureas producing bacteria especially pseudomonas
3. why ESWL not recommended?? : because it will break it into smaller stones causing more obstruction in ureter
4. two management for this condition: 1. PCNL, 2- open surgery



1. Mention 3 mild symptoms of this ?  
-frequency -hesitancy -urgency .....

2. Most common endoscopic procedure ?

TURP

3. Write 3 indication of surgery ?

1. Refractory urinary retention

2. Recurrent UTI

3. Recurrent gross hematuria

4. Write 3 reasons why we do open surgery ?

1. Large prostate (>60 g)

2. Long urethra

3. Urethral stricture

1. What is spot diagnosis ? **Transitional cell carcinoma**

2. When we give intravesical chemotherapy and what the purpose of it ?

after TURP within 6 hours and for Decrease risk of recurrence

3. If this tumor was invasive of whole bladder what the management ?

**Cystectomy**

4. Risk factor ?

From history was old age , smoker and male

