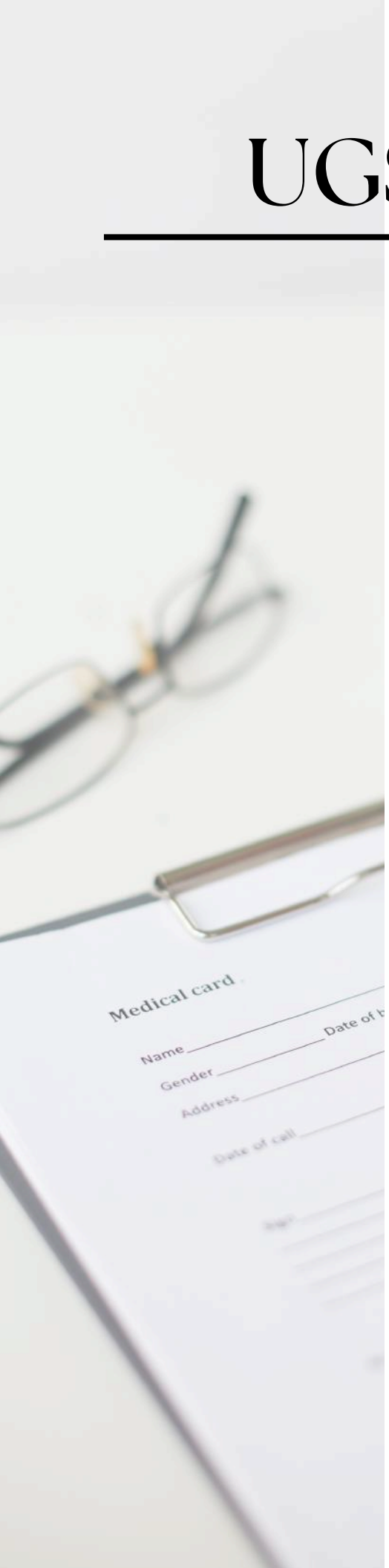
UGS-Embryology



Archive

Lecture 1

Development of Kidney and Ureter

UGS-Embryology Lecture 1

1. Trigone of urinary bladder is developed from:

A. Mesonephric (Wolffian) duct.
B. Cloaca.
C. Pronephric duct.
D. Urachus.
E. Metanephric duct.

Answer: A. Mesonephric (Wolffian) duct.

2. The pronephric kidney is developed from:

A. Cranial part of intermediate mesoderm.
B. Caudal part of middle mesoderm.
C. Middle part of intermediate mesoderm.
D. Cranial part of middle mesoderm.
E. Caudal part of intermediate mesoderm.

Answer: A. Cranial part of intermediate mesoderm.

3. Rosette (cake) shaped kidney is formed due to:

A. Fusion of the upper poles of both kidneys.
B. Fusion of the hilum of both kidneys.
C. Fusion of the lower poles of both kidneys.
D. Failure of ascending by inferior mesenteric artery.
E. Fusion of the lower and upper poles of both kidneys.

Answer: E. Fusion of the lower and upper poles of both kidneys.

4. The mesonephric (Wolffian) duct gives all of the following in male, EXCEPT:

A. Epididymis.
B. Seminal vesicle.
C. Paradidymis.
D. Ejaculatory duct.
E. Vas deferens.

Answer: C. Paradidymis.

UGS-Embryology Lecture 1

5. Gartner's cyst in vaginal wall is developed from:

A. Cranial part of the uterovaginal canal.
B. Metanephric duct.
C. Definitive urogenital sinus.
D. Mesonephric (Wolffian) duct.
E. Caudal part of the uterovaginal canal.

Answer: D. Mesonephric (Wolffian) duct.

6. One of the following is liable to obstruction: (Repeated)

A. Double ureters with single kidney.
B. Unilateral double kidneys and double ureters.
C. Bifid ureter with one kidney.
D. Unilateral double kidneys with one ureter.
E. Postcaval (retrocaval) ureter.

Answer: E. Postcaval (retrocaval) ureter.

7. Kidney found in pelvis in:

A. Cake (Rosette) kidneys.
B. Polycystic kidneys.
C. Mobile kidneys.
D. Kidney agenesis.
E. Ectopic vesica.

Answer: A. Cake (Rosette) Kidneys.

8.Aberrant renal artery:

A. A persistent artery during its ascent enter through medial border.
B. A persistent artery during its ascent enter through hilum.
C. A persistent artery during its ascent enter through lower pole.
D. A persistent artery during its ascent enter through upper pole.
E. A persistent artery during its ascent enter through lateral border.

Answer: B. A persistent artery during its ascent enter through hilum.

UGS-Embryology Lecture 1

9. In the horseshoe (U- shaped) kidney, the isthmus is tethered by: (Repeated)

A. Superior mesenteric artery.
B. Inferior mesenteric artery.
C. Renal artery.
D. Common iliac artery.
E. Internal iliac artery.

Answer: B. Inferior mesenteric artery.

10. One of the following develops end stage renal disease: (Repeated)

A. Polycystic kidney.
B. Horseshoe (U- shaped) kidney.
C. Cake (rosette) shaped kidney.
D. Floating kidney.
E. Ectopic kidney.

Answer: A. Polycystic kidney.

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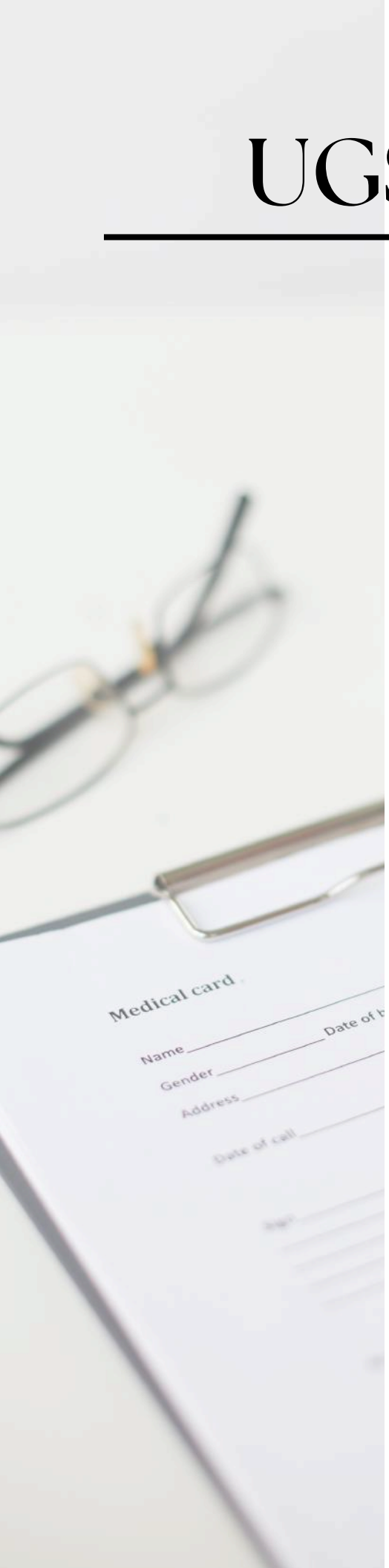

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Lecture 2

Development of Urinary Bladder& Urethra

UGS-Embryology Lecture 2

1. All of the following are types of hypospadias, EXCEPT:

A. Glandular (granular) hypospadias.
B. Hypospadias with ectopia vesica.
C. Scrotal hypospadias.
D. Penile hypospadias.
E. Complete hypospadias.

Answer: B. Hypospadias with ectopia vesica.

2. Failure of obliteration of the urachus (allantois) leads to:

A. Urachal cyst.
B. Urachal diverticulum.
C. Urachal fistula.
D. Median umbilical ligament.
E. Urachal sinus.

Answer: C. Urachal fistula.

3. The main cause of epispadias:

A. Failure in fusion of the genital groove.
B. Genital tubercle is caudal to the urogenital membrane.
C. Failure of the formation of the genital tubercle.
D. Failure in fusion of the urethral groove.
E. Genital tubercle is cranial to the urogenital membrane.

Answer: D. Failure in fusion of the urethral groove.

4. Trigone of urinary bladder is developed from: (repeated from lecture #1)

A. Mesonephric (Wolffian) duct.
B. Cloaca.
C. Pronephric duct.
D. Urachus.
E. Metanephric duct.

Answer: A. Mesonephric (Wolffian) duct.

UGS-Embryology Lecture 2

5. The proximal part of the allantois (urachus) gives:

A. Trigone of urinary bladder.
B. Apex of urinary bladder.
C. Membranous urethra.
D. Most of the urinary bladder.
E. Penile urethra.

Answer: B. Apex of urinary bladder.

6. A defect in urorectal septum in male leads to:

A. Urachal fistula.
B. Vesicovaginal fistula.
C. Anal fistula.
D. Rectovesical fistula.
E. Vaginal fistula.

Answer: D. Rectovesical fistula.

7. All of the following are types of hypospadias, EXCEPT:

A. Glandular (granular) hypospadias.
B. Distal hypospadias.
C. Scrotal hypospadias.
D. Perineal hypospadias.
E. Penopubic hypospadias.

Answer: E. Penopubic hypospadias.

8. All of the following share in the development of urinary bladder, EXCEPT:

A. Proximal part of allantois (urachus).
B. Vesicourethral canal.
C. Proximal part of mesonephric ducts.
D. Distal part of allantois (urachus).
E. Mesoderm surrounding the vesicourethral canal.

Answer: D. Distal part of allantois (urachus).

UGS-Embryology Lecture 2

9. The inner aspect of urinary bladder is exposed below umbilicus in: (repeated)

A. Hypospadias.
B. Epispadias.
C. Ectopia vesica.
D. Bladder diverticulum.
E. Urachal cyst.

Answer: C. Ectopia vesica.

10. The most dangerous subtype of hypospadias is:

A. Complete.
B. Scrotal.
C. Penile.
D. Penopubic.
E. Glanular.

Answer: A. Complete.

Missed Archives Questions from Lecture #1:

11. One of the following does not have an excretory function:

A. Pronephric kidney.
B. Permanent kidney.
C. Metanephric kidney.
D. Prominent kidney.
E. Mesonephric kideny.

Answer: A. Pronephric kidney.

12. The meaning of mobile (floating) kidney is:

A. Kidney that failed to ascend.
B. Kidney that did not reach its terminal position.
C. Kidney that had a lateral rotation of its hilum.
D. Kidney with an abnormal ascent.
E. Kidney that does not fixate to the posterior abdominal wall.

Answer: E. Kidney that does not fixate tot the posterior abdominal wall.

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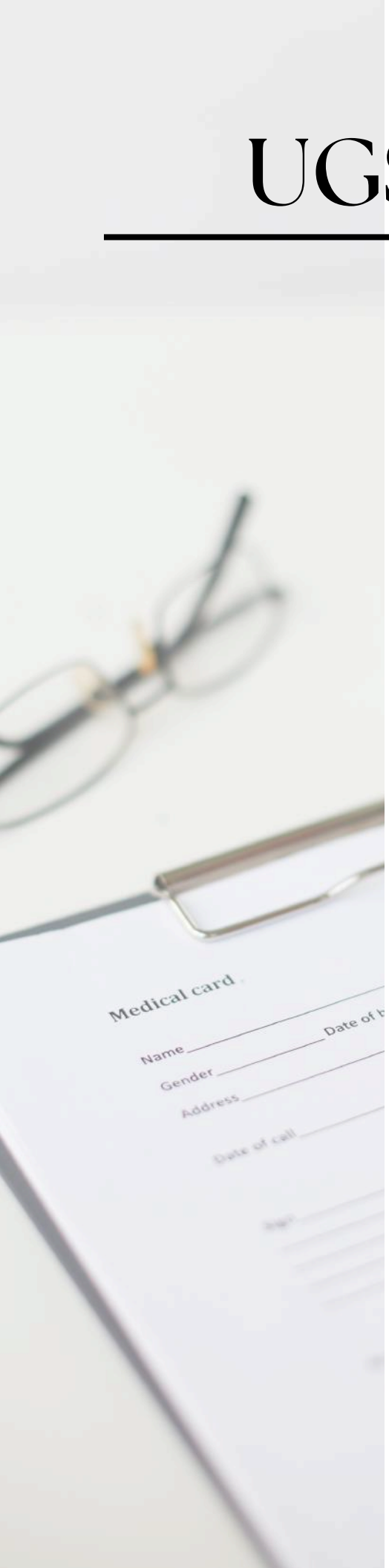

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Lecture 3

Development of the Genital System I

UGS-Embryology Lecture 3

1. Failure of migration of the primordial germ cells to the genital ridge results in:

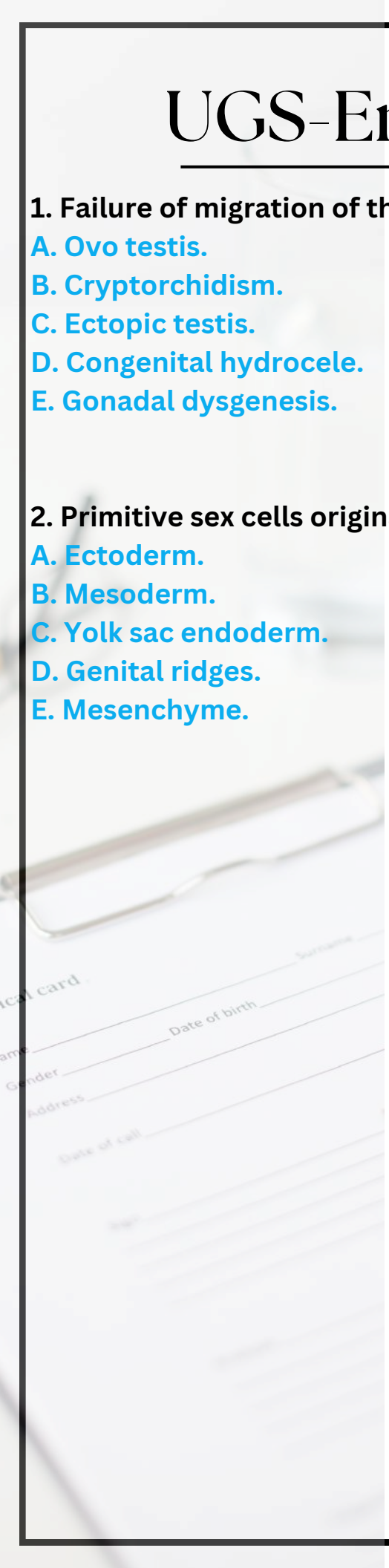
A. Ovo testis.
B. Cryptorchidism.
C. Ectopic testis.
D. Congenital hydrocele.
E. Gonadal dysgenesis.

Answer: E. Gonadal dysgenesis.

2. Primitive sex cells originate from:

A. Ectoderm.
B. Mesoderm.
C. Yolk sac endoderm.
D. Genital ridges.
E. Mesenchyme.

Answer: C. Yolk sac endoderm.



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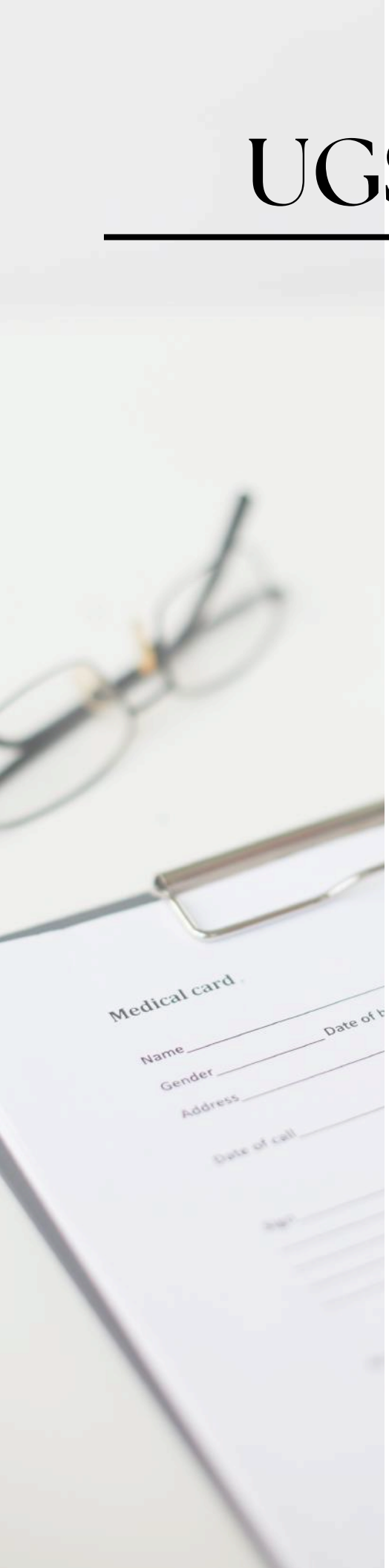

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Lecture 4

Development of the Genital System II

UGS-Embryology Lecture 4

1. One of the following congenital anomalies for hymen is diagnosed lately:

A. Semilunar.
B. Cribriform.
C. Imperforate.
D. Annular.
E. Septate.

Answer: C. Imperforate.

2. A uterus with 2 bodies, 2 cervices and double vagina is seen in:

A. Uterus bicornis bicollis.
B. Uterus bicornis unicollis.
C. Bicornate uterus.
D. Bipartite uterus.
E. Uterus didelphys.

Answer: E. Uterus didelphys.

3. All of the following are structures playing roles in the male genital system, EXCEPT:

A. Epididymis.
B. Vas deferens.
C. Vas efferntia.
D. Rete testis.
E. Paroophoron.

Answer: E. Paroophoron.

4. A female presented to the clinic with amenorrhea. On physical examination, she was found to have a lower vagina but no cervix, ~~ureter~~ (uterus), nor upper vagina. This condition is most likely due to:

A. Atresia of the mesonephric duct.
B. Atresia of the mesonephric tubules.
C. Atresia of Wolffian duct.
D. Atresia of paramesonephric duct.
E. Female pseudohermaphrodites.

Answer: D. Atresia of paramesonephric duct.

UGS-Embryology Lecture 4

5. Uterus didelphys is caused due to:

A. Failure of fusion of Wolffian ducts.
B. Failure of fusion of Müllerian ducts.
C. One paramesonephric duct failed to develop.
D. Excess estrogen levels.
E. Splitting of genital tubercle.

Answer: B. Failure of fusion of Müllerian ducts.

N.B. Müllerian duct= paramesonephric duct.
Wolffian duct= mesonephric duct.

6. Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is most commonly associated with: (Not directly addressed in the provided lecture)

A. Absent uterus and upper vagina.
B. Double uteri with one vagina.
C. Double uteri, double cervix and double vagina.
D. Double uteri, double cervix and one vagina.
E. Double uteri and one cervix.

Answer: A. Absent uterus and upper vagina.

N.B. Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome results from congenital agenesis or underdevelopment of the paramesonephric (Müllerian) ducts, leading to absence of the uterus and upper 3/4 of the vagina. The uterine (Fallopian) tubes are typically present but may be underdeveloped.

اللهم اجعل خير أعمالنا خواتمها، وخير أعمارنا آخرها، وخير أيامنا يوم نلقاك ...
اللهم اغفر لنا ما مضى وأصلح لنا ما تبقى ...
اللهم اجعل هذا العمل خالصًا لوجهك الكريم ...
سامحونا إن قصرنا أو أخطأنا ... و لكم بمثل