

Urology mini osce exam (Rouh)  
12th Feb 26

Done by  
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## **Station 1**

**48 years old male patient, smoker, complain from painless Hematuria .On cystoscopy, there is a flat, red-velvety patch on the bladder mucosa:**

**A) Diagnosis ?**

Carcinoma in situ (bladder cancer)

**B) Treatment ?**

## **Station 2**

**A 73-year-old male patient with a history of stroke and left-sided hemiparesis presents with urinary urgency, frequency, and nocturia. On examination, he has spasticity in the affected limbs.**

**A) What is the most likely type of bladder dysfunction ?**

Neurogenic bladder overactivity

**B) What is the first-line pharmacological treatment ?** Anticholinergic

**C) After that, the patient develops recurrent urinary tract infections (UTIs) and elevated PVR. What is the most likely cause?** Difficulty emptying the bladder is potential adverse event of anticholinergic, can cross the blood-brain barrier, can reduce bladder emptying increasing the risk for urinary tract infection.

**D) What is the second-line pharmacological treatment ?** Beta adrenergic agonists ( Mirabegron)

**E) Other treatment methods?**

- Neuromodulation
- Onabotulinumtoxin A
- Surgical

## **Station 3**

**About this structure, answer question here and write the name and symbol of each structure:**

**A) most of seminal fluid produced in?**

A (seminal vesicle)

**B) in BPH; alpha blockers affect which organ ?**

B (bladder neck)

**C) where are PSA produced?**

C (prostate)

**D) The imaging study for structure (D) trauma?**

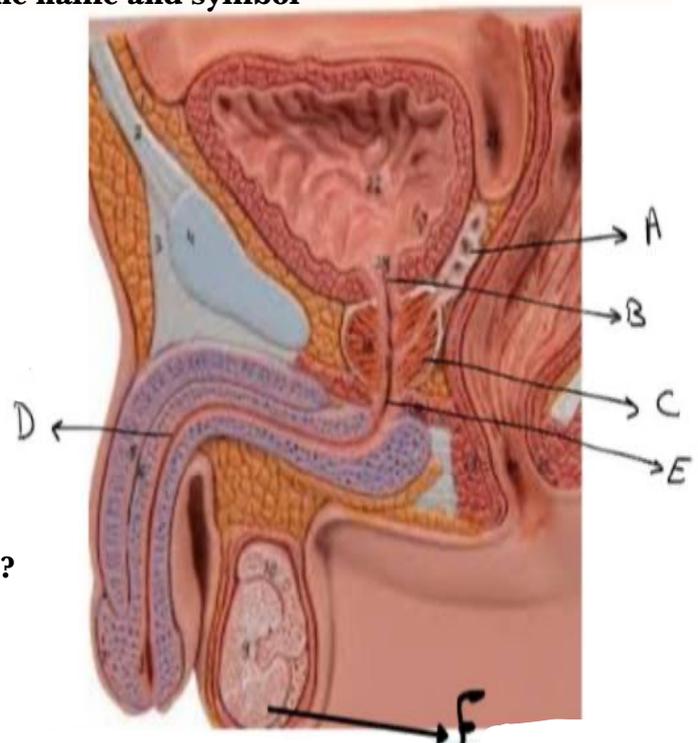
structure d is urethra so best image is urethroagram

**E) In pelvic fracture, which part of urethra is affected?**

E (membranace urethra)

**F) what is the structure produced testosterone ?**

F (testicles)



## **Station 4**

**A 45-year-old male presents to the emergency department complaining of severe left loin pain radiating down to the groin for the past 7 hours. associated with high-grade fever, chills, nausea. He also reports dysuria and urinary frequency. On examination, he appears agitated and febrile (38.6°C). There is left costovertebral angle tenderness. Hb:14 ,Urine PH:4.3 , WBCs:16,000.**

**A)What is A, B?**

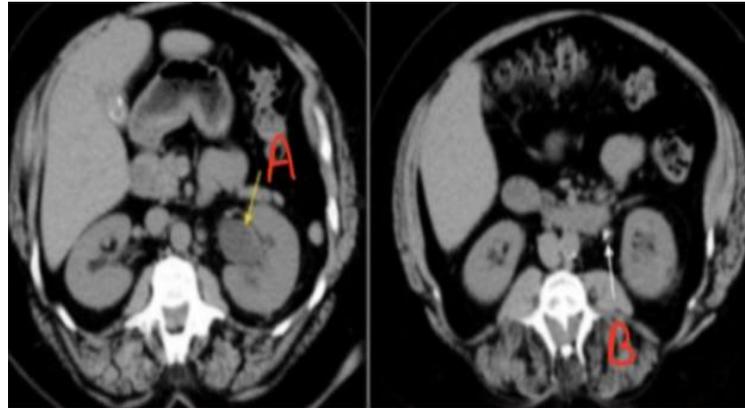
- A)Left Hydronephrosis ( or renal pelvis dilatation)
- B)Left Ureter stone

**B)What is the type of stone?**

Uric acid stone

**C)Management?**

Admission, IV analgesia, antibiotics and Double J stent



## **Station5**

**A 45-year-old male presents with erectile dysfunction.**

**A) Mention two clinical features that help differentiate between organic and psychogenic erectile dysfunction?**

1. Onset:
  - Organic ED: Gradual onset
  - Psychogenic ED: Sudden onset
2. Nocturnal / early morning erections:
  - Organic ED: Absent
  - Psychogenic ED : Usually preserved

**B) What is the most useful test used to differentiate between organic and psychogenic erectile dysfunction?**

Nocturnal Penile Tumescence (NPT) testing

**C) Mention three side effects of phosphodiesterase type 5 (PDE5) inhibitors?**

1. Headache
2. Flushing
3. Dyspepsia

## **Station 6**

**Mention 3 types of testicular tumors are associated with bimodal age distribution pattern?**

- Sertoli's cell tumor
- Leydig's cell tumor

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## **Station 7**

**A 62-year-old male presents with recurrent symptomatic urinary tract infections, defined as more than three episodes within six months, each episode confirmed by positive urine culture. He received appropriate culture-guided antibiotic therapy every time. However, the most recent urine culture grew a different bacterial species compared to previous infections.**

**A) What is the most likely mechanism of recurrent UTI in this patient?**

Reinfection.

**B) What is the other mechanism of recurrent UTI?**

Persistence (Relapse)

**C) Mention three conditions or risk factors that make a urinary tract infection classified as a complicated UTI?**

- Presence of urinary obstruction (e.g., benign prostatic hyperplasia, ureteric stone)
- Anatomical or functional abnormality of the urinary tract (e.g., neurogenic bladder)
- Immunocompromised state

## **Station 8**

**Define the following terms:**

**A) Hesitancy:**

Delay or difficulty in initiating urination despite the urge to void.

**B) Type III B Prostatitis:**

Chronic pelvic pain for  $\geq 3$  months without bacterial infection and without inflammatory cells in prostatic secretions (non-inflammatory chronic pelvic pain syndrome).

**C) Hematuria:**

Presence of red blood cells in the urine, either microscopic or gross (visible).

**D) Urgency urinary incontinence:**

Involuntary urine leakage accompanied by or immediately preceded by urgency. (overactive bladder)

**E) Nocturia:**

Waking from sleep two or more times at night to void.