

TEST BANK

Doctor 2019

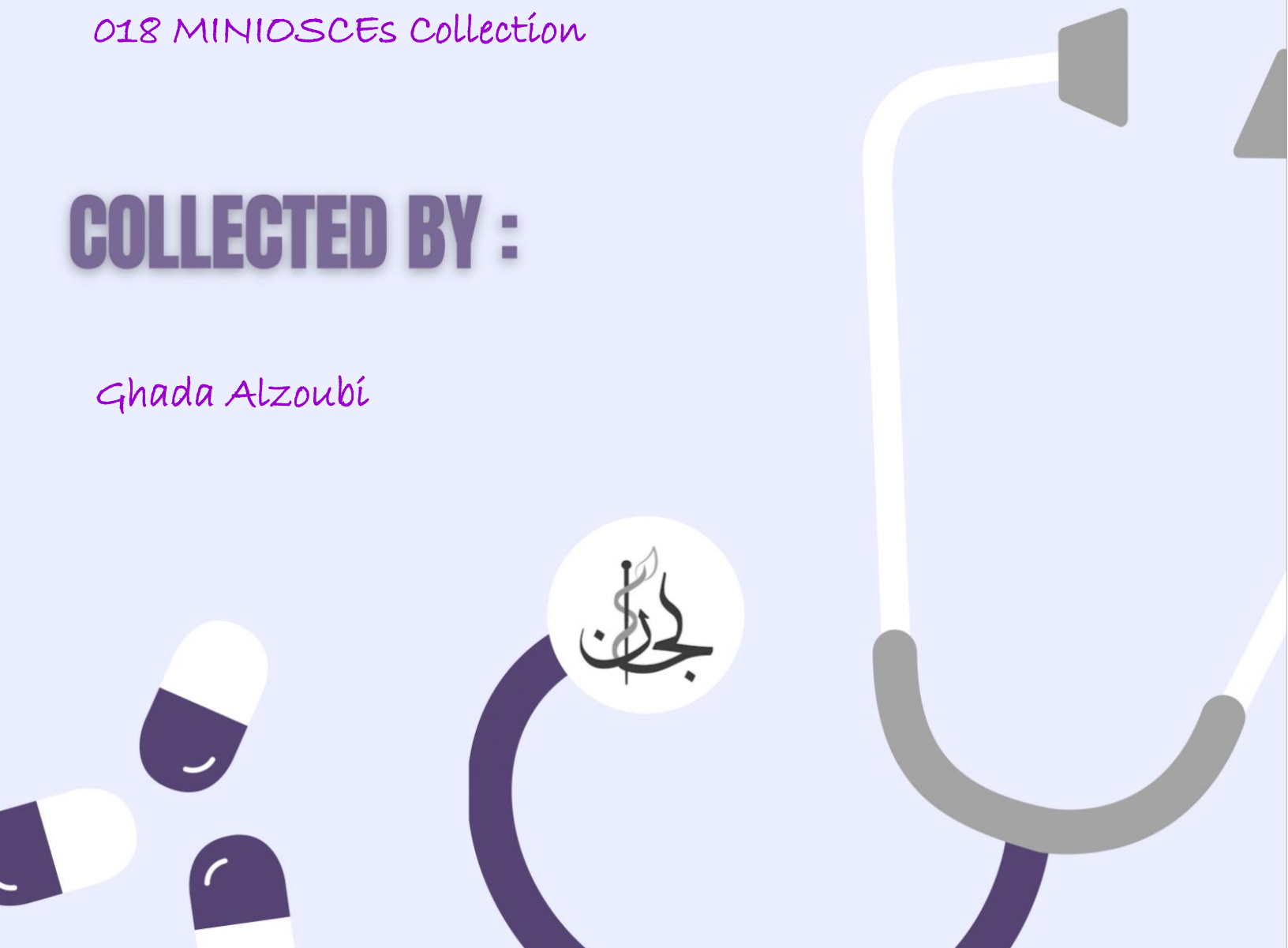
SUBJECT:

OPHTHALMOLOGY & UROLOGY

018 MINIOSCEs Collection

COLLECTED BY :

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BLADDER CA : ***** وأهميته و تكرار الموضوع مع عدد مرات تكرار الموضوع وأهميته *****

- Risk factors for Bladder CA
- How to diagnose it? "Investigations"
- Why do we do cystoscopy?
- Why do we use CT with contrast?
- Management in muscle invasive bladder cancer
- risk factors for bladder Ca.. Take a full history form patient presents to your clinic with hematuria.
- treatment of invasive bladder cancer is (Radical cystectomy in general) but in detail you should say:
 - For males: pelvic lymphadenectomy with cystoprostatectomy
 - For females: Ant pelvic exenteration
- What are the surgeries used for muscle-invasive bladder CA?
- what is the most important factor for management
- what is the surgery used for renal urothelial carcinoma?
- How to follow up patient with Bladder cancer-Ta
- Modalities of treatment lal muscle invasive
- how treat it? (TURBT) / the roles of this surgery
- Risk factor for Bladder SCC
- Approach to bladder CA
- risk factors of bladder cancer ; most imp one is smoking
- What is the radiological Way to dx bladder ca?

IMPOTENCE : *****

- Patient complains of impotence,take detailed hx,pe,invex,tx.how to differentiate psychogenic vs organic erectile dysfunction from history?
- History
- Types (organic + psychotic) give 3 differences
- Physical
- Investigations
- Management
- 4 differences between psychogenic and organic impotence by history (1- morning Erection / 2- onset acute in psychogenic, while gradual in organic / 3- if patient is old age with multiple comorbidities its likely organic, while if he's psychiatric patient it's likely psychological 4- if he has multiple wives ask if it happens with one wife or all of them
- Causes of Impotence
- MOA of sildenafil and possible side effect
- Asked about Azoospermia classification
- Physiology of erection

VARICOCELE : *****

- definition
- Indication for surgery
- What is the surgery

- treatment approach
- Full physical exam from head to toe, look for signs of hypogonadism (gynecomastia, testicular atrophy), signs of hypothyroidism, external genitalia (atrophy, palpable vas deferens, varicocele, lumps)

HYDROCELE : ****

- Definition
- Types of hydrocele in children
- What is the management
- types of hydrocelectomy

RENAL TRAUMA / GUS TRAUMA *****

- Indication for imaging in Renal TRAUMA patient
- What is the best image
- grades of kidney injury
- Diagnostic tool for kidney injury
- Patient presented to the ER with renal trauma after RTA → Hx , PE & investigations & surgery
- Patient came to ER after RTA what are the Signs and symptoms that make you suspect renal trauma in this patient? **Gross hematuria , pain and tenderness at lower chest flanks abdomen,, bruises , nausea and vomiting and abd distention due hematoma
 1. image of choice : triphasic CT with contrast (delayed excretory phase is so important to see if there is extravasation)
 2. other injuries ? Rib fracture ..viscera : liver and spleen
 3. Management : ABCDE and vitals then if hes stable then it depends on the grade:
 4. 1/2/3 and stable :conservative : bed rest . Iv fluid . Antibiotics prophylaxis . Follow up with vitals and labs , angioembolization if needed
 5. If 4/5 and stable : also conservative , ICU admission , follow up with vitals and labs, IV fluids, prophylactic antibiotics , angioembolizayion if needed
 6. If unstable : surgery : renal reconstruction or nephrectomy

SCROTAL PAIN : ***

SENARIO → A pt with acute left scrotal pain came to er

- DdxHx
- investigation (and why
- final Dx

SENARIO → You are the person on call in an Emergency department, A 33 yaer old male came with scrotal swelling?

- DDx?

FLANK PAIN : *****

SENARIO → Patient presented to ER with flank pain

- Take full history

- PP : Age , job , gender (in my case male)

-HPI : SOCRATES

- Physical exam
 - ✓ vital signs
 - ✓ Abdominal exam
 - ✓ Scrotal exam if the pain radiating to genitalia
- Investigations :
 - Labs : (CBC,KFT,U/A,UCx)
 - Images :
 - ✓ Non-contrast CT scan →(If stones)
 - ✓ US (If hydronephrosis)
 - ✓ K.U.B
- If the patient has upper uretric stone (size 10 mm) what to do? Rigid uretroscopy with laser lithotripsy
- What to do in Acute management : decompression (uretral stent or nephrostomy)

SENARIO →Young man came to the ER with left flank pain.

- What's your top differential and what to do?
- What is the most common cause of this pain?

HEMATURIA : *****

- What is hematuria
- Differential diagnosis of hematuria
- Causes of hematuria
- How 2 confirm that a 6yr old kid with gross hematuria has bladder CA
- Definition of hematuria /incontenance : Definition and its types
- Diagnostic approach
- If a patient comes with gross hematuria he's 50, investigations you would ask for him
- Dxx of red urine and how to differentiate between urological and nephro hematuria

UTI: *****

- Definition
- Types of UTI & define them
- What is the pediatric classification of UTI
- Recurrent UTI definition (how many +ve cultures within 1yr vs how many symptomatic episodes within 1 yr)
- Persistent UTI vs Recurrent definitions
- Patient comes with uti and urge incontinence , what is your management ? (antibiotics , if no improvement look for other causes)

- UTI presentation
- what do you call the presence of pus in the kidney? How do you treat it?
- what do you do if a complicated -pyelonephritis with kidney stone came to ER--urgent Double J or Nephrostomy
- asked me what is a feared complication of complicated pyelonephritis with a kidney stone--pyonephrosis
- how do you treat pyonephrosis---percutaneous nephrostomy
- What is the presentation of the following infections (OSCE STATION CONSIST OF THE FOLLOWING QUESTIONS)
 - ✓ Cystitis
 - ✓ Acute pyelonephritis
 - ✓ What is the management of acute pyelonephritis?
 - ✓ What is the case that you consider acute pyelonephritis as an emergency ? when there is obstruction
 - ✓ How you treat both of them?
- Emphysematous pyelonephritis... its definition and which patients usually get it (pts with Dm) and tx
- Xanthogranulomatous pyelonephritis...
 - ✓ definition
 - ✓ how it appears on ct scan (what's the sign's name... bear's paw sign)
- Clue about uti/sepsis, a patient with fever must have immediate intervention (double J, nephrostomy)
 - ✓ what about investigations?

INCONTINENCE : *****

- Types
- Definition of each type
- Definitions of incontinence, stress incontinence
- Methods of treatment
- Types of surgeries in stress inconsistency
- Names of receptors
- Urge incontinence and what is the most common cause (uti) other causes like overactive bladder
- Overflow incontinence (definition)
- Surgical options for treatment of stress incontinence?
- What is functional incontinence ?
- What are the medical treatment options of urgency urinary incontinence?
- What are the surgical treatment options for stress urinary incontinence?
- What is the definition of nocturia, frequency, urgency, incontinence, hesitancy, and infertility?

BPH: ***** أکيد BLADDER CA پس مش قد ال

- Indication of BPH surgery
- Types of surgeries of BPH
- Differences between radical and open prostatectomy
- Medication for BPH and their side effects
- BPH symptoms
- Treatment
- medical treatment

- surgical procedures
- Obstructive symptoms
- mechanism Of action for BPH drugs
- Side effects for 5alpha reductase inhibitors?
- risk factors
- PSA analysis with interpretation / patient with 8ng/ml history, physical exam, investigation for such complaint (mention risk factors that differentiate prostate cancer from BPH, dont forget to mention to repeat the PSA if it was don't inside JUH) , best imaging modality for prostate cancer (multi parametric MRI), best treatment method for localized prostate cancer is active surveillance and radical prostatectomy.
- why the patient has post void dribbling in bph
- what are the management of mild symptoms of BPH
- Indications for surgeries in BPH
- Types of surgeries
- Indications for subtotal/open prostatectomy
- Types of TURP
- What is hesitancy
- Approach to BPH patient
- Normal PSA?
- What are the surgical options for treatment of BPH after failure of TURP
- What are the indications for open prostatectomy
- what are the indications of surgery in BOO?

INFERTILITY & ERECTILE DYSFUNCTION : ****

- take history
- definition
- etiology
- examples of non-obstructive infertility
- investigations
- instructions for collecting semen
- How to distinguish between obstructive & non-obstructive causes ?! 👉 FSH
- Causes of erectile dysfunction (vascular, endocriopathy, neurogenic, psychogenic.... Etc)
- Physiology of Erection
- (focus on mentioning all the causes as pre-testicular causes , testicular causes , and post testicular causes)
- Difference btw. Primary and secondary male infertility?
- the most commonly done investigation: SFA and asked about some parameters.
- mention the Sperm Retrieval techniques.
- patient with erectile dysfunction (take history , physical examination , investigation , treatment 1st line ,2nd line , 3rd line , compare between psychogenic and organic cause of erectile dysfunction , physiology of erection
- He asked me about Erectile dysfunction (neurophysiology, causes two scenarios one is psychological and the other is diabetic .
- Erectile dysfunction lines of treatment

- Define azospermia and how to test for it
- Causes of azospermia and how to test for them
- First we need to take a thorough history (then he asked me what should we ask for in the history)- any previous children, frequency of intercourse and its relation to the menstrual cycle, erectile dysfunction, signs for systemic diseases (thyroid), scrotal pain, family history of genetic disease, cryptorchidism.
- What investigations? Seminal analysis, hormonal workup
- Parameters of seminal analysis and its cut-offs?
 - ✓ Volume- 1.5 mL
 - ✓ Total count-39 million
 - ✓ Density of sperm- 15 million/mL
 - ✓ Motility- 40% (32% progressive)
 - ✓ Morphology 4% normal

STONES :*****

- Types of stones.
- Treatment of renal stones
- Indications of admission in patients with ureteric stones
- Renal pelvic stone what are the options for treatment (4 options) : flexible ureteroscopy with laser lithotripsy / ESWL/PCNL/open surgery
- what are the 3 theories behind the stone formation ?
- One of them is unknown the others Idk
(But its not urine stasis or crystallization or from obstruction)
- -the presentation of a kidney stone pt ?
(Sudden flank pain , dysuria, hematuria , LUTS , nausea and vomiting maybe asymptomatic , renal failure if late)
- what are the investigation you would do ?
Non contrast CT , KUB , US , MRI
 - Why we order US ?
- For pregnant and pediatric pt
 - ✓ what do you see on US ?
 - ✓ How to manage a ureter stone (he didn't specify the size) ?
 - ✓ First Medically alpha blocker , increase fluid intake and analgesia
 - ✓ Or ureteroscopy + lithotripsy (laser or pneumatic) or ESWL Or by open surgery if it was large
- Indication of hospitalization in pt with renal stones

RENAL TUMOR : *****

- risk factors of renal cell carcinoma
- How to diagnose RCC and Renal stone
- What is enhancement
- Diagnostic imaging study of choice for renal tumors?
- is the treatment of choice for renal tumors?
- Risk factors for RCC
- what is the gold standard imaging for diagnosis
- what is the most common presentation

- what are the treatment options
- why would you choose ct with contrast
- how could you tell on CT that this is RCC
- how would you differentiate between angiomyolipoma and RCC
- what is the management of RCC with metz
- Treatment of advanced(metastatic) RCC

TESTICULAR CA & BENIGN SCROTAL CONDITIONS :

- Benign scrotal conditions
- Differentiation between benign mass and malignant mass
- Testicular ca history , physical , investigationsetc
- Spermatocele --> dead semen
- Epididymoorchitis vs torsion **(VERRRRRRRRRRRRRRRRRRY IMPORRRRRRTANT (تكرر كثير))**
- testicular torsion types, presentation, pathophysiology, management
- Unusual Feeling in the testis ___> tumor specific
- Markers → AFP, B-HCG and LDH
- If both AFP AND BHCG are high=mixed
- Tumor = orchiectomy no biopsy
- Testicular cancer definitive treatment surgery + approach
- Testicular lymph drainage (retroperitoneal ln)
- 2 examples of 5 alpha reductase inhibitors
- Testicular cancer: presentation, treatment, classification (generally)
- Case of acute scrotum
 - differential diagnosis and causes
 - differences between epididymo-orchitis and torsion in history and physical
 - what imaging modality you use to diagnose and differentiate between them
 - treatment of each one
 - if malignancy is a cause, how does it cause pain : necrosis and hemorrhage

PROSTATIC CA :

- and everything related to PSA and prostate cancer
- international prostate symptom score ? The ranges of the score
- Definition of urinary retention, difference between acute and chronic urinary retention, T stages for bladder cancer , prostate ca staging scale, prostate ca patient with mets what will you do for him
- Open prostatectomy and its types
- what you know about prostate cancer
- Prostate cancer presentation diagnosis management
- What is the PSA : glycoprotein produced by normal & malignant prostate tissue... Liquefies the semen & dissolve the cervical mucus
 - normal PSA : < 4 ng/ml
- But it depends !!
 - sensitive or specific? Sensitive not specific (can be false negative or F positive .. give ex)
 - to be more accurate : PSA can be related to ? Age , volume , kinetics, free/ total < 20% to suggest a cancer !

- first presentation ? Asymptomatic ! (More common in peripheral zones -- obstruction appears late)
- -TX ?
- For intermediate risk / life expectancy > 10 yrs / localized tumor/ no metz → Radical prostatectomy +/- radiotherapy
- & I added example of cryosurgery & focal therapy... they can be used as well
- Prostate cancer: approach (Hx, PEx (DRE), investigations) management, grading.
- PSA normal value.
- tell me about ✨ prostate ca ✨
 - 1-2nd mc cancer in men
 - 2-mc type (adeno carcinoma)
 - 3-risk factors (family history, black race, & age)
 - 4- tell me about psa (what it is and parameters including velocity, ratio, & density)
 - 5- what would you do for a pt with high psa (multi-parametric mri and dre)
 - 6-scoring system name (gleason score)
 - 7- what imaging is used to take biopsy (trus)
 - 8-definition of incontinence (involuntary loss of urine)

PROSTITIS :

- prostatitis and its types...
- How do patients appear with acute prostatitis?
- And what's the management when causing retention? Suprapubic catheter NOT foley
- Acute prostatitis
- Acute and chronic prostatitis definitions and differences

NEUROGENIC BLADDER & URINARY RETENTION :

- definition
- at what level the lesion might be when the patient has dyssynergia ? (Above T6)
- patient came to ER with complete cut of the spinal cord, when we will see the manifestation (he wants timing)? (Around 5-6 weeks)
- SENARIO → 70-year old pt came to the ER with inability to void for 8 hours.
 - ✓ What is the term describing this? Urinary retention
 - ✓ Can it be both painful and painless?
 - ✓ What are some causes of it?

VUR :

- WHAT Is the most common symptom of VUR? Recurrent UTI.
- grades of VUR?
- Definition?
- Is it normal?
- Anti-reflux mechanism?
- Modalities for diagnosis ?
- VCUg with CT or X-ray
- But in peds Radionucleotide cystogram is superior to conventional VCUg with less harmful effects

- Management :
 - 1-Observational management in details
 - 2-Surgical management and its indications
 - 3-Procedures like injection of bulking agents

URODYNAMIC STUDY :

- Urodynamic phase explains
 - The difference between screening and early detection in prostate cancer
 - The first screening age
 - The second screening age
 - (NGB and UDS)
- He then asked me to explain how the UDS was done (you need to clarify it's three phases: pre-test, filling, voiding). I also had to explain what intra-vesical, intra-abdominal and detrusor pressures are (like how they relate to each other in the equation and how they're measured)

ANATOMY , EMBRYOLOGY & PHYSIOLOGY

- embryology of testes + embryology of female genital system (in details)
- embryology of kidney (in details)
- + which part was the primitive kidney?
- At which level are kidneys found?
- What is the purpose of having kidneys at this level but not in the pelvis for example?
- Question about ectopic kidney....
- layers of detrusor muscle?
- Question about urethra histology...
- Nerve supply of ureters and testes...
- What is the name of the mechanism that is responsible for expulsion of urine into bladder from the ureter?
- What is the blood supply of ureter?
- What is the type of epithelium that is found in proximal convoluted tubules?
- Describe anatomy and physiology of erection.

UNDESCENDED TESTIS :

- ✓ prevalence in preterm term and after one year (30%,3%,1%)
- ✓ Management..
- ✓ Management if testis is not palpable
- ✓ Operation if testis can not be descended to scrotum in one operation..(two stage fowler-stephens orchidopexy)

FREE QUESTIONS :

- CT imaging (units, degree of enhancement, w/ or w/o contrast) (((((use the correct full terms for procedures and definitions.))))
- What is the physiology of urine
- What is the difference between testicular torsion and epididymo-orchitis ****
- indication of partial nephrectomy
- Complications of using glycine : TUR syndrome (not with NS)
- TUR syndrome on vitals : Hypertension + Bradycardia
- Difference between mono polar and bipolar TURP (Glycine vs Normal Saline)
- Indications for Double J insertion
- what's PSA? What's the normal level? What does an increase in its level indicate?
- What is BCG
- What's TURP syndrome? How do we treat the hyponatremia?
- How to diagnose hyponatremia in physical examination .
- Drugs and occupations associated with hematuria
- what are the lower urinary symptoms
- Bosniak classification
- What are the indications for intervention with a double J?
- define hydronephrosis
- define hydroureteronephrosis
- maneuvers of kidney examination
- how to differentiate between left kidney mass and splenic mass on examination?
- Why fever is important and what's the difference in management between a patient with or without fever?
- Hypospadias: definition, location of urethral opening, what is it called if opening is on dorsal side?
- What is IPSS? What does it stand for? How many categories are included? What symptoms are asked about? It's out of what
- [Urology exam.pdf - Google Drive](#)

اللهم علمنا ما ينفعنا، وانفعنا بما علمتنا، وزدنا علما